

City of Marysville Housing Commission

1100 NEW YORK MARYSVILLE, MICHIGAN 48040-1477
(810) 364-4020 FAX (810) 364-4510
E-mail: mhousing@marysvillehousing.org

It is the mission of the Marysville housing commission to provide safe, sanitary, and affordable housing for low income elderly and persons with disabilities in a cost efficient manner and within an environment free from discrimination.

Instructions:

**** Request for Reasonable Accommodation ****

To be completed only with respect to those handicapped/disabled.

**** Supplement to Application for Federally Assisted Housing ****

If you wish to authorize another individual or organization to assist in any areas listed on this form, complete the form in detail. If not, please check the box at the top indicating you do not choose to provide any contact information, sign, and date the form.

**** U.S. Department of Housing and Urban Development ****

This form is in reference to any debts owed to public housing and/or terminations. Please read, sign, and date the back of the form acknowledging understanding of the contents of this form.

**** Application ****

Complete the application in full – front and back. Fill in the requested information, answer the questions on the back, list your source of income at the bottom of the back, sign, and date the application.

**** A photo ID is required with the submission of the application – Driver's License or State photo ID ****



Equal Housing Opportunity
Equal Opportunity Employer



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(Pursuant to the Federal Fair Housing Act with respect to Disabilities and Reasonable Accommodation, this form must be provided to all applicants who apply for Housing assistance.)

REQUEST FOR REASONABLE ACCOMMODATION

Do you have a medical condition that requires a reasonable accommodation? Yes ☐ No ☐

Applicant Name

Date

Phone

Current Address

City

Zip

Please state the nature of your request: _____

Is there anyone willing to pay for these modifications?

☐ Yes; If yes, Specify _____

☐ No

I understand that additional documentation may be requested by the Housing Commission to support this request.

Applicant Signature

Date



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1100 NEW YORK AVE., MARYSVILLE, MI 48040 (810)364-4020, "TDD" (810) 984-6406

NOTE: This pre-application does not obligate you or the Marysville Housing Commission in any way. Please complete the entire form (front & back). This application is for: **Public Housing**

PLEASE PRINT

List each person to reside in the household beginning with the Head of Household. Use Legal Names Only.

[illegible]

List additional persons on separate paper

Race: White, Black, Indian, Asian or Hawaiian

Ethnicity: Hispanic or Non-Hispanic

Present Street Address:

(Street)

(City)

(State & Zip)

Contact #:

Present Mailing Address:

(Street)

(City)

(State & Zip)

Email:

Message Contact:

(Name)

Contact #:

OFFICE USE ONLY:

Date Received:	Time Received:	Bad Debt: Yes or NO & Staff Initials who Checked:	Prior Assistance: Yes or No & PHA Location:	Bed Size:	Date & Staff Initials who Entered into HMS:

In accordance with the Marysville Housing Commission's Annual Plan, families are selected from the Application List based the following reference system, which is based upon local housing needs and priorities. Points are assigned to the preference, and applicants are contacted in the corresponding order, with consideration of the date and time the application was submitted for placement on the Application List.

1. Are you 62 years of age or older? Yes ☐ No ☐
2. Is the Head or Co-Head of household disabled or handicapped? Yes ☐ No ☐
3. Will there be children under 18 years of age residing in the household? Yes ☐ No ☐
4. Do you live in Marysville or work in Marysville? Yes ☐ No ☐
5. Do you live in St. Clair County or work in St. Clair County? Yes ☐ No ☐
6. Do you or any member(s) of the household smoke? Yes ☐ No ☐
7. Are you attending an employment training program in St. Clair County? Yes ☐ No ☐
8. Are you a full-time student in St. Clair County? Yes ☐ No ☐
9. Have you been a victim of Domestic Violence in the past 12 months? Yes ☐ No ☐
10. Is everyone in the household a U.S. citizen? Yes ☐ No ☐ If no, explain: _____

11. Have you ever rented from a Public Housing Authority including Marysville Housing Commission or been assisted by a Public Housing Authority? Yes ☐ No ☐
12. Have you been evicted by a landlord within the last 5 years? Yes ☐ No ☐ If yes, when _____
Landlord Name _____ & Address _____
13. Are you or any member of the household regardless of age, subject to a registration requirement on a Sex Offender Registry? Yes ☐ No ☐

List all monthly monies earned or received by all household members. This includes monies from self-employment, child support, outside contributions, social security, disability (SSI), unemployment, workers compensation, retirement benefits, DHS benefits, rental property income, stock dividends, income from bank accounts, alimony, and any other sources:

Household Member(s)	Employer	Total Pay Amt.	DHS Benefits (FIP / FAP)	Child Support	Social Security / SSI	Unemployment	Any Other Income

Please calculate total yearly household income by using chart above: \$ _____

NOTICES:

1. You are required to notify Marysville Housing in writing of any change in household status, address or income. If we cannot contact you at the above address, your name will be removed from the applicant list and you will have to re-apply.
2. Certain information requested is to comply with Equal Opportunity requirements, to assure that no discrimination occurs. Your answers to these questions will not affect (either positively or negatively) your selection for a program.
3. The Marysville Housing Commission will be completing a criminal background check on all household members to verify information and eligibility
4. All monies due to the Marysville Housing Commission or any other Public Housing Authority must be paid in full or your assistance will be denied or payment.
5. If you or a member of your household need Reasonable Accommodations and / or a unit with Special Features, please ask at our front desk for a "Request for Reasonable Accommodations" form.
6. You have the right by law to include as part of your application for housing the name, address, telephone number & other relevant information of a family member, friend, or social, health, advocacy or other organization, to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require by completing form HUD-92006 "Supplement to Application for Federally Assisted Housing"

I do hereby certify that all information provided is complete and accurate. Failure to provide true accurate information could jeopardize the approval of your application. I further certify that I have been provided with a copy of the following documents, 1.VAWA Notice 2. Waiting List Preference Descriptions 3.HUD Fraud Form "Is Fraud Worth It" 4. Receipt of Pre-application Submission

Head of Household Signature

Date

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

☐ I am a citizen by birth, naturalized citizen or national of the United States.

OR:

☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

☐ Permanent residence under #249 of INA

OR:

☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

☐ Parole status under #212(d)(f) of the INA

OR:

☐ Threat to life of freedom under #243(h) of the INA

OR:

☐ Amnesty under #254 of the INA

Signature of Family Member

Date

☐ Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

VICKSBURG HALLS

TYPICAL 1 BD UNIT
564 SQ FT

