



MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY Project Based Voucher (PBV) Program Application

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.
Completion is required to apply for assistance.

Please print all answers and fill out every item including the Head Of Household's signature or your application will be returned.

1. Name:		County of Application:			
2. Where are you currently living? Number and Street			Apartment Number		
City, State, ZIP Code			County you live in now		
3. What is your mailing address (if different from above)? Number and Street			Apartment Number		
City, State, ZIP Code					
4. What are your telephone numbers? Home () () ()		Work () () ()	Cell Phone () () ()	5. Name and telephone number where a message can be left. Name () () () Telephone Number () () ()	
6. Have you ever received rental assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes",		When?	What county?	What Program?	
7. Are you interested in rental assistance at _____ ? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. Do you, your spouse or co-head, live in the county for which you are applying? If "Yes," you must enclose one of the following items with your name and current address indicated (see Box 2): a copy of your lease, driver's license, state ID card, utility bill, social security printout, voter's registration card, OR other proof of your residence address along with this Application. <u>This preference must be verified now for priority placement on waiting list.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you <u>do not</u> live in the county for which you are applying, do you, your spouse or a co-head, work, or have been hired to work, in the county for which you are applying? If yes, you must enclose proof of your work address or a letter from the employer verifying employment along with this Application. <u>This preference must be verified now for priority placement on waiting list.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No					

Family Information

Complete the following family information for all persons who will live in the unit.

Last Name		First Name		Middle Initial	Social Security #		Age	Sex M F
Head of Household	Date of Birth / /	Birthplace	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation		
Required for statistical reporting: Ethnicity (check only one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino								
Race (check one or more): <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White								
Last Name		First Name		Middle Initial	Social Security #		Age	Sex M F
Relationship	Date of Birth / /	Birthplace	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation		
Required for statistical reporting: Ethnicity (check only one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino								
Race (check one or more): <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White								
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Enter information for additional household members on back →

"Your rental assistance is a privilege, not a right. If you abuse this privilege, you may lose your assistance."

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Income Information

Your application **WILL NOT** be processed unless you provide this information.

Does your household have any income? Yes No If "Yes," enter all the Income of all persons who will be living in the unit. Examples of income include full or part-time employment, self-employment, Public Assistance (FIP, SDA), Social Security, SSI, pensions, disability benefits, unemployment benefits, interest income, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, or National Guard.

Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Other: _____
Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Other: _____
Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Other: _____
Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Other: _____

If more than 4 sources of income, request HCV Application Supplemental Information (MSHDA-322s) to provide additional information.

I need assistance in completing future paperwork: Yes No
 If "Yes", send all future correspondence to help me to:

Name of Designee to receive paperwork _____ Telephone Number _____

Mailing Address (Street or PO BOX / City / State / ZIP Code) _____

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services? Yes No
 List specific accommodation(s) required: _____

Do you or any member of your household have a criminal record? Yes No
 (Please note that a criminal history will not necessarily exclude you from participation with the HCV/PBV Program. MSHDA conducts a criminal screening on all applicants to ensure all HUD Program requirements are met)

Are you working with the Michigan Prisoner Reentry Initiative (MRPI)? Yes No
 Contact Name: _____ Phone Number: _____

Are you working with the MSHDA Tenant-Based Rental Assistance (TBRA) program? Yes No
 Contact Name: _____ Phone Number: _____

I consent to release criminal conviction records including sexual offenses and alcohol abuse, pursuant to 24 CFR 982.307 and allow MSHDA to receive records and use them in accordance with the U.S. Department of Housing and Urban Development regulations and MSHDA policy. I certify that I have not been evicted from any type of Section 8/Housing Choice Voucher Program or from Public or Indian Housing within the last three years due to drug related criminal activity, no member of my household has been convicted of manufacturing or producing methamphetamine on the premises of assisted housing, no member of my household has been evicted within the last five years from federally assisted housing. I will not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, and all information contained in this Application is true and complete to the best of my knowledge. I understand that MSHDA will screen adult applicants for drug-related and violent criminal activity including sexual offenses pursuant to 24 CFR 982.307 and MSHDA policy.

Signature of Head of Household _____ Date _____

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the Housing Agent, including all Social Security Numbers you and all other household members age six years and older have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Return completed AND SIGNED application to:

Community Housing Advocates LLC
 Contracted Partner with MSHDA HCV
 PO Box 368
 Wayland, MI 49348

MSHDA USE ONLY				
Date Received	Time Received <input type="checkbox"/> AM <input type="checkbox"/> PM	Type <input type="checkbox"/> E <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O	MSHDA-322a <input type="checkbox"/> Yes <input type="checkbox"/> No	
County	Residency? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. in Household	Adjusted Annual Income \$	Primary Income Source
Random #	Ethnicity <input type="checkbox"/> H or L <input type="checkbox"/> N-H or L	Race <input type="checkbox"/> A/N <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> NH/OPI <input type="checkbox"/> W		
Random Table #	Comments			



MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

CERTIFICATION of ELIGIBILITY and RESIDENCY

for
HOUSING CHOICE VOUCHER (HCV) PROGRAM
Project Based Voucher Program (PBV)
 (Insert County) County – (Insert Development Name)

Applicant Name:	Social Security Number:
Date of Birth:	County:
Follow-Up Contact/Address:	Phone # for Follow-Up Contact:
Referring Service Provider:	Phone # for Service Provider:

Does the Head of Household require a barrier-free unit?

Yes No

Eligibility Criteria (Definitions can be found on the back).

Head of Household or Adult Member of Household must meet one of the following criteria:

- 1. Special Needs
- 2. Homeless
- 3. Domestic Violence Survivor
- 4. Chronically Homeless

Residency Criteria – Must Be Attached

One of the following items with the applicant's name and current address must be attached: a copy of lease, driver's license, state ID card, utility bill, social security printout, voter's registration card, letter from the homeless service provider on their letterhead, OR other proof of residence. If the Head of Household/Spouse or Co-Head works, or has been hired to work, in the county for which he/she is applying, enclose proof of the work address or a letter from the employer verifying employment.

We hereby certify that _____		meets <input type="checkbox"/> does not meet <input type="checkbox"/> established criteria for	
Applicant /Head of Household			
Eligibility and Residency for the PBV Program in _____		County.	
Lead Agency Representative: _____	Title: _____		
Lead Agency: _____			
Phone #: _____	Fax #: _____	E-Mail: _____	
Representative's Signature: _____			Date: _____

Return this certification form, residency documentation and the Program Application to the MSHDA Housing Agent.

Community Housing Advocates LLC
 Contracted Partner with MSHDA HCV
 PO Box 368
 Wayland, MI 49348

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Special Need Populations – A person/prospective tenant with a physical (including profound deafness and legally blind), mental or emotional impairment that is of long-term duration, and

At the same time, the tenant must have a *substantial and sustained* need for supportive services in order to successfully live independently. In order to meet the "special needs definition," tenants must require assistance in at least **two** life-skill areas, such as:

- Ability to independently meet personal care needs;
- Economic self-sufficiency (capacity for sustained and successful functioning in vocational, learning or employment contexts);
- Use of language (ability to effectively understand, be understood and handle communication as needed on a daily and ongoing basis);
- Instrumental living skills (managing money, getting around in the community, grocery shopping, complying with prescription requirements, meal planning and preparation, mobility, etc.), or
- Self-direction (making decisions/choices about one's day-to-day activities and regarding one's future) or

The person is a recipient of SSI/SSDI.

Homeless – A person/prospective tenant must meet the following definition of homeless to qualify. The tenant must:

Lack a fixed, regular, and adequate nighttime residence, with priority given to those living in:

- A publicly or privately operated shelter and/or transitional facility designed to provide temporary living accommodations (including those being assisted with hotel vouchers);
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (including living on the streets, in a state park, or automobile);
- An institution that provides a temporary residence for individuals intended to be institutionalized.

Domestic Violence Survivor – Domestic Violence (DV)/Intimate Partner Violence (IPV)

- "Domestic Violence" means the occurrence of any of the following acts by a person that is not an act of self-defense:
 - Causing or attempting to cause physical or mental harm to an intimate partner;
 - Placing an intimate partner in fear of physical or mental harm;
 - Causing or attempting to cause an intimate partner to engage in involuntary sexual activity by force, threat of force, or duress;
 - Engaging in activity toward an intimate partner that would cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed, or molested.
- "Intimate Partner" includes any of the following:
 - A spouse or former spouse;
 - An individual with whom the person has or has had a dating relationship;
 - An individual with whom the person is or has engaged in a sexual relationship;
 - An individual with whom the person has a child in common.

Chronically Homeless – A chronically homeless person is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation or in an emergency shelter during that time.

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