

FLINT HOUSING COMMISSION

LOW-INCOME PUBLIC HOUSING (THIS IS NOT SECTION 8)

Waiting List Pre-Application

0 1 2 3 4 5

IMPORTANT NOTICE: Requests for persons with disabilities or persons needing assistance must be put in writing to the Flint Housing Commission (FHC) Office.

Before you begin the application process, please have available your social security card, names and date of birth for all family members who will reside with you. Also you will need income information for all family members.

Submit only ONE application to the Flint Housing Commission (FHC). **Duplicate forms will not be accepted.**

Disclaimer

By submitting this Pre-Application you are not guaranteed placement on any wait list.

Maintaining Your Status on the Waiting List

If you are added to the waiting list, you will be notified by mail when your name comes to the top of the waiting list or if we are updating our files.

If you do not respond to our notifications, or your letter is returned undeliverable, your name will be removed from the waiting list. If you have a change of address, phone number, income or family size, you MUST notify us within 10 business days of the change. ALL CHANGES MUST BE IN WRITING. No changes will be taken over the phone. Please include social security number on any correspondence.

Eligibility

.An applicant must qualify as an individual or family as defined by FHC.

.Head of household must be at least 18 years of age at the time of this Pre-Application or an emancipated minor by a court of competent jurisdiction, consistent with Michigan law.

.Family must have annual income at the time of admission that does not exceed the established income limits at the time of admission according to the maximum income by family size established by the U.S. Department of Housing and Urban Development (HUD).

.Applicant and all adult members of the family must pass a criminal background check.

.Applicant or any member of the family who has ever been convicted of manufacturing or producing methamphetamine on the premises of any federally-assisted housing or any family household member who is subject to a lifetime registration requirement under a state sex offender registration program will not be eligible for housing assistance.

.Applicant and all members of the family must provide documentation of social security numbers for all family members or certify that they do not have social security numbers at the time of initial eligibility interview.

.Applicant and all members of the family must meet (HUD) requirements on citizenship or immigration status.

.Applicant or any member of the family who currently owes rent or other amounts to FHC or any other housing authority will not be offered assistance until the outstanding balance is paid in full.

Additional Questions

Each question below **MUST** be answered completely:

Questions apply to **ANY** member of the family who is listed on your application.

Do you or member(s) of your family have a disability that needs an accessible unit? Yes No

Have you or any member of your family been convicted or arrested for a crime in the last five years?

Yes No

If Yes, When and Where did the conviction occur? _____

What was the nature of the conviction? _____

Are you or any member of the family subject to a lifetime registration requirement under a state sex offender registration program? Yes No

Do you owe money to The Flint Housing Commission or any other Public Housing Agency?

Yes No

Certification of Information

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

I understand that it is my responsibility to keep my contact information current with the Flint Housing Commission. (All information must be provided to the Flint Housing Commission in writing).

Signature: _____ Date: _____



The Flint Housing Commission does not discriminate on the basis of race, sex, color, religion, marital status, familial status, national origin, age, pregnancy, disability, ancestry, or sexual orientation in the access to, admission into, or employment in housing programs or activities.

Head of Household Information

First Name _____ Middle Initial _____

Last Name _____

Gender _____ Male _____ Female SSN# _____ - _____ - _____

Birth Date (month/day/year) _____ / _____ / _____

Mailing Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home (____)____ - _____ Cell (____)____ - _____ Alt. Contact Number (____)____ - _____

E-mail address (If you have one): _____

Citizenship: _____ Yes _____ No

Race: _____ Asian American _____ Indian/Alaskan Native _____ Black/African American
_____ Native Hawaiian _____ White _____ Hispanic _____ Other

City and State of Birth _____

What is the total family monthly income (gross)? _____

Are you currently employed? Yes ___ No ___ If Yes, Where _____

Hourly Rate \$ _____ Hours worked per week? _____ Position/Title _____

Do you receive SSI? Yes _____ No _____ If Yes, Monthly Amount \$ _____

Who in the Household receive SSI? _____

Do you receive SS Disability? Yes _____ No ___ If Yes, Amount \$ _____

Do you receive State Disability Assistance (SDA)? Yes _____ No ___ If Yes, Amount? _____

Other Income

Child Support Payments \$ _____ Cash Assistance \$ _____ Grants \$ _____

Veterans \$ _____ Pension \$ _____ Other _____ Amount \$ _____

Additional Family Members

Last Name	First Name	MI	M/F	FULL SS#	Date of Birth	City/State of Birth	Relation

Preferences

Please check the following preferences that apply to you:

Involuntarily Displaced (proof needed)

- .Disaster (fire, flood, earthquake, etc.)
- .Federal, state or local government action related to code enforcement, Public improvement or development
- .HUD disposition

Victim of Domestic Violence (proof needed)

(Witness Protection Program)

Working (Head of Household and /or Spouse)

- .Elderly 62 years & older
- .Disabled
- .Employed for 6 months consistently, **WITHOUT ANY INTERRUPTIONS**

Veteran's Preference

- .Veteran or any declared United States War or conflict

Runaway and Homeless Youth (RHY) "Aging out of Foster Care"