



"POINTING TOWARDS PROGRESS"

Pontiac Housing Commission

NEIL HILTON, President
PASTOR TIMOTHY LAWRENCE, Commissioner
DARRIUS JOYNER, Resident Commissioner
MELANIE RUTHERFORD, Commissioner
AHMAD TAYLOR, Executive Director

*132 Franklin Boulevard
Pontiac, Michigan 48341
(248) 338-4551
Fax (248) 338-7996*

Application Guidelines

Dear Applicant:

Thank you for your interest in obtaining housing through the Pontiac Housing Commission. Public Housing sites are as follows: **Woodland Heights Apartment Complex.**

If you are interested in applying for the site referenced above, you must be eighteen (18) years of age or older. Your security deposit and monthly rental amount are based upon 30% of your gross annual income at all sites.

Woodland Heights Apartments are located at 120 N. Edith St. in the City of Pontiac.

In order to apply at the above referenced sites, you must first do the following:

*****PLEASE READ CAREFULLY*****

Take the application home and fill it out completely. **Do not leave any questions unanswered.** For questions that do not apply, answer no, none, or not applicable (N/A).

******YOU MUST PROVIDE THIS OFFICE WITH ALL ORIGINAL DOCUMENTS******

- **Birth certificate(s)**
- **Social Security Card(s)**
- **Valid Driver's license or Michigan State ID card for all person's listed on this application eighteen (18) years of age or older.**

CRIMINAL BACKGROUND CHECK

- You do not need to obtain a county clearance unless you have been convicted of a crime other than a traffic violation.

PLEASE NOTE

- Do not remove any forms from your application packet. Use Not Applicable (N/A) if the requested information does not apply to you.

Once you have obtained/completed all of the above information, you will then need to return the completed application to Woodland Heights Apartments for processing.

PLEASE NOTE: THIS APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT THE ABOVE REFERENCED ITEMS. THE PROCESSING OF YOUR APPLICATION WILL BE DELAYED IF THERE IS MISSING OR INCOMPLETE INFORMATION.



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Due to the high volume of applications we receive, we ask that you **DO NOT CONTACT OUR OFFICE** regarding the status of your application. Once your application has been processed, you will be notified via U.S. Mail **ONLY** regarding the status of your application.

The average wait time for the processing of your application is approximately twelve (12) to twenty-four (24) months.

THE PONTIAC HOUSING COMMISSION AND THE LEASING DEPARTMENT WOULD LIKE TO THANK YOU FOR SHOWING INTEREST IN WOODLAND HEIGHTS. WE ARE A BUSINESS COMMITTED TO EXCELLENCE THROUGH AN EFFICIENT PROCESS AND PROVIDING QUALITY HOUSING BY CREATING AN ENVIRONMENT WHICH PROVIDES OUR CUSTOMERS WITH AN OPPORTUNITY TO ACCESS RESOURCES, WITH THE EXPECTATION THAT OUR COMMUNITIES WILL BE A SAFE AND SECURE PLACE FOR RESIDENTS TO REALIZE THEIR FULL POTENTIAL.

LEASING AND OCCUPANCY
PONTIAC HOUSING COMMISSION

Pontiac Housing Commission
 132 Franklin Boulevard
 Pontiac, MI 48341

Application

(248) 338-4551 Phone
 (248) 338-7996 Fax

Date Stamp

TIME STAMP

Program Applied for: Woodland Heights Scattered Site Homes WHAT SIZE UNIT ARE YOU INTERESTED IN? EFFICIENCY ONE BEDROOM TWO BEDROOM	Racial Group <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
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TO BE FILLED OUT BY THE APPLICANT (IN INK) FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER NO, NONE, OR NOT APPLICABLE (N/A) DO NOT LEAVE BLANKS

APPLICANT NAME	_____	_____	_____
	LAST	FIRST	MI
CURRENT ADDRESS	_____		
	STREET	CITY	STATE
		ZIP	APT #
MAILING ADDRESS	_____		
	PO BOX	CITY	STATE
		ZIP	
PLACE OF BIRTH	_____		
HOME PHONE #	_____	WORK #	_____
		OTHER #	_____

Name of <u>Current</u> Landlord	_____	Telephone #	_____
Mailing Address of Landlord	_____		
	Street	City	State
		Zip	Apt #
Present Monthly Rent \$	_____	# of Bedrooms	_____
		# of Persons Presently in Household	_____
If you pay for your utilities indicate the utilities paid by you and the amount. If you do not pay for any of the utilities listed check N/A.			
Electricity \$	_____	Gas \$	_____
Water \$	_____	Phone \$	_____
Cable TV \$	_____	N/A	
How long have you lived at the address listed above?		From (MM/YY)	To (MM/YY)
		_____	_____
Do you owe any money to the landlord listed above?		Yes	No
		_____	_____
		If yes, amount owed \$ _____	

Name of <u>Previous</u> Landlord	_____	Telephone #	_____
Mailing Address of Landlord	_____		
	Street	City	State
		Zip	Apt #
Present Monthly Rent \$	_____	# of Bedrooms	_____
		# of Persons Presently in Household	_____
If you pay for your utilities indicate the utilities paid by you and the amount. If you do not pay for any of the utilities listed check N/A.			
Electricity \$	_____	Gas \$	_____
Water \$	_____	Phone \$	_____
Cable TV \$	_____	N/A	
How long have you lived at the address listed above?		From (MM/YY)	To (MM/YY)
		_____	_____
Do you owe any money to the landlord listed above?		Yes	No
		_____	_____
		If yes, amount owed \$ _____	

GIVE NAMES WITH COMPLETE ADDRESSES OF TWO (2) PERSONAL REFERENCES. IF YOU ONLY HAVE ONE CURRENT OR PREVIOUS LANDLORD YOU MUST PROVIDE TWO (2) PERSONAL REFERENCES. *** PLEASE NOTE: YOU CANNOT USE RELATIVES AS REFERENCES

PERSONAL REFERENCE #1					
Name of Personal Reference _____			Telephone # _____		
Mailing address of Reference # 1					
Street/P.O. Box	City	State	Zip	Apt #	
PERSONAL REFERENCE #2					
Name of Personal Reference _____			Telephone # _____		
Mailing address of Reference # 2					
Street/P.O. Box	City	State	Zip	Apt #	
PERSONAL REFERENCE #3					
Name of Personal Reference _____			Telephone # _____		
Mailing address of Reference # 3					
Street/P.O. Box	City	State	Zip	Apt #	
PERSONAL REFERENCE #4					
Name of Personal Reference _____			Telephone # _____		
Mailing address of Reference # 4					
Street/P.O. Box	City	State	Zip	Apt #	

HOUSEHOLD COMPOSITION:

LIST ALL PERSONS WHO WILL RESIDE IN YOUR UNIT & THEIR RELATIONSHIP TO THE APPLICANT
 PLEASE NOTE #1 REFLECTS HEAD OF HOUSEHOLD

	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE	AGE	SEX	SSN #	US CITIZEN YES/NO
1						
2						
3						
4						
5						
6						

Do you anticipate any changes to your household composition? Yes _____ No _____

If yes, please explain _____

SPECIAL NEEDS

For the purpose of determining allowable income deductions are you or any member of your household hand capped or disabled?

Yes _____ No _____ *INFORMATION WILL BE VERIFIED*

NAME	SEX	DISABLED		HANDICAPPED		
_____	M	F	YES	NO	YES	NO
_____	M	F	YES	NO	YES	NO
_____	M	F	YES	NO	YES	NO

Does any member require any special accommodations? Yes _____ No _____ If yes please list your Doctor's complete name Address

Name of Doctor/Physician _____ Telephone # _____

Mailing address of Doctor/Physician _____
 Street/P O Box City State Zip Suite #

INCOME List all employment income (including self employment) for each household member.

Household Member	Name & Address of Employer	Annual Income

OTHER SOURCES OF INCOME: Examples include DHS benefits (food stamps, adult waiver, state disability), Social Security, SSI benefits, pensions, unemployment benefits, baby sitting, alimony, child support, annuities, income from rental property, Cash contributions from individuals, scholarships, and grants.

Household Member	Source	Amount

BANK INFORMATION: LIST ANY CHECKING, SAVINGS, CREDIT UNION AND/OR CERTIFICATE OF DEPOSIT ACCOUNTS

TYPE OF ACCOUNT	NAME & ADDRESS OF BANK	Account Number	Amount

- Do you or any household member have an interest in any real estate, boats, and/or mobile homes? Y N
 - Have you or any household member sold any real estate in the last two (2) years? Y N
 - Does any household member own stocks or bonds? Y N
 - Does anyone outside of your household pay for any of your bills or give you money? Y N
 - Have you or any other adult member of your household ever used a different name or social security number other than those listed on the previous pages? Y N
 - Have you or any other adult member of your household lived in assisted living? Y N
 - Have you or any other adult member of your household ever lived in Lakeside Homes? Y N
 - Have you or any other adult member of your household ever lived in Carriage Circle? Y N
 - Have you or any other adult member of your household ever lived in Woodland Heights? Y N
 - Have you or any other adult member of your household ever been convicted of a crime other than a traffic violation? Y N
 - Have you or any other adult member of your household ever committed fraud in a federally assisted housing program, or been requested to repay monies owed, or knowingly misrepresented information for such housing programs? Y N
- If you have lived, or currently live in Public Housing, and/or Section 8 Assisted housing, or housing where the amount of rent you paid was based on your income, please complete the following
- Address _____ Dates From _____ To _____
- Do you owe any money to Public Housing and/or Section 8 Housing? Y N If yes, Amount \$ _____

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If it is found that an applicant or tenant has misrepresented the facts upon which his/her rent is based so that he/she is paying less than he/she should be paying, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subject to civil and criminal penalties.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.

I understand that once the information in this application is verified, that the information will be submitted to the U.S. Department of Housing and Urban Development (HUD) on form HUD-50058 (The federal Privacy Statement contains additional information concerning the authorized use of this information.) I also understand that staff of the Pontiac Housing Commission will verify this information, and I authorize the Pontiac Housing Commission to submit inquiries necessary for the purpose of verifying the facts herein stated.

Signature: _____ Date: _____
Head of Household

Signature: _____ Date: _____
Spouse or Other Adult

Note: If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the Pontiac Housing Commission to provide you with a HUD Housing Discrimination Complaint form, HUD-903.



APPLICATION INTAKE CHECKLIST

- ORIGINAL BIRTH CERTIFICATE
- VALID DRIVER'S LICENSE OR STATE ID
- SOCIAL SECURITY CARD (S)
- CURRENT/PREVIOUS LANDLORD INFO
- TWO PERSONAL REFERENCES
(TWO IF ONLY ONE CURRENT OR PREVIOUS LANDLORD
FOUR IF NO LANDLORD PROVIDED)
- RELEASE OF INFORMATION AUTHORIZATION SIGNED
- APPLICATION SIGNED AND DATED
- NO BLANKS ON APPLICATION

Signature: _____ Date: _____
PHC REPRESENTATIVE

Supplemental and Optional Contact Information for HUD Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able 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. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form

Applicant Name:

Mailing Address:

Telephone No: **Cell Phone No:**

Name of Additional Contact Person or Organization:

Address:

Telephone No: **Cell Phone No:**

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/> Late payment of rent	

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenancy file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (41 U.S.C. 13501-13520). The public reporting burden is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's crisis or housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-501 authorizes the Department of Housing and Urban Development (HUD) to collect all the information and keep the Social Security Number (SSN) which will be used by HUD to protect disbursement data from fraudulent activity.

PREFERENCE CERTIFICATION

I, _____, hereby certify that I qualify for the preference (s) checked below. I understand that verification of this certification is required.

Homeless

Applicants will be given first preference.

Applicant must be currently homeless and must be able to provide third party documentation of the homelessness that they

- 1) Lacks fixed, regular, and adequate nighttime residence; OR
- 2) Has primary nighttime residence that is:
 - A supervised public or privately operated shelter designated to provide temporary living accommodations. (Welfare Hotels, congregate shelters, and transitional housing.)
 - An institution that provides temporary residence for individuals intended to be institutionalized (not incarcerated.)
 - A public or private place not designated or normally used as regular sleeping place for humans.
- 3) Any individual or family who:
 - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
 - Has no other residence, and lacks the resources or support networks, ie Family, friends, and faith-based or other social networks, to obtain other permanent housing.

Working and living in the City of Pontiac

Applicants must both work and currently live in the City of Pontiac will be given second selection preference.

No preference(s)

Applicants have no preference(s) and will be given no selection priority over any Applicants

Applicant Signature

Date

Printed Name



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*132 Franklin Boulevard
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(248) 338-4551
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Residents Only; Fill out highlighted areas.

Name of Employee:

Name of Employer:

Address:

Fax or Address:

Social Security Number:

Attn:

Authorization to release information to be completed by employer:

Gross earnings during the past 12 months: _____

Average Number of hours per work week: _____

Straight time: _____

Overtime: _____

Previous base pay rates (if still employed)

Effective Dates:

\$ _____ Per _____

\$ _____ Per _____

\$ _____ Per _____

Current Average number of hours per workweek: _____

Straight time: _____

Overtime: _____

Current base pay rate:

\$ _____ Per _____

Date Effective: _____

Expected change in rate of pay: _____

New Rate: _____

Date: _____

Overtime is paid at the rate of \$ _____

Amount of Bonus, Incentive pay, Commission and/or Tips: _____ Per _____

If seasonal or sporadic employment, give lay off periods: _____

Does this employee receive vacation with pay? _____
Sick leave with pay? _____

Amount deducted for medical/hospital insurance: \$ _____ Per _____
Earned Income Tax Credit paid by employers for the next 12 months \$ _____
Original or Rehire date: _____
Termination date: _____
Employee's title positions or work _____
Firm or Employer's Name _____

Signature and Title of Authorized Officials:

Signature: _____
Title: _____
Phone: _____
Date: _____

Please return to: Pontiac Housing Commission
132 Franklin Blvd.
Pontiac, MI 48341

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

Resident Signature

Date of Release

PONTIAC HOUSING COMMISSION
132 FRANKLIN BOULEVARD
PONTIAC, MICHIGAN 48341

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

DATE: _____

APPLICANT'S/RESIDENT'S NAME: _____

ADDRESS: _____

City/ST/Zip: _____

SS# / ALIEN REGISTRATION #: _____

To Whom It May Concern:

I am an applicant/resident for the Housing Commission of the City of Pontiac Housing Choice Voucher Program). The information being requested on the attached form is for the purpose of determining my eligibility for rent subsidy. The following information to determine eligibility will be requested and verified:

- a. Criminal background checks to be completed thru Internet Criminal History Access Tool with the Michigan State Police.
- b. Credit check
- c. Landlord verification
- d. Family composition and type (Elderly, non-elderly)
- e. Annual income
- f. Assets and asset income
- g. Allowance information
- h. Local preferences
- i. Social Security numbers of all family members
- j. Citizenship or eligible immigration status
- k. Prescription Expense
- l. Medical Expense

I hereby give my permission to release this information and understand that it will be kept in strict confidence and be used for program purposes only. I would appreciate your prompt attention to supply the requested information and return the form to the Housing Authority within five (5) days of receipt.

I understand that a photocopy of this release is as valid as the original

Thank you for your assistance and cooperation in this matter

SIGNATURE

Pontiac Housing Commission

Smoke-Free Policy

- A. PHC Smoke-Free Policy is effective on July 1st, 2018.
- B. HUD mandated for all Public Housing to be smoke-free.
- C. Smoking will be completely prohibited in all PHC-owned buildings, including Carriage Circle, Woodland Heights and Scattered Site houses.
- D. You must be at least 50 feet from the building/house in order to smoke on PHC-owned property.
- E. All residents, guests/visitors, PHC employees, and contractors or vendors are included in this policy.
- F. No smoking in common areas, hallways, stairwells, laundry rooms, or apartments/houses.
- G. Smoking means inhaling, exhaling, breathing, burning, carrying, or possessing any lighted cigar, cigarette, pipe, weed, plant, marijuana, or other tobacco product, including activated electronic smoking devices, water pipes, and hookahs.
- H. Possession, use, smoking, or cultivation of marijuana on PHC-owned property is prohibited, even with a Medical Marijuana card/license.
- I. Failure to comply or ensure that guests comply with this smoke-free policy is a serious lease violation and residents may be charged the cost of removing smoke odor or residue from their apartment/house.
- J. Evidence of smoking in a household includes smelling fresh or stale smoke, observing ashes or butts, or observing burn marks.
- K. Enforcement:
 - 1. 1st Violation – Verbal warning and stop smoking literature
 - 2. 2nd Violation – Written warning letter and stop smoking literature
 - 3. 3rd Violation – 30-Day Termination Notice issued to resident
 - 4. If resident receives more than 2 violations in a 2-year period, tenancy will be terminated.
 - 5. Lease violations are reset/wiped out after 2 years.

L. All adult residents (18 and up) must sign a Smoke-Free Policy Lease Addendum.

I have reviewed the above Smoke-Free Policy and am aware that violations of this policy may result in termination of my lease.

Head of Household

Date

Other Adult

Date

PHC Representative

Date