



Hermansville Housing Commission

Golden Shores Apartments

W5577 129 W 3rd St, Hermansville, MI 49847

Phone: 906-498-3170 • Email: hhc.goldenshores@gmail.com

RE: Tenant Assessment Subsystem (TASS and Enterprise Income Verification EIV)

Dear Future Resident:

The U.S. Department of Housing & Urban Development (HUD) has introduced the (EIV) Enterprise Income Verification to the Public housing Agencies. This system allows the public housing (HHC) to obtain any participant's income information on-line. It provides such income information as wages, tips, social security, SSI benefits and unemployment benefits. Currently, HUD is contacting Housing Commissions and providing information on any information not reported by participants.

The HHC is providing this information to all program participants (Public Housing) and encouraging participants to provide **all income** information in their household. This system is in place and will be used to track family income during re-certification appointments going forward after you move into Golden Shores.

If you have any questions, please feel free to contact our office.

Thank You,

Board of Commissioners



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APPLICATION FOR RESIDENCY

PLEASE ANSWER ALL QUESTIONS, IF IT DOES NOT APPLY TO YOU PUT "NA"

FOR OFFICE USE ONLY: Date application received: _____

Elderly Disabled Near-Elderly Married Single Veteran

INSTRUCTIONS TO APPLICANT:

1. Read all material.
2. Answer all questions. Sign forms where indicated and return all pages. Your application will not be filed until all forms are complete.
3. You must notify this office in writing of any changes in address and/or family status.
4. Applications are computerized by social security number of the head of household. Please be accurate.

PLEASE PRINT:

NAME: _____ PHONE: _____

ADDRESS: _____

LANDLORD INFORMATION:

Current Landlord's Name: _____ Telephone: _____

Current Landlord's Address _____

Current Rent: _____ Length of Occupancy: _____

Previous Landlord's Name: _____ Telephone: _____

Previous Landlord's Address _____

Amount of Rent: _____ Length of Occupancy: _____

If more than 2 landlord's in the past five (5) years, please put their name, address and telephone number on the back side of this sheet.

Reason for leaving present address/explain: _____

5. Do you need a wheelchair accessible apartment? _____ Yes _____ No

6. Please list all previous addresses you had in the past 5 years in addition to the one on Page 2: Include dates you lived at the addresses:

HOUSEHOLD COMPOSITION: List the head of household first and then all persons who will live in the household.

| Last Name First Name Middle Name | Social Security Number | Relationship to the Head of Household | Sex | Date of Birth |
|--|------------------------------|---|-------|------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Attach copies of the Security Cards, Birth Certificates of all household members, and a copy of the Driver's license for all household members over the age of 16.

INCOME: List all income received by all family members. This includes wages, social security, SSI, social security disability, V.A. Benefits, worker's comp., child support, food stamps, money received from others, etc.

| Income source | Family Member | Amount per month |
|---------------|---------------|------------------|
| 1. _____ | _____ | \$ _____ |
| 2. _____ | _____ | \$ _____ |
| 3. _____ | _____ | \$ _____ |
| 4. _____ | _____ | \$ _____ |
| 5. _____ | _____ | \$ _____ |
| 6. _____ | _____ | \$ _____ |

ASSETS: List all of the following assets that apply to you or a household member.

1. Real Estate assessed value \$ _____
(Submit most recent copy of your property tax statement)
2. Savings Account: Owner _____ Value \$ _____ Interest _____
Name of Bank: _____
3. Savings Account: Owner _____ Value \$ _____ Interest _____
Name of Bank: _____
4. Checking Account: Owner _____ Value \$ _____ Interest _____
Name of Bank: _____
5. Checking Account: Owner _____ Value \$ _____ Interest _____
6. CD's Owner _____ Value \$ _____ Interest _____
7. CD's Owner _____ Value \$ _____ Interest _____
8. Life Insurance
Cash value Owner _____ Cash surrender value _____ Interest _____
9. Stocks and bonds Owner _____ Value \$ _____
10. Other assets Owner _____ Value \$ _____

Has any person sold/given away property, land, stocks, bonds, cash, collections, investments, etc. closed any accounts, removed or added a name to an account within the last 24 months?

_____ Yes _____ No

If yes, please describe: _____

MEDICAL: List the following out of pocket medical expenses for the past 12 months for each family member: (fill in all that apply)

| | Family Member | Monthly cost |
|-------------------------------|---------------|--------------|
| 1. Medicare Premiums | _____ | _____ |
| 2. Medicare Premiums | _____ | _____ |
| 3. Health Insurance | _____ | _____ |
| 4. Health Insurance | _____ | _____ |
| 5. Prescription Drug Coverage | _____ | _____ |
| 6. Prescription Drug Coverage | _____ | _____ |
| 7. Doctor | _____ | _____ |
| 8. Doctor | _____ | _____ |
| 9. Dentist | _____ | _____ |
| 10. Dentist | _____ | _____ |
| 11. Pharmacy | _____ | _____ |
| 12. Pharmacy | _____ | _____ |

PERSONAL REFERENCES: References cannot be related to you. List 3

1. Name _____
Address _____
Telephone _____
Relationship _____

2. Name _____
Address _____
Telephone _____
Relationship _____

3. Name _____
Address _____
Telephone _____
Relationship _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever lived in subsidized housing before: _____ Yes _____ No
If yes, where? _____ Telephone Number _____

2. Has any other household member lived in subsidized housing before? _____ Yes _____ No
If yes, where? _____ Telephone Number _____

3. Have you or any household member ever been evicted by a housing authority? _____ Yes _____ No
If yes, where? _____ Telephone Number _____

4. Have you or any household member ever been evicted from any rental in the past? _____ Yes _____ No
If yes, Who? _____ When? _____ Where? _____ Why? _____

5. Have you ever been convicted of as a sex offender? Yes No
 Neither tenants or visitors who are lifetime sex offenders are allowed in this federally subsidized housing.
 If yes, When? _____ Where? _____
6. Has any other household member ever been convicted as a sex offender? Yes No
 If yes, Who? _____ When? _____ Where? _____
7. Have you or any member of your family been convicted of any offence other than a minor traffic: If yes, Who? _____ When? _____ Explain: _____
8. Are you or any family member a current illegal abuser or addict of a controlled substance or currently engaging in the illegal use of drugs? Yes No Explain: _____
9. Have you or any family ever been convicted of the manufacture or distribution of a controlled substance? Yes No Explain: _____
10. Have you or any family members including children ever been involved with fires that have resulted in damages to buildings, personal property or possessions; or other property? Yes No Who _____ Explain: _____

THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSES ONLY. PLEASE CHECK THE GROUP(S) TO WHICH YOU AND YOUR HOUSEHOLD MEMBERS BELONG:

- WHITE AMERICAN INDIAN/NATIVE ALASKAN
 BLACK ASIAN/PACIFIC ISLANDER

PLEASE SELECT THE APPROPRIATE RACE CATEGORY:

- NON-HISPANIC
 HISPANIC

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Hermansville Housing Commission any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status Employment, Income, and Assets Residences and Rental Activity
Medical or Child Care Allowances Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Past and Present Employers Veterans Administration
Public Housing Agencies) Welfare Agencies Retirement Systems
Courts and Post Offices State Unemployment Agencies Banks and other Financial Institutions
Schools and Colleges Social Security Administration Credit providers and Credit Bureaus
Law Enforcement Agencies Medical and Child Care Providers Utility Companies
Support and Alimony Providers

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

SIGNATURES

Head of Household: _____ Date: _____
Spouse: _____ Date: _____
Adult Member: _____ Date: _____
Adult Member: _____ Date: _____
Adult Member: _____ Date: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful false statements or misrepresentations to any Department Agency of the U.S. as to any matter within its Jurisdiction.