



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 complete every item including the Head Of Household's signature or your application will be returned.

1. Name:		County of Application:	
2. Current Address: 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. Current telephone numbers: Home () Work () Cell Phone ()		5. Name of person and telephone number where a message can be received. Name Telephone Number ()	
6. Have you ever received rental assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes",		When?	What county?
7. Are you homeless now? <input type="checkbox"/> Yes <input type="checkbox"/> No For additional resources, please visit www.michigan.gov/mshda .		What Program?	
8. Are you interested in rental assistance at _____?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. 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.

Head of Household's Last Name		First Name		Middle Initial	Social Security #		Age	Sex M F
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
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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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								

If more than 4 household members, request HCV Application Supplemental Information (MSHDA-322s) from you Housing Agent to provide additional information. →

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

OVER →

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

_____ 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 (MPRI)? 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/HCV 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.

X _____ Date _____
 Signature of Head of Household

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. 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 have and use. Giving the Social Security Numbers of all household members 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-322s <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			