

ST. CLAIR HOUSING COMMISSION
Pre-Application for Housing Assistance
400 S. Third St, St. Clair, MI 48060 (810) 984-3173

NOTE: This pre-application does not obligate you or the St. Clair Housing Commission in any way. Please complete the entire form (front & back)
 This application is for: **Public Housing**

PLEASE PRINT List each person to reside in the household beginning with the Head of Household. Use Legal Names Only.

Name (Last, First, Middle Initial)	Social Security # (must list for each person, regardless of age)	Sex	Disabled or Handicapped? Yes or No	Race (see below)	Ethnicity (see below)	Date of Birth	Relationship to Applicant (Head, Daughter, Son, etc.)

List additional persons on separate paper

Race: White, Black, Indian, Asian or Hawaiian

Ethnicity: Hispanic or Non-Hispanic

Present Street Address: _____
 (Street) (City) (State & Zip)

Contact #: _____

Present Mailing Address: _____
 (Street) (City) (State & Zip)

Email: _____

OFFICE USE ONLY:

Date Received:	Time Received:	Bad Debt: Yes or NO & Staff Initials who Checked:	Prior Assistance: Yes or No & PHA Location:	Bed Size:	Date & Staff Initials who Entered into HMS:
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St. Clair HOUSING Commission

400 South Third Street - St. Clair, Michigan 48079

Phone: (810) 329-9141 - Fax: (810) 329-0819

In accordance with the St. Clair Housing Commission's Annual Plan, families are selected from the Application List based on the following reference system, which is based upon local housing needs and priorities. Points are assigned to the preference, and applicants are contacted in the corresponding order, with consideration of the date and time the application was submitted for placement on the Application List.

1. Are you 62 years of age or older? Yes No
2. Is the Head or Co-Head of household disabled or handicapped? Yes No
3. Will there be children under 18 years of age residing in the household? Yes No
4. Do you live in St. Clair County? Yes No
5. Are you attending an employment training program in St. Clair County? Yes No
6. Are you a full-time student in St. Clair County? Yes No
7. Have you been a victim of Domestic Violence in the past 12 months? Yes No
8. Is everyone in the household a U.S. citizen? Yes No If no, explain: _____

9. Have you ever rented or received assistance from a Public Housing Authority including The St. Clair Housing Commission's Public Housing or Section 8 Program? Yes No
10. Have you been evicted by a landlord within the last 5 years? Yes No If yes, when _____
Landlord Name _____ & Address _____
(Use additional pages if necessary)
11. Are you or any member of the household regardless of age, subject to a registration requirement on a Sex Offender Registry? Yes No

List all monthly monies earned or received by all household members. This includes monies from self-employment, child support, outside contributions, social security, disability (SSI), unemployment, workers compensation, retirement benefits, DHS benefits, rental property income, stock dividends, income from bank accounts, alimony, and any other sources:

Household Member(s)	Employer	Total Pay Amt.	DHS Benefits (FIP / FAP)	Child Support	Social Security / SSI	Unemployment	Any Other Income

NOTICES:

1. You are required to notify St. Clair Housing in writing of any change in household status, address or income. If we cannot contact you at the above address, your name will be removed from the applicant list and you will have to re-apply.
2. Certain information requested is to comply with Equal Opportunity requirements, to assure that no discrimination occurs. Your answers to these questions will not affect (either positively or negatively) your selection for a program.
3. The St. Clair Housing Commission will be completing a criminal background check on all household members to verify information and eligibility
4. All monies due to the St. Clair Housing Commission or any other Public Housing Authority must be paid in full or your assistance will be denied.
5. If you or a member of your household need Reasonable Accommodations and / or a unit with Special Features, please ask at our front desk for a "Request for Reasonable Accommodations" form.
6. You have the right by law to include as part of your application for housing the name, address, telephone number & other relevant information of a family member, friend, or social, health, advocacy or other organization, 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 by completing form HUD-92006 "Supplement to Application for Federally Assisted Housing"

I do hereby certify that all information provided is complete and accurate. Failure to provide true accurate information could jeopardize the approval of your application. I further certify that I have been provided with a copy of the following documents, 1.VAWA Notice 2. Waiting List Preference Descriptions 3.HUD Fraud Form "Is Fraud Worth It" 4. Receipt of Pre-application Submission

Head of Household Signature

Date

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REQUEST FOR REASONABLE ACCOMMODATION

Pursuant to the Federal Fair Housing Act with respect to Disabilities and Reasonable Accommodations, this form must be provided to all applicants who apply for Housing assistance.

Applicant Name

Date

Phone

Current Address

City

Zip

Please state your request and reason:

- Extra Bedroom
- A barrier free unit
- Live In Aide (must complete Live In Aide / Attendant Certification)
- Other _____

Is there anyone willing to pay for these modifications?

- Yes; If yes, specify _____
- No

Applicant Signature

Date