

ST CLAIR HOUSING COMMISSION
Pre-Application for Housing Assistance
400 South 3rd Street, St Clair, MI 48079
Phone: (810) 329-9141 Fax: (810) 329-0819

NOTE: This pre-application does not obligate you or the St. Clair Housing Commission in any way. Select the Program(s) for which you would like to apply:

_____ 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? Yes or No	Race	Hispanic or Non-Hispanic	Date of Birth	Relationship to Applicant
							HEAD

CHILDREN 17 AND YOUNGER

List all children who will be living in the home

Name (Last, First, Middle Initial)	Social Security # (Must list for each person regardless of age)	Sex	Disabled? Yes or No	Race	Hispanic or Non-Hispanic	Date of Birth	Relationship to Applicant

Present Street Address: _____
(Street) (City) (State and Zip Code)

Present Mailing Address: _____
(Street) (City) (State and Zip Code)

Phone number: _____ Email: _____

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:

Monthly Gross Amount Received before any Deductions

Household Member(s)	Employer	Gross Amount	DHHS Cash Assistant	Child Support	Social Security/SSI	Unemployment	Any Other Income



Equal Housing Opportunity
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In accordance with the St. Clair Housing Commission's Annual Plan, families are selected from the Application List based on the following preference 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. Are you currently pregnant? If yes, Due Date: _____ Yes No
5. Do you live within the zip code 48079? If yes, how long? _____ Yes No
6. If you do not live in the zip code 48079, do you live in St. Clair County? Yes No
7. Do you or any members on this application smoke? Yes No
8. Are you or your spouse a veteran or a widow/widower of a veteran? Yes No
9. Is everyone in the household a U.S. citizen? Yes No
10. Have you ever rented or received assistance from a Public Housing Authority including The St. Clair Housing Commission's Public Housing or any Section 8 Program? Yes No
11. Are you or any member of the household regardless of age, subject to a registration requirement on a Sex Offender Registry? Yes No

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, that you have provided, 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 fill out the attached "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

OFFICE USE ONLY

Date Received	Time Received	Bad Debt: YES NO	Prior Assistance YES (Where) _____ NO	Bedroom Size	Date/Initials entered in computer
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