

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY Project Based Voucher (PBV) Program Application

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 Calhoun	Development Name Liberty Commons	
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:		5. Name of person and telephone number where a message can be received.		
Home ()	Work ()	Cell Phone ()	Name	Telephone Number ()
6. Have you ever received rental assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes",		When?	What county?	What Program?
7. Are you homeless now? <input type="checkbox"/> Yes <input type="checkbox"/> No For additional resources, please visit www.michigan.gov/mshda .				

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 <input type="checkbox"/> M <input type="checkbox"/> 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 <input type="checkbox"/> M <input type="checkbox"/> 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	Occupation	
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Si usted no puede leer este documento porque no lee Ingles, o requiere que esta comunicacion sea interpretada o traducida y nadie que usted conoce se la puede traducir, por favor llame a nuestra oficina para una interpretacion o traduccion gratuita. El numero de telefono de nuestra oficina es 517.373-9344.

If you or a member of your household is a disabled person and require a reasonable accommodation in order to participate in MSHDA's affordable housing program(s) or services, please submit your request to your Housing Agent. We prefer that your request be submitted in writing. If you are unable to submit a written request for a reasonable accommodation, you may make your request by calling your Housing Agent at the phone number provided to you.

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MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
Project Based Voucher (PBV) Program Application

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1. Name: _____ County of Application **Calhoun** Development Name **Liberty Commons**

ADDITIONAL FAMILY MEMBERS ADD HERE

Family Information

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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		

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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:
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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)

Does a member of the family require a barrier-free/accessible unit? Yes No

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: _____

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

Signature of Head of Household

Date

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:

McKinney, LLC
101 N. Albion Street; STE 119
Albion, MI 49224
517-629-6750 (telephone)

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				

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i></p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
PROJECT-BASED VOUCHER (PBV) PROGRAM**

**EXCEPTED PBV UNITS
Certification of Qualifying Family**

Return by: _____

Head of Household Name:		Development: Liberty Commons
Date of Birth:	Social Security Number: XXX-XX-	County: Calhoun
Management Agent Contact/Address: 180 Carl Avenue Battle Creek MI 49037		Phone # for Management Agent: (269)962-6209
Referring Service Provider Contact Name: Kia Rosenberg		Phone # for Service Provider Contact: (269)962-6209

MSHDA may not pay housing assistance under the HAP contract for contract units in excess of the 25 percent cap (50 percent cap for Rental Assistance Demonstration (RAD) projects), except as provided below. Please note that single-family buildings with four or less units are not counted within this cap.

PBV Excepted Units: In multifamily developments (five or more units) that have PBV units in excess of the 25% or 50% for RAD projects, the total number of units that exceed the cap must be made available to qualifying families. Qualifying families are defined as elderly, disabled or families receiving or to be receiving supportive services.

Qualifying Family Criteria:

All qualifying households must meet one of the following criteria (definitions located below):

- Elderly Family
- Disabled Family
- Family receiving or planned to receive supportive services (complete the box on page 2)

HUD's Qualifying Family Definitions

Elderly Family: A family whose head, spouse, or sole member is a person who is at least 62 years of age; or two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides.

Disabled family: A family whose head, spouse, or sole member is a person with disabilities, or two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides.

Persons with Disabilities: A person who has a disability as defined in 42 U.S.C. 423 or a developmental disability as defined in 42 U.S.C. 6001. Also includes a person who is determined, under HUD regulations, to have a physical or mental impairment that is expected to be of long-continued and indefinite duration, substantially impedes the ability to live independently, and is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

Families receiving Supportive services: A non-elderly or non-disabled family where at least one member is receiving at least one qualifying supportive service.

Qualifying services may include, but are not limited to: transportation for medical appointments or grocery shopping; supervision of medication, treatment of drug rehabilitation; treatment of alcohol addiction; training in housekeeping and homemaking activities; family budgeting; child care; parenting skills; computer lab; and work skills development and job training.

I hereby certify that I understand in order to qualify for PBV rental assistance; my family must have at least one member receiving at least one qualifying supportive service. I further understand if my family fails, without good cause, to complete its participation in the supportive service plan, MSHDA will terminate rental assistance and the landlord will terminate the existing lease.

Head of Household Signature: X Date: _____

Household member(s) participating in supportive services: _____

List supportive services:

Referring Service Provider Contact Name: Kia Rosenberg

Referring Service Provider Signature: X Date: _____

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Return completed and signed Form to:

MCKINNEY L.L.C.
101 N. Albion St., Suite 119
Albion, MI. 49224
PH: 517-629-6750

qualify as homeless under this definition, but who:

(i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

(4) Any individual or family who:

(i) 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 a 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;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Domestic violence (target population definition)

In addition to Category 4 of the Homeless definition, "Domestic Violence" means the occurrence of any of the following acts by a person that is not an act of self-defense:

- Causing or attempting to cause physical or mental harm to an intimate partner;
- Placing an intimate partner in fear of physical or mental harm;
- Causing or attempting to cause an intimate partner to engage in involuntary sexual activity by force, threat of force, or duress;
- Engaging in activity toward an intimate partner that would cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed, or molested.