



PRE-APPLICATION FOR HOUSING ASSISTANCE

Primary Language: _____

Do you need an interpreter? Y / N

Applicant Name: _____

Current Address: _____
(Street) (City) (State) (Zip code)

Phone Number: _____ E-mail: _____ Text: _____

ALL INFORMATION MUST BE COMPLETE TO CORRECTLY PROCESS YOUR APPLICATION

Household Composition:

FULL, LEGAL NAME	Relation to HOH	SOCIAL SECURITY #	DOB Date of Birth	SEX	AGE	RACE	Do you claim a disability?	US Veteran/ Spouse of	US CITIZEN	Full time STUDENT
(HOH)	Self						Y / N	Y / N	Y / N	Y / N
							Y / N	Y / N	Y / N	Y / N
							Y / N	Y / N	Y / N	Y / N
							Y / N	Y / N	Y / N	Y / N
							Y / N	Y / N	Y / N	Y / N

Alias/Maiden Name: _____

Gross Household Income:

HOUSEHOLD MEMBER Full, Legal Name	SOURCE OF INCOME SSI/SSDI, Employer name, etc.	WAGE Hourly	HOURS WORKED	TOTAL INCOME
(HOH)			<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /	<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /
			<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /	<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /
			<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /	<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /
			<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /	<u>Weekly</u> <u>Bi-Weekly</u> <u>Monthly</u> / /

Qualifying Income Limits:

Family Size	1	2	3	4	5	6	7	8
Low-Income	34,000	38,850	43,700	48,550	52,450	56,350	60,250	64,100

Household Members: All members of the household including members of the family, live-in aides, foster children, and foster adults. All household members are listed on the lease, and no one other than household members are listed on the lease.

1. Do you have a Payee? Y / N

If yes, please provide name and phone number: _____

2. Do you have a Legal Guardian? Y / N

If yes, please provide name and phone number: _____

3. Is your household currently homeless? Y / N

If yes, where are you sleeping? _____

4. Has any household member been convicted of any felonies within the last **5 years**? Y / N

5. Are any household members a registered sex offender? Y / N

(This information will be verified through the U.S. Department of Justice National Sex Offender Registry)

6. Is any household member fleeing domestic violence? Y / N

7. Does the household have a court ordered reunification plan with one or more children? Y / N

8. Does your household plan to have anyone living with you who is not listed above? Y / N

**This includes any unborn children.*

If yes, please explain: _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Consent: I consent to allow the Marquette Housing Commission to verify my landlord references, income, assets, and expenses. I also consent to allow MHC to screen for eligibility my credit and criminal history. I certify that the above information is a complete and true statement of family composition, income, employment, and assets to the best of my knowledge and belief.

Head of Household/Guardian Signature

Date

Spouse/Co-Head Signature

Date

Other Adult Signature

Date

FOR OFFICE USE ONLY:

_____ Higher Income \$300+ _____ Higher Income \$200+ _____ Elderly _____ Disabled

_____ Works 30+ _____ Near-Elderly _____ Veteran/Spouse _____ Works 20-29

_____ City of Mqt _____ Domestic Violence _____ Child Reunification _____ Homeless

Date & Time Received: _____ Initials: _____

Approved: 8/11/2016