PINE RIDGE APARTMENTS 316 PINE STREET MARQUETTE, MI 49855 906-226-7559 906-226-8633 (FAX)

Low-Income

34,000

38,850

43,700

48,550

52,450

56,350

60,250



LAKE SUPERIOR VILLAGE 125 DOBSON PLACE MARQUETTE, MI 49855 906-225-1900 906-225-0503 (FAX)

PRE-APPLICATION FOR HOUSING ASSISTANCE

Head of Household (H	ЮН) N	lame:	•											
Alias/Maiden Name:														
Do you need assistance									or an int	erpreter? \	Y / N			
If yes, please explain of	r conta	ct ou	r offic	e:										
Current Address:														
		(5	Street)			(0	ity)			(State)	(Zip	code)		
Phone Number:	:E-mail:					Text:								
<u>INCOMI</u>	PLETE	INF	ORM	ATIO	ON WILL D	ELAY TH	IE PI	ROCESS	SING O	F YOUR A	PPLICAT	<u>ION</u>		
Household Members: children, and foster ad								_	e house	hold includ	ing, live-ir	aides, fo	oster	
Full Legal Name (Also include alias or maiden		Rela	ation HOH	Soc	cial Security Number		Sex		Race	Do you claim a disability	US Veteran/ Spouse of Veteran	US Citizen	Full time Student	
		S	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	
Household Income: (D	ο ΝΟΊ	f incl	ude a	ny ina	come that w	ould be lo	t wh	en reloc	eting to	Marquette	Housing (ommiss	ion)	
HOUSEHOLD SOU MEMBER Socia		SOU! Social	OURCE OF INCOME ocial Security, SSI/SSDI, Employer, etc.			WAG	WAGE Hourly		HOURS WORKED			TOTAL INCOME		
		Weekly Bi-Weekly Monthly		Monthly /	Weekly Bi-Weekly Monthly									
								Weekly /	Bi-Weekly	Monthly /	Weekly Bi-	Weekly 1	<u>Ionthly</u>	
								Weekly /	Bi-Weekly	Monthly /	Weekly Bi-	Weekly /	Monthly	
Qualifying Income I	Limits:	<u> </u>				1		I						
Family Size		1		2	3	4		5	6	7	8			

Approved: 4/1/2017

64,100

1.	Does the Head of Household or Co	oes the Head of Household or Co-head of Household have a Payee? Y / N									
	If yes, please provide name and ph	none number:									
	Payee's Address:										
2.	Does the Head of Household or Co	o-head of Household have a Legal Gu	ardian? Y / N								
	If yes, please provide name and ph	none number:									
	Guardian's Address:										
3.	Are you or any household members currently a medical marijuana card holder or applying for one? Y/N										
4.	Is your household currently homeless? Y / N										
	If yes, where are you sleeping?		·								
5.	Has any household member been of	convicted of any felonies within the la	ast 5 years ? Y / N								
6.	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)										
7.	Is the Head of Household or Co-head of Household fleeing domestic violence? Y / N										
8.	Does the Head of Household or Co who will be living in the household		red reunification plan with one or more children								
9.	*This includes any unborn children.	nyone living with you who is not listed	above? Y / N								
contair of the U <u>Consent</u> consent stateme	ning any false, fictitious, or fraudulen United States, shall be fined not more at: I consent to allow the Marquette Ho at to allow MHC to screen for eligibility	t statement or entry, in any matter with than \$10,000 or imprisoned for not mo- cusing Commission to verify my landlord	references, income, assets, and expenses. I also that the above information is a complete and true								
Spouse/	Co-Head Signature	Date									
Other A	dult Signature	Date									
FOR C	OFFICE USE ONLY:										
	Higher Income \$300+ (10)	Higher Income \$200+ (8)	Elderly (7)								
· · · · · · · · · · · · · · · · · · ·	Disabled (7)	Works 30+ (4)	Near-Elderly (3)								
· · · · · · · · · · · · · · · · · · ·	Veteran/Spouse (3)	Works 20-29 (3)	City of Mqt (2)								
	Domestic Violence (1)	Child Reunification (1).	Homeless (1)								

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