

GLADWIN CITY HOUSING COMMISSION HOUSING APPLICATION



Phone (989) 426-5721
Fax (989) 426-6944
 TTY/Voice – Dial 711
 Equal Opportunity Housing

Select the properties below by preference, 1, 2 or 3, that you are applying for.

- No Smoking Properties
- Antler Arms is elderly or disabled high rises.
 - Beaverton Manor is elderly or disabled high rises.
 - Maple Manor is designated as elderly 60 years or older.
 - North Cedar Crest Apartments are family duplexes.

Date of Application _____ Home Phone _____ Cell Phone _____

All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.

FAMILY COMPOSITION

#	Name of persons occupying the unit	Relationship	Social Security Number	Date of Birth
1.				
2.				
3.				
4.				
5.				
6.				

Proof of age will be requested if you are applying to live in a designated elderly development. Acceptable age verifications include a copy of: (1) a Birth Certificate, (2) a valid State Driver's License or (3) a valid State I.D. Card, also provide your Social Security Card.

Drivers License Number(s): _____

Are you or any member of the household subject to a sex offender registration requirement in any state? Yes ___ No ___

Do you or any member of the household have a medical marijuana card? Yes ___ No ___

(Failure to truthfully respond to these questions may jeopardize approval of the application.)

A. General Information

1. Do you own a pet? Yes ___ No ___ Type _____ Pet Description _____
(Pets must meet Housing Commissions Pet Policy). (Breed, Age, Size, etc.)
2. Have you ever been evicted from an apartment for any reason? Yes ___ No ___
 If yes, please explain: _____
3. Are you or anyone in the household currently or soon to become a student?
 Full Time ___ Part Time ___
4. Are you separated, but not divorced from your spouse? Yes ___ No ___
5. Are any household members temporarily absent? Yes ___ No ___
 Who? _____ How Long? _____
6. Do you expect any changes to your household within the next 12 months? Yes ___ No ___
 If yes, please explain: _____

7. Is the head of household a Veteran? Yes____ No____

8. How did you hear about the Gladwin City Housing Commission? _____

B. Housing Reference: (List all residences and applicable landlord reference in the past three years.)

Present Address _____ City _____ State _____ Zip _____

From _____ To _____ Reason for Leaving _____

Do you own this residence? Yes _____ No _____

Landlord _____ Address _____

City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

From _____ To _____ Reason for Leaving _____

Did you own this residence? Yes _____ No _____ If No, did you rent this residence? Yes _____ No _____

Landlord _____ Address _____

City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

From _____ To _____ Reason for Leaving _____

Did you own this residence? Yes _____ No _____ If No, did you rent this residence? Yes _____ No _____

Landlord _____ Address _____

City _____ State _____ Zip _____

C. INCOME

Circle one	Description of Income	Family Member	Source and Address	Income Amt.
Y N	Social Security			
Y N	Employment			
Y N	Self Employed			
Y N	Public Assistance			
Y N	Veterans Benefit			
Y N	Pension/Annuity			
Y N	Disability			
Y N	Child Support/Alimony			
Y N	Unemployment			
Y N	Other: describe			

D. ASSETS

Circle One	Type of Asset	Name and Address of Bank or Other Asset
Y N	Checking Acct.	
Y N	Checking Acct.	
Y N	Savings Acct.	
Y N	Savings Acct	
Y N	Real Estate	
Y N	Land Contract	
Y N	Time Certificates	
Y N	Life Insurance	
Y N	Other: describe	

Have you disposed of any assets within the last two years at less than Fair Market Value? _____

If yes explain _____

E. MEDICAL/INSURANCE DEDUCTIONS – DOCTORS (for senior housing)

Does the head of household qualify to HUD’s definition of disability? **Yes** _____ No _____
 “Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.”

Physicians name to certify disability: _____
 Address: _____

Circle One	Type of Medical	Name and Address of the Company or Pharmacy
Y N	Medical Ins Premiums	
Y N	Medical Bills	
Y N	Prescriptions	

Is a barrier free apartment needed? **Yes** _____ **No** _____

If a family member has lived in low-rent public housing before, please complete the following:

Member	Name of Housing and Address	Time/Amt. Of Rent	Reason for Leaving

Have you ever filed an application for housing with the Gladwin City Housing Commission? Yes ___ No ___
 If yes where? _____

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I understand that a home visit may be made by the Gladwin City Housing Commission, to help determine eligibility. I understand that I am responsible for keeping this application current by notifying the Gladwin City Housing Commission of any changes in my address and/or phone number, and that if I cannot be reached at the address or phone number listed, my name will be removed from the waiting list.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

 Signature of Applicant Date _____

 Signature of Applicant Date _____

 Signature of Management Date _____

Time Received _____ a.m./p.m.