

Grayling Housing Commission
308 Lawndale St.
Grayling, MI 49738
(989)348-9314 (989)344-0944 fax
www.graylinghousing.org

Identify which program you would like to apply for.

Check one:

Housing Choice Voucher (Section 8)

Public Housing

Both

GHC use only:

Time: _____ Staff: _____

General Family Information

Applicant Name/Head of Household _____

Street Address _____

Mailing Address _____

Home Telephone _____ Work Telephone _____

Cell Phone _____

Household Members

Please list all of the members of your household including yourself.

Legal Name	Sex	Birth Date	Social Security No.	Relation to Applicant	Disability (Circle)
				Head of Household	Y or N
					Y or N
					Y or N
					Y or N
					Y or N
					Y or N

Use back side for additional household members.

- What is your race or ethnicity. Circle all that apply.
 White Black American Indian Asian American Native Native Hawaiian
 Hispanic Latino
- Have you ever participated in a federally assisted program or lived in public housing or Indian housing? Yes No
 If yes, when? _____
 Name of Housing Authority: _____

Household Income

List all money received or earned by everyone living in the household. This includes money received from employment, self employment, unemployment compensation, child support, social security, SSI, retirement, disability, workmans compensation, TANF, veterans benefits, rental property income, stock dividends, interest, alimony, annuities and any monies received from family or friends, including payments made on your behalf by others, on a monthly basis.

Name	Place of Employment Source of Income	Rate	Frequency of Income (Daily, Weekly, Monthly)

Applicant Certification

I/We certify that the information provided to the Grayling Housing Commission is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for denial of housing assistance.

Signature of Head of Household: _____ Date: _____

Signature of Spouse or Other: _____ Date: _____

It is your responsibility to contact us with changes to your address and/or phone number in writing. You will be contacted by mail or by telephone when your application has reached the top of the waiting list. If your notification letter is returned as undeliverable or your phone number is no longer valid, you will be removed from the waiting list.

