

GRAYLING HOUSING COMMISSION HOUSING CHOICE VOUCHER PROGRAM**P.O.Box 34, Grayling, MI 49738 (989) 348-9314***Please note that this is a preliminary application and gives no lease or rent rights.*

Community _____ Office Phone _____ Date _____

Unit Size: 1 2 3 4 Unit Type: Apartment Studio Townhouse

Would you or a Member of your Household benefit from the design features of a barrier free unit? **Yes** or **No**

Applicant _____ Phone _____

Co-Applicant _____ Phone _____

APPLICANT'S HISTORY**Applicant****Co-Applicant**

Current Landlord _____

From _____ To _____

Reason for Moving _____

Address of Rental _____

Phone _____

Previous Landlord _____

From _____ To _____

Reason for Moving _____

Address of Rental _____

Phone _____

Current Landlord _____

From _____ To _____

Reason for Moving _____

Address of Rental _____

Phone _____

Previous Landlord _____

From _____ To _____

Reason for Moving _____

Address of Rental _____

Phone _____

Please list all persons that will occupy the residence.

Name (First, Middle, Initial, Last)	Maiden Name (If Applicable)	Date of Birth	Relationship of Head of Household	Social Security Number
1.				
2.				
3.				
4.				
5.				

Employment**Applicant****Co-Applicant**

Employer _____

Address _____

Phone _____

Length of Employment _____

Position Held _____

Salary/Wage _____ Per _____

Supervisor _____

Status _____ Full-Time ___ Part-Time _____

List average hours per week worked _____

Employer _____

Address _____

Phone _____

Length of Employment _____

Position Held _____

Salary/Wage _____ Per _____

Supervisor _____

Status _____ Full-Time ___ Part-Time _____

List average hours per week worked _____

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

Head of Household _____

Date _____

Co-Applicant, Spouse/Co-Head _____

Date _____



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or handicap.

Total household Income from all other sources (i.e. social Security pension, child support, Section 8 Certificate, etc):

Source : _____ Amount: \$ _____

Source : _____ Amount: \$ _____

Source : _____ Amount: \$ _____

Do you or any member of your household engage in current illegal use of illegal distribution of a controlled substance or have you previously been convicted of the same? **Yes or No**

If you answered 'yes' to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? **Yes or No**

If 'yes' please explain: _____

Provide asset information below:

Type of Assets	Name of Bank Stock or Bond	Account Number	Balance/ Current Value	Rate of Interest	Dividend	Real Estate
1.						
2.						
3.						
4.						
5.						

Have you disposed of any assets in the last two years? **Yes or No**

If 'yes', please list asset and value received: _____

Do you own a car? _____ Model/Year _____ License # _____

Do you own a 2nd _____ Model/Year _____ License # _____

Are you a full-time student? **Yes or No**

Are any members of your household full-time students? **Yes or No**

Have you or any members of your household lived in assisted housing? **Yes or No**

If 'yes', when and where? _____

Have you ever committed fraud in an assisted housing program or been requested to replay money for knowingly misrepresenting information for such housing programs? **Yes or No**

If 'yes', please explain: _____

PERSONAL REFERENCES: List 3 RELATIVES we can call for a personal reference:

Name	Address/City/Zip	Relationship	Telephone Number
1.			
2.			
3.			

Head of Household _____

Date _____

Co-Applicant, Spouse/Co-Head _____

Date _____



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GRAYLING HOUSING COMMISSION HOUSING CHOICE VOUCHER PROGRAM

**P.O. Box 34, Grayling, MI 49738
PHONE: (989) 348-9314 FAX: (989) 344-0944**

AUTHORIZATION FOR CRIMINAL HISTORY CHECK (Applicant)

NOTICE TO APPLICANTS: The Information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Grayling Housing Commission Housing Choice Voucher Program. It is the Grayling Housing Commission's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to rental history. Information regarding age, sex, and race will not be a factor in any housing decision.

Full Name (no nicknames) _____
Maiden Names, Nicknames, Other Names please include dates used. _____ Male or Female _____

Social Security Number _____ Month/Day/Year of Birth _____

Drivers License Number _____ State _____

Is Your Driver's License Valid? **Yes or No** Please give details _____

All addresses for the last 7 years (Street/City/State/Years From – To)

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

1. _____ / _____ / _____ / _____
2. _____ / _____ / _____ / _____
3. _____ / _____ / _____ / _____
4. _____ / _____ / _____ / _____
5. _____ / _____ / _____ / _____

(Attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for housing and information given by me herein. In consideration for being considered for housing, I release Grayling Housing Commission, its employees and officials, any related entities, as well as any individual or entity providing information from any and all liability in connection with any injuries and Investigations made, Information they give and any decisions made or action taken concerning my housing based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Grayling Housing Commission is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information received and follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

SIGNATURE (*applicant*)

DATE

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**P.O. Box 34, Grayling, MI 49738
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AUTHORIZATION FOR CRIMINAL HISTORY CHECK (Co-Applicant)

NOTICE TO APPLICANTS: The Information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Grayling Housing Commission Housing Choice Voucher Program. It is the Grayling Housing Commission’s policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to rental history. Information regarding age, sex, and race will not be a factor in any housing decision.

Full Name (no nicknames) _____
Maiden Names, Nicknames, Other Names please include dates used. _____ Male or Female _____

Social Security Number _____ Month/Day/Year of Birth _____

Drivers License Number _____ State _____

Is Your Driver’s License Valid? **Yes or No** Please give details _____

All addresses for the last 7 years (Street/City/State/Years From – To)

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

1. _____ / _____ / _____ / _____
2. _____ / _____ / _____ / _____
3. _____ / _____ / _____ / _____
4. _____ / _____ / _____ / _____
5. _____ / _____ / _____ / _____

(Attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for housing and information given by me herein. In consideration for being considered for housing, I release Grayling Housing Commission, its employees and officials, any related entities, as well as any individual or entity providing information from any and all liability in connection with any injuries and Investigations made, Information they give and any decisions made or action taken concerning my housing based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Grayling Housing Commission is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information received and follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

SIGNATURE (*applicant*)

DATE