



ST. CLAIR SHORES HOUSING COMMISSION

1000 BLOSSOM HEATH BLVD.
ST. CLAIR SHORES, MI. 48080

Telephone 586-773-9200
Fax 586-776-8281

PRELIMINARY APPLICATION FOR HOUSING

LAST NAME FIRST NAME MIDDLE NAME

STREET CITY STATE ZIP CODE

DRIVERS LICENSE NO. TELEPHONE NUMBER

HOUSEHOLD COMPOSITION: Please list Head of Household first and then all persons who will live in the household

LAST NAME	FIRST NAME	S.S. NUMBER	OCCUPATION	SEX	BIRTH DATE

WAITING LIST: You may apply for one or more programs listed.

I am interested in placing my name on the Waiting List for:

PUBLIC HOUSING (ELDERLY APTS) _____

PUBLIC HOUSING (SCATTERED SITE HOUSES) _____

WAITING LIST INFORMATION: Applications are recorded by date and time received at the Housing Commission Office. A Residency Preference will be given to those living or working 20 hours or more a week in the City of St. Clair Shores. A Working Preference is also given to those working 20 or more hours per week.

ETHNICAL DATA: This information is for statistical purposes only. Please check the group to which you belong.

WHITE AMERICAN INDIAN/NATIVE AMERICAN HISPANIC
 BLACK ASIAN/PACIFIC ISLANDER NON-HISPANIC

SPECIAL NEEDS:

Is anyone in the household handicapped/disabled? YES NO

Is disability based on drug or alcohol dependence YES NO

Does any household member require a wheelchair accessible unit? YES NO

Please indicate any other special needs required _____

LANDLORD REFERENCES: List residence for past five (5) years.

Current Landlord Address/Phone Years

Landlord Address/Phone Years

Landlord Address/Phone Years

Landlord Address/Phone Years

INCOME: Please indicate all income received by any member of the household 18 years of age or older.

Wages: List regular wages (full or part time), overtime wages, tips, bonuses or commissions before taxes.

HOUSEHOLD MEMBER	EMPLOYER	ADDRESS	PHONE NO	ANNUAL GROSS INCOME

Other Income: List other income, which includes social security, supplemental security income (SSI), ADC payments, V.A. benefits, pension, unemployment compensation, workman's compensation, child support or alimony, etc.

HOUSEHOLD MEMBER	SOURCE OF INCOME	MONTHLY GROSS	ANNUAL GROSS

ASSETS: List all assets held by any member of the household 18 years of age or older.

NAME OF BANK OR INVESTMENT COMPANY	TYPE OF ASSETS	ACCOUNT NO.	AMOUNT
VALUE OF PROPERTY OWNED			
	TOTAL ASSETS		

Have you ever lived in a unit subsidized by a Federal Housing Program or housed by a Housing Commission? If yes, where: _____

CERTIFICATION:

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT INQUIRIES MAY BE MADE TO VERIFY THE STATEMENTS MADE HEREIN. ANY INTENTIONAL OR WILLFUL MISREPRESENTATION OF THE FACTS INCLUDED ON THIS APPLICATION MAY RESULT IN DENIAL OF HOUSING.

I UNDERSTAND THAT THIS IS A PRELIMINARY APPLICATION ONLY. A BONAFIDE OFFER OF RENTAL ASSISTANCE HAS NOT BEEN OFFERED AND IS SUBJECT TO SCREENING AND VERIFICATION PROCEDURES BY THE ST. CLAIR SHORES HOUSING COMMISSION. I FURTHER UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP THE ADDRESS AND FAMILY COMPOSITION LISTED ON THIS APPLICATION CURRENT. FAILURE TO MAINTAIN CURRENT ADDRESS MAY RESULT IN BEING REMOVED FROM THE WAITING LIST.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

(FOR OFFICE USE ONLY)

DATE & TIME APPLICATION RECEIVED BY HOUSING COMMISSION

DATE

TIME