



ST. CLAIR SHORES HOUSING COMMISSION

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

Telephone (586) 773-9200
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TTY: 771

PRELIMINARY APPLICATION FOR PUBLIC HOUSING

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS CITY STATE ZIP CODE

PHONE NUMBER DRIVER'S LICENSE/STATE ID NUMBER

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

Relationship to Head of Household	Household Member's FULL Name			Date of Birth	Social Security Number	Full Time Student?		Disabled?	
	First	Middle	Last			Yes	No	Yes	No
SELF				/ /	- -				
				/ /	- -				
				/ /	- -				
				/ /	- -				
				/ /	- -				

WAITING LIST: I am interested in placing my name on the following Waiting List:

- SENIOR / DISABLED PUBLIC HOUSING (must be 62+ or disabled to apply)
- SCATTERED SITE PUBLIC HOUSING (single family homes – all are welcome to apply)

WAITING LIST INFORMATION: Applications are recorded by date/time it is received at the Housing Commission Office. A Residency Preference will be given to those living or working (20+ hours per week) in the City of St. Clair Shores. A Working Preference is given to those working 20+ hours per week. Senior/Disabled households will automatically be issued a Working Preference.

RACE/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 Name Years Rented

Current Landlord Address Phone

Previous Landlord Name Years Rented

Previous Landlord Address Phone

Previous Landlord Name Years Rented

Previous Landlord Address Phone

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 NAME, ADDRESS & PHONE NUMBER	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 (checking, savings, annuity, property, etc)	ACCOUNT NO.	AMOUNT

Have you ever lived in a unit subsidized by a Federal Housing Program or housed by a Housing Commission?

YES NO 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

ENTERED BY (initials)