



Peckham Housing Corp.
3510 Capital City Blvd.
Lansing, MI 48906 Phone:
(517) 582-2057
Rminichino@peckham.org

Application for Admission and Rental Assistance

Dear Applicant,

Thank you for interest in Peckham Housing Corp. Apartments. Please complete the enclosed application as completely as possible. All questions must be answered in order to process your application.

An applicant must be 18 years old or older.

Once you have completed this application, return it to the address noted on the top of the application. Upon initial examination of your application, you may be placed on a waiting list. If your name comes to the top of the list, you are entitled to an interview. At the interview, we will gather more information to determine your continued eligibility. We will interview more than one candidate and after the proper information is received, our housing committee will choose who is the best candidate. This decision is based on a number of factors including need, rental history, criminal history, involvement in a day program and other factors. Candidates who are found to be eligible, but who are not chosen to move in, will resume their same place on the waiting list.

Peckham Housing is a section 8 housing unit which requires that all applicants meet the requirements of being a disabled or handicapped person. Definition of this is on page two (2) of the application.

Definition of Disabled Person

A person is considered disabled if : (1) the Social Security definition of disability described in paragraph is met, or (2) the individual has a developmental disability as described in paragraph (b).

- (a) Section 223 of the Social Security Act defines disability as an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or, for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- (b) A developmental disability is a severe, chronic disability which:
- is attributable to a mental and/or physical impairment;
 - was manifested before the age of 22;
 - is likely to continue indefinitely;
 - capacity for the independent living, self-care, receptive and expressive language, learning, mobility, self direction and economic self-sufficiency; AND
 - requires special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.



Definition of Handicapped Person

The definition of a handicapped person is as follows:

- An adult having a physical or mental impairment which;
 - is expected to be of long-continued and indefinite duration;
 - substantially impedes the person's ability to live independently; **and**
 - is such that the person's ability to live independently could be improved by more suitable housing conditions
- An adult who has a developmental disability as defined in paragraph (b) above;
- An adult who has a chronic mental illness, i.e., if he/she has a severe and persistent mental or emotional impairment that seriously limits his/her ability to live independently (e.g., by limiting functional capacities relative to primary aspects of daily living such as personal relations, living arrangements, work, recreation, etc.) and whose impairment could be improved by more suitable housing conditions.

Note: A person whose sole impairment is alcoholism or drug addiction will not be considered to be handicapped for the purposes of eligibility to the Section 202 program.

A copy of Social Security Card for all household members regardless of age will be required at time of admission.

A copy of Identification for all family members over the age of 18 will be required at time of admission.



| Peckham Housing Application 3510 Capital City Blvd. Lansing, MI 48906 | | | |
|--|--------------------------------|----------------|-----------|
| Date Received: | | Time Received: | |
| <u>Applicant Information</u> | | | |
| Name: | | Date: | |
| Date of birth: | SSN: | Phone: | |
| Current address: | | | |
| City: | State: | ZIP Code: | |
| Own Rent | Monthly payment or rent: | How long? | |
| Previous address: | | | |
| City: | State: | ZIP Code: | |
| Own Rent | Monthly payment or rent: | How long? | |
| <u>Employment Information</u> | | | |
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | E-mail: | Fax: | |
| City: | State: | ZIP Code: | |
| | Hourly Salary | Annual income: | |
| <u>Emergency Contact</u> | | | |
| Name of a person not residing with you: | | | |
| Address: | | | |
| City: | State: | ZIP Code: | Phone: |
| Relationship: | | | |
| <u>Co-applicant Information</u> | | | |
| Name: | | | |
| Date of birth: | SSN: | Phone: | |
| Current address: | | | |
| City: | State: | ZIP Code: | |
| Own Rent | Monthly payment or rent: | How long? | |
| Previous address: | | | |
| City: | State: | ZIP Code: | |
| Own Rented | Monthly payment or rent: | How long? | |
| <u>Co-applicant Employment Information</u> | | | |
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | E-mail: | Fax: | |
| City: | State: | ZIP Code: | |
| Position: | Hourly Salary | Annual income: | |



| <u>Additional household information:</u> | | | |
|--|-----------|-----------|----|
| Are any household members temporarily absent? | Yes | No | |
| Are any household members permanently absent? | Yes | No | |
| Are there any Foster Children or Foster Adults who are part of the household? | Yes | No | |
| Are there any Live-In Care attendants who are part of the household? | Yes | No | |
| Are any members of the household enrolled as a student at an Institution of higher education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002) ? | Yes | No | |
| Are any household members subject to the lifetime registration requirements under a state sex offender's registration program? **List all states where the applicant and members of the applicant's household resided : _____ | Yes | No | |
| <u>Eligibility (Please check all that apply/Documentation will be required)</u> | | | |
| Applicant or Co-Applicant is a disabled person | Yes | No | |
| Applicant or Co-Applicant is a Handicapped person | Yes | No | |
| <u>Special Household needs</u> | | | |
| Accessible Unit: | 1 Bedroom | 2-Bedroom | |
| <u>Other Income and Asset Information</u> | | | |
| Does anyone work for someone who pays them in cash | Yes | \$ | No |
| Now or expect to receive unemployment | Yes | \$ | No |
| Now or expect to receive child support | Yes | \$ | No |
| Entitled to child support that you are not receiving | Yes | \$ | No |
| Now or expect to receive alimony | Yes | \$ | No |
| Entitled to receive alimony that you are not receiving | Yes | \$ | No |
| Now or expect to receive public assistance | Yes | \$ | No |
| Now or expect to receive Social Security or disability benefits | Yes | \$ | No |
| Now or expect to receive income from pension or annuity | Yes | \$ | No |
| Now or expect to receive income from someone not living in unit | Yes | \$ | No |
| Receive income from assets including interest on : | | VALUE | |
| Checking Account Bank: | Yes | \$ | No |
| Savings Account Bank: | Yes | \$ | No |
| Certificates of Deposit Bank: | Yes | \$ | No |
| Stocks Bank: | Yes | \$ | No |
| Bonds Bank: | Yes | \$ | No |
| Annuities? | Yes | \$ | No |
| Securities? | Yes | \$ | No |
| Trusts? | Yes | \$ | No |
| If yes, is the trust(s) irrevocable? | Yes | \$ | No |
| IRA or Keogh accounts? | Yes | \$ | No |



| | | | |
|---|-----|----|----|
| MIABLE Account? | Yes | \$ | No |
| Safety Deposit box, cash at home, etc. | Yes | \$ | No |
| Income from Rental property | Yes | \$ | No |
| Own real estate or assets for which you receive no income | Yes | \$ | No |
| Have you sold or given away real property in past two years | Yes | | No |
| Do you have childcare expenses for child 12 or younger | Yes | \$ | No |
| Do you pay for a care attendant to be able to work | Yes | \$ | No |
| Do you pay for special equipment to be able to work | Yes | \$ | No |

Medical Expense

| | | | | |
|--|---------------|-----|----|----|
| Do you have Medicare | Monthly Cost? | Yes | \$ | No |
| Do you have Medicare D | Monthly Cost? | Yes | \$ | No |
| Do you have any other Medical Insurance | Monthly Cost: | Yes | \$ | No |
| Do you have any outstanding Medical Expenses | | Yes | \$ | No |
| Do you pay for prescriptions or medical supplies | | Yes | \$ | No |
| Pharmacy: | | | | |

Applicant Certification

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords, or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true 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 understand that this application must be signed and dated by applicant(s) to be accepted.

| | |
|-----------------------------------|-------|
| Applicant Signature: | Date: |
| Co-Applicant Signature: | Date: |
| Residential Specialist Signature: | Date: |



FAMILY SUMMARY SHEET

| MEMBER NUMBER | NAME (LAST, FIRST) | RELATION-SHIP TO HEAD OF HOUSEHOLD | SEX | DATE OF BIRTH |
|----------------------|---------------------------|---|------------|----------------------|
| HEAD | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Please only list members that will be residing in the unit.



Attachment 5**TENANT CITIZENSHIP DECLARATION**

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ ALIEN REGISTRATION NO: _____

ADMISSION NUMBER: _____ (If applicable, this is an 11-digit number found on DHS Form I-94, Departure Record)

NATIONALITY: _____ (Enter the foreign nation or country to which you owe legal allegiance. This normally, but not always the country of birth)

SAVE VERIFICATION NO: _____ (to be enter by owner when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am:

(print or type first name, middle initial, last name)

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____



TENANT CITIZENSHIP DECLARATION

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) From I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) “Admitted as Refugee Pursuant to section 207”
 - (b) “Section 208” or “Asylum”;
 - (c) “Section 243(h)” or “Deportation stayed by Attorney General” ; or
 - (d) “Paroled Pursuant to Sec. 212(d)(5) of the INA.”
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (If application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding or deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indication that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant’s entitlement to the document has been verified.
- (5) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register. **



TENANT CITIZENSHIP DECLARATION

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check here if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the named and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____





Peckham Housing Corp.
3510 Capital City Blvd.
Lansing, MI 48906

**Release
For
Criminal History Check**

I, _____ authorize Peckham Housing Corporation to do a criminal background history check for the purpose of subsidized housing according to the Resident Criteria that Peckham Housing follows for all states the applicant has lived in:

*Full Name: (last, first, middle) _____

*SS#: _____ - _____ - _____

*Drivers License or Michigan ID #: _____

*DOB: ____ / ____ / ____

Address: (city, state, zip) _____

Signature of Applicant or Legal Guardian

Date

If additional criminal background check forms are needed please contact us at (517)816-6170



Attachment A

OMB Control # 2502-0581
Exp. 02/28/2019

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | | | | | | | | | | | |
|--|--|------------------------------------|--|--|--|---|--|---|---|--|-------|
| Applicant Name: | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | |
| Telephone No: | Cell Phone No: | | | | | | | | | | |
| Name of Additional Contact Person or Organization: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Telephone No: | Cell Phone No: | | | | | | | | | | |
| E-Mail Address (if applicable): | | | | | | | | | | | |
| Relationship to Applicant: | | | | | | | | | | | |
| Reason for Contact: (Check all that apply) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Late payment of rent</td> </tr> <tr> <td></td> <td style="text-align:right">Other</td> </tr> </table> | | <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process | <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms | <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules | <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Late payment of rent | | Other |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process | | | | | | | | | | |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms | | | | | | | | | | |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules | | | | | | | | | | |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Late payment of rent | | | | | | | | | | |
| | Other | | | | | | | | | | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | | | | | | | | | | | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | | | | | | | | | | | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | | | | | | | | | | | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)



Application Supplemental Questionnaire

The purpose of this questionnaire is to provide information not originally captured during the move-in process. Please complete this form and sign and date.

Signature

Apt. #

Date

| | Yes | No | |
|--|--------------------------|--------------------------|--|
| Have you disposed of any assets for less than Fair Market Value in the past two years? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received: | | | |
| _____ | | | |
| _____ | | | |

| | Yes | No | |
|--|--------------------------|--------------------------|--|
| Are any of the assets listed above held jointly with another person? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, list the assets: | | | |
| _____ | | | |
| _____ | | | |

| | Yes | No | |
|---|--------------------------|--------------------------|--|
| Have you lived in any other state besides Michigan? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, list the states: | | | |
| _____ | | | |
| _____ | | | |