

Submit completed application with supporting documents to your local HARA. A list by county can be found online at

https://www.michigan.gov/documents/mshda/EDP_Contact_List_002_696637_7.pdf

Please:

Print clearly.

Do NOT include original documents (we require photocopies only).

Avoid Processing Delays:

Eligibility cannot be determined until you provide all required documentation.

The most common cause of processing delays is missing documents.

Applications must:

- Be complete, signed and dated.
- Complete all sections and declarations.
- Include all supporting documents as listed in the attached checklist.
- Be submitted to your local HARA.

Applications submitted without required supporting documents can be held for a maximum of 30 days.

The Coronavirus Relief Fund (CRF) Eviction Diversion Program (EDP) is designed to keep Michigan residents who fell behind on their rent during COVID-19 in their homes. The program utilizes a specially designed process to quickly provide rental assistance for eligible renters who have been impacted.

Who is eligible?

You may be eligible for the Eviction Diversion Program (EDP) if you and your family, if applicable, meet **all** the following conditions:

1. Have received a notice to quit or a court ordered summons, complaint or judgment for unpaid rent after March 1, 2020.
2. Gross household income up to 100% area median income (AMI)
 - Must provide at least 4 weeks or one month of pay stubs or benefit information to document current earned and/or unearned income.
3. A state ID in the tenant's name (with supporting proof of residency if the address does not match the unit)
4. A lease agreement in the tenant's name (if a written lease was completed)

For more information on eligibility, please see the Eviction Diversion Program (EDP) FAQ (online at <https://michigan.gov/edp>) or call your local Housing Assessment and Resource Agency (HARA). A list by county can be found online at https://www.michigan.gov/documents/mshda/EDP_Contact_List_002_696637_7.pdf

Disclaimer: All applications submitted to MSHDA will be discarded. Applications will only be reviewed and approved by your local HARA.

Eviction Diversion Program (EDP) Tenant Application

1. Tenant Information

Full Name (Head of Household)		Date of Birth (mm/dd/yyyy)	Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No					

2. Household Information – List all other persons living with you.

Full Name		Date of Birth (mm/dd/yyyy)	Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member			

Full Name		Date of Birth (mm/dd/yyyy)	Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member			

Full Name		Date of Birth (mm/dd/yyyy)	Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member			



Eviction Diversion Program (EDP) Tenant Application

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member				

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member				

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member				

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member				

*Complete additional pages as needed to respond for all household members



Eviction Diversion Program (EDP) Tenant Application

3. Household (Contract Unit) Address

Address (number, street, and apt. or suite no.)	City	State	Zip Code
---	------	-------	----------

4. Mailing Address, if different than above

Address (number, street, and apt. or suite no.)	City	State	Zip Code
---	------	-------	----------

5. Contact Information

Phone Number to reach you	Contact name and number to leave messages	Email Address
---------------------------	---	---------------

6. Household Income – Does your household have any income? **No** **Yes** → Total monthly household income \$ _____

Please check **all** sources of income that your household received in the last 30 days. **ATTACH PROOF**

- | | | |
|---|---|--|
| <input type="checkbox"/> Social Security benefits | <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Employment/earned income |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Pension/retirement benefits | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Money from family/friends |
| <input type="checkbox"/> Veteran's benefits/Military allotments | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other, please list |
| <input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) | | |
| <input type="checkbox"/> Rental income or a land contract, mortgage or other payment payable to a household member | | |

Household Member Name*	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

*Complete additional pages as needed to respond for all household members

7. Rental Information

Number of Bedrooms in Unit	Move-in date
Tenant Rent amount	Date of Last Payment
Owner/Landlord Name	Number of Months in Arrears
Are you past due or delinquent on your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount past due or delinquent (without late fees)

8. Tenant Signature

I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect; fully discloses my household income from all sources; and accurately represents my/our current living circumstances.	
Tenant Signature	Date

Eviction Diversion Program (EDP) Tenant Application

Checklist

Before submitting this application for the Eviction Diversion Program (EDP), please review the following to make sure that all required information is included with the application.

- Copy of a notice to quit or a court ordered summons, complaint or judgement
- Copy of state ID for the tenant applicant (with proof of residency if address does not match the unit)
- Most current copy of lease agreement in tenant's name (if a written lease was completed)
- Provide all proof of earned and unearned income for household members that live at the property and that are over the age of 18;
- Eviction Diversion Program (EDP) Owner/Landlord Application (owner/landlord may also submit separately)