

**SECTION 811 PROJECT RENTAL ASSISTANCE PROGRAM
APPLICATION AND VERIFICATION OF READINESS TO BE
REFERRED TO A PROPERTY**

**This is to be completed, signed by the Case Worker/Service Coordinator, and
submitted to MSHDA prior to a referral to a Property.**

The property participating in the Michigan Section 811 Project Rental Assistance (811PRA) Program will be required by HUD to verify all income, assets, expenses, deductions, family characteristics, and circumstances that affect family eligibility and rent. For those applicants whose sole source of income is SSI, the documentation will be the least cumbersome. For those applicants who have trust funds or own assets, or will have multiple households members, the process will be more complicated for the property. It is important that applicants are ready to be referred to the property. **Incomplete backup documentation could result in the applicant not being housed or the applicant's housing being delayed.** Service Coordinators are to compile documents and complete this checklist and submit it to MSHDA. It is not necessary to send the backup documentation to MSHDA, but the checklist confirms that the applicant has the necessary back-up documentation ready. **Applicants will not be referred to a property until this checklist is complete and signed.**

Case Worker, please email/fax to:

Cathy Sheets

sheetsc@michigan.gov

Fax: 517-763-0185

MEMBERS OF HOUSEHOLD TO LIVE IN UNIT

<u>Last Name</u>	<u>First Name</u>	<u>Last 4 # of Social Security Number</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Relationship to head of household</u>	<u>Physical or Mental Disability? Y/N</u>
					HEAD	

Do you expect your household size to change? YES NO

If yes, what type of change?

INCOME AND ASSETS OF HOUSEHOLD MEMBERS

In the following table list all money that each household member expects to earn or receive in the next twelve months. You must include all types of earned or unearned income before deductions as well as SSI or SSDI for children under the age of 18. Do not include earned income (wages, salaries, overtime) of household members under the age of 18. Tell us whether you receive this amount weekly, every two weeks, or once a month.

For example: \$547/wk., or \$1,094/two wks., or \$2,188/month

	Household member earning or receiving income _____ (Name)	Household member earning or receiving income _____ (Name)	Household member earning or receiving income _____ (Name)
Wages, salaries, tips Including overtime	\$ /	\$ /	\$ /
TANF/Public Asst.	\$ /	\$ /	\$ /
Child support payments	\$ /	\$ /	\$ /
Unemployment, or other Disability compensation	\$ /	\$ /	\$ /
Social Security/SSI/SSDI	\$ /	\$ /	\$ /

PREVIOUS FEDERAL TENANCY

Have you or any member of your household ever lived in Federal Public Housing, Project Based or been on the Section 8 program?

YES **NO** If yes, please complete the following:

Name of head of household at that time: _____

Relationship to present applicant: _____

Name of Housing Authority or Agency which provided the subsidy: _____

Date moved out: _____ Reason moved out: _____

Did person leave as a tenant in good standing? **YES** **NO**

If no explain:

To Be Signed By all Applicants

I understand that this application is not an offer of housing. Before MSHDA can offer me participation in the 811PRA program, I must provide them with written documentation that verifies my circumstances. I understand that it is my responsibility to inform in writing of any changes of information given in this application, including change of address, income, or household composition. I understand that if I do not respond to MSHDA's request for information or updates, my name will be removed from the wait list. I authorize MSHDA to make inquiries to verify the information I have provided in this application.

I understand that any false statement or misrepresentation may result in the withdrawal of my application and in the termination of my program participation once I begin to receive rental assistance. I certify that the information I have given in this application is true, complete and correct.

Signed under the pains and penalties of perjury,

Applicant's Signature

Date

Certification relative to drug and/or violent criminal activity

Have you and/or any member of your household ever been ***evicted in the last three (3) years from federally assisted housing for drug-related activity***? Yes No

If yes, when did this occur?

Have you and/or any member of your household been arrested/charged for ***drug-related activity within the previous three (3) months***? Yes No

If yes, when did this occur?

If yes to either of the above, have you and/or any member of your household received treatment? Yes No
(If household member was an addict, treatment has been received, and the household member does not currently use or possess drugs, you may not be denied assistance).

Have you and or any member of your household been arrested and/or charged with ***violent criminal activity within the previous twelve (12) months***? Including but not limited to murder, manslaughter, assault and battery, rape, robbery, burglary, arson, kidnapping, carrying a dangerous weapon. Yes No

Answering “yes” to one of the above questions does not mean you will automatically be denied assistance. Each case will be reviewed to determine if there are mitigating circumstances.

I understand that supplying a false response is grounds for denial or termination of assistance. I certify that the information I have given in this application is true, complete, and correct. I understand that the Housing Agency to which I am applying may verify this information by obtaining information from law enforcement agencies such as local police departments, or the Internet Criminal History Access Tool (ICHAT).

Signed under the pains and penalties of perjury,

Applicant’s Signature

Date

CASE WORER, PLEASE FILL IN:

1 - Is applicant:

- Homeless
- At-Risk of Homelessness
- Exiting Foster Care
- Leaving Nursing Facility/Group Home

2 – Please list applicant’s long-term home/ community-based services:

Examples: Home Help, MI Choice, MI Health Link, Habilitation Supports Waiver, PATH, ACT, CLS, other long-term Community Mental Health programs.

3 - Does applicant have:

- Physical Disability
- Mental Health Disability
- Intellectual or Developmental Disability

811PRA VERIFICATION OF READINESS - CHECKLIST

FILLED IN BY CASE/SOCIAL WORKER

Name of Applicant: _____

County of Preference: _____

Case/Social Worker: _____

Case/Social Worker Email: _____

Case/Social Worker Phone: _____

Required documentation: Place a check in the box next to the documentation that you, as the Case/Social Worker, have collected.

1. Age & Identification (Collect one item)

- State of Michigan Driver's License or State Issued Identification (ID) Card
- Birth Certificate
- Social Security Card
- Baptismal certificate
- Military Discharge papers
- Valid passport
- Census document showing age
- Naturalization certificate
- Social Security Administration Benefits printout
- Other: _____

- 2. Household Income** – The Property will be verifying the income of all members of the household. Income documentation cannot be more than 120 days old at the time of receipt by the property. There are numerous possible sources of income. Listed below are the most common. If one of the applicant's sources of income or documentation is not listed below, please check other, review HUD's Handbook 4350.3, Appendix 3: Acceptable Forms of Verification, and explain the sources:

<https://portal.hud.gov/hudportal/documents/huddoc?id=43503a3HSGH.pdf>

- Social Security [SS], Supplemental Security Income [SSI], Disability Income, Pensions
 - Current or recent check stubs with date, amount, and check number.
 - Award or benefit letters or computer printout from court or public agency.
 - Most recent quarterly pension account statement.
 - Award or benefit notification letters prepared and signed by authorizing agency.

- Income

<input type="checkbox"/> Employment—W-2 Forms, if applicant has had same employer for at least two years	<input type="checkbox"/> Recurring gifts or contributions
<input type="checkbox"/> Paycheck stubs or earning statements.	<input type="checkbox"/> Interest from sale of real property
<input type="checkbox"/> Business Income/Self Employment	<input type="checkbox"/> Other sources of income (list type and documentation)
<input type="checkbox"/> Unemployment compensation	<input type="checkbox"/> Zero Income – self certification
<input type="checkbox"/> Welfare Payments (TANF)	
<input type="checkbox"/> Alimony or Child Support income	
<input type="checkbox"/> Dividend Income	

As appropriate documentation: Place a check in the box next to the documentation that you, as the Case/Social Worker, have collected.

1. **Current Net Family Assets** – All assets of all household members must be verified. This most typically, will be balances in checking and savings accounts, but HUD’s Handbook 4350.3, Appendix 3: Acceptable Forms of Verification should be referenced for additional types of assets and back-up required.

- | | |
|--|--|
| <input type="checkbox"/> Savings Account Statements | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Checking Account Statement
(average balance for last 6 months) | <input type="checkbox"/> Assets disposed of for less than market value |
| | <input type="checkbox"/> None Applicable |

2. **Family Composition** – All members of the household must have documentation that typically can be met by birth certificates and driver’s licenses.

- | | | |
|---|--|--|
| <input type="checkbox"/> Birth certificates | <input type="checkbox"/> Marriage certificates | <input type="checkbox"/> Social service agency records |
| <input type="checkbox"/> Divorce actions | <input type="checkbox"/> School records | <input type="checkbox"/> Support payment records |
| <input type="checkbox"/> Drivers’ licenses | <input type="checkbox"/> Utility bills | <input type="checkbox"/> Veterans Administration
(VA) records |
| <input type="checkbox"/> Employer records | <input type="checkbox"/> Social Security
Administration records | |
| <input type="checkbox"/> Income tax returns | | |

3. **Need for an assistive animal** – If the applicant has this need, provide a letter from an appropriate third party.

- The applicant needs an assistance animal.
- Necessary documentation is gathered. (See Attachment 1 for sample verification form)

4. Need for a two-bedroom apartment – If the applicant has this need (medical equipment/live-in aide/family reunification), provide a letter from an appropriate third party.

- The applicant needs a two-bedroom apartment.
- Necessary documentation is gathered.

5. Full-time Student Status – if a family member 18 or older, excluding head of household, spouse, or foster children, records must be verified of this status. For a full list of allowed documentation, see HUD’s Handbook 4350.3, Appendix 3, pg 12: Acceptable Forms of Verification.

- Verification from the Admissions or Registrar’s Office or dean, counselor, advisor, etc., or from VA Office.
- School records, such as paid fee statements that show a sufficient number of credits to be considered a full-time student by the educational institution attended.
- Other: _____

6. Other - Please check if the following apply to anyone in the household and provide back-up source documentation are required by HUD’s Handbook 4350.3, Appendix 3. Please check if the applicant has any of the following expenses and if the required back-up documentation has been gathered.

- Auxiliary Apparatus expenses
- Medical expenses
- Care Attendant for disabled family members
- Child care expenses

7. Need for a barrier-free apartment? – If the applicant has this need, please check below:

- Yes Reason?

By submitting this form on behalf of the consumer listed above, I am certifying that the individual: (*Case/Social Worker, please initial*)

- _____ **1. Is a person with a disability**
- _____ **2. Is in need of ongoing supportive services**
- _____ **3. Is under the age of 62**
- _____ **4. Is extremely low-income**

I further verify that all of the documentation as required by the Checklist, has been gathered as indicated and is ready to be submitted to a property upon referral.

Print Name—Case/Social Worker

Signature--Case/Social Worker

Date

Attachment 1- Sample Assistance Animal Verification and Consent Form

Mr./Ms. _____, SS# (last 4 digits) _____, has applied

for housing. As part of our processing, it is necessary to obtain verification of his/her need for an assistance animal. Please complete the section below and return it via mail or to the fax number provided. Thank you for your prompt response.

Applicant Consent:

I hereby authorize the above named Supports Coordinator to make inquiries regarding my need for an assistance animal for the purpose of determining my eligibility for occupancy.

SIGNATURE

DATE

THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER

DEFINITION OF DISABLED:

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment [24 CFR Part 8.3].

INFORMATION REQUESTED:

1. Is the household member disabled as defined above? Yes No
2. In your professional opinion, does the household member benefit from the disability-related assistance, an animal provides that alleviates one or more identified symptoms or effects of a person's disability? Yes No

I certify that the above information is true and correct to the best of my knowledge.

SIGNATURE/TITLE

DATE

PRINTED NAME

TELEPHONE

Verification of Disability

DATE:

TO: MSHDA - 811PRA Program
735 East Michigan Ave.
PO Box 30044
Lansing, MI 48909

FROM:

RETURN THIS VERIFICATION TO THE ADDRESS LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME _____

ADDRESS _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the address listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown above.

Verification of Disability

INFORMATION BEING REQUESTED

For each numbered item below, mark an “X” in the applicable box that accurately describes the person listed above.

1. YES NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2. YES NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three or more of the following areas of major life activity;
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3. YES NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

Verification of Disability

4. ___ YES ___ NO Is a person whose sole impairment is alcoholism or drug addiction.

NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE