



Equal Housing Opportunity

Coldwater Housing Commission

60 South Clay
Coldwater, Michigan 49036
Phone (517) 278-2660 Fax (517) 279-9499

Public Housing Applicant,

Enclosed you will find an application for low-income housing. Please complete the application and sign all spaces required. If you have any questions regarding the application, please feel free to call our office. The office hours are 9:00 a.m. to 4:00 p.m. Monday – Thursday.

When dropping off or mailing your application, please be sure to include picture identification, a copy of your Social Security card and verification of your income. Applications can not be processed without the required information. We do have a waiting list and all applications will be reviewed.

In order to be considered for public housing, a state and national criminal background check is required. There will be no charge to you for this service. The last page of this application needs to be completed and taken to the Coldwater Police Department, located at 57 Division St., Coldwater, Michigan. Their normal business hours are 8:00am – 5:00pm, Monday through Friday, the Coldwater Police Department will mail the results directly to our office.

IMPORTANT!! We must receive this within two weeks of your application in order to be considered for the waiting list.

Thank you for your interest in our housing program. If you have any questions, please do not hesitate to give me a call at 278-2660.

Sincerely,

Terese Knight
Occupancy Specialist

cc. Application



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Englewood Apartments (Office Use Only) Bedroom. Size _____

Application For Admission
 Coldwater Housing Commission
 60 S. Clay Street, Coldwater, MI 49036
 517-278-2660 Fax 517-279-9499

Date _____
 Time _____
 Picture ID _____
 Soc.Sec.Card _____
 Staff _____

Applicant Name: _____ **Home Phone ()** _____

Address: _____ **Zip:** _____

NAME AND PHONE NUMBER OF PERSON TO CONTACT IF WE ARE NOT ABLE TO REACH YOU:

List all persons, including you, who will be residing in this subsidized unit:

First Name	Int.	Last Name	Relationship	Birth Date	Sex	Social Security	Maiden name

HAVE YOU EVER APPLIED TO THIS OR ANY OTHER FEDERALLY SUBSIDIZED HOUSING? YES / NO

If yes, where? _____ When? _____

HAVE YOU OR ANY FAMILY MEMBER EVER BEEN EVICTED? YES / NO

If yes, give landlords name and reason for eviction: _____

HAVE YOU OR ANY FAMILY MEMBER EVER BEEN ARRESTED OR CONVICTED OF A CRIME? YES / NO

If yes, list who and the reason: _____

DO YOU ANTICIPATE ANY CHANGE IN FAMILY COMPOSITION OR INCOME? YES/NO

DO YOU OR ANY FAMILY MEMBER SMOKE? YES/NO

DO YOU OR ANY FAMILY MEMBER OWN A PET? YES/NO

(Please provide at least ten years of history, please write additional landlords on separate paper)

PRESENT LANDLORD: _____ Phone# _____ Current Rent \$ _____

Address: _____ # of Bedrooms _____ Average Monthly Utilities \$ _____

Date Moved In: _____ Reason for Leaving: _____

PREVIOUS LANDLORD: _____ Phone# _____ Rent Amount \$ _____

Address: _____ # of Bedrooms _____ Average Monthly Utilities \$ _____

Date Moved In: _____ Date Moved Out: _____ Reason for Leaving _____

PREVIOUS LANDLORD: _____ Phone# _____ Rent Amount \$ _____

Address: _____ # of Bedrooms _____ Average Monthly Utilities \$ _____

Date Moved In: _____ Date Moved Out: _____ Reason for Leaving _____

PLEASE LIST TWO (2) PERSONAL REFERENCES, NOT RELATED TO YOU & NOT PREVIOUS LANDLORDS

Name	Address	Phone #

PLEASE LIST TWO (2) CREDIT REFERENCES

IF YOU OR ANY FAMILY MEMBER IS EMPLOYED COMPLETE THE FOLLOWING:

Name	Employer	Employers Address	Rate of Pay	Hours per Week

ARE YOU OR ANY FAMILY MEMEBER RECEIVING UNEMPLOYMENT, SOCIAL SECURITY, SOCIAL SECURITY DISABILITY, SUPPLEMENTAL SECURITY INCOME (SSI), PENSION, ANNUITIES, OR WORKERS COMPENSATION?

Name	Source of Income	Amount of Income	How often

PROVIDE INFORMATION IF YOU OR ANY FAMILY MEMEBER HAS A SAVINGS ACCOUNTS, CHECKING ACCOUNTS, CD'S, STOCKS, BONDS, LAND CONTRACTS OR OTHER INCOME PRODUCING ASSETS:

Type of Asset	Value of Asset	Bank or Credit Union & Address	Interest Rate

ARE YOU OR ANY FAMILY MEMBER RECEIVING GA, ADC, CHILD SUPPORT OR OTHER GOVERNMENTAL ASSISTANCE?

Source of income	Caseworker	Income	How often

DO YOU OR ANY FAMILY MEMBER OWN REAL ESTATE? YES/NO

If yes, give approximate value (SEV) and description _____

Where did you hear about Coldwater Housing Commission? _____

Why did you apply to this Housing Commission? _____

LIST ANY MEDICAL OR OTHER UNUSUAL EXPENSES _____



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PLEASE CIRCLE "YES" OR "NO" TO ANSWER THE FOLLOWING QUESTIONS (If Yes, please provide proof)

MY HOUSEHOLD IS INVOLUNTARILY DISPLACED: YES NO

This means your household is without housing because of a disaster, condemnation of your home by a health department or Governmental body, action by the housing owner or landlord beyond your ability to control, or having vacated or needing to leave your home because of real or threatened physical violence directed against a household member.

MY HOUSEHOLD LIVES IN SUBSTANDARD HOUSING: YES NO

This means your household lives in a unit with serious health code violations, which endanger the health or safety of household members. **A household who lives in a temporary or homeless shelter is also considered substandard housing.**

MY HOUSEHOLD PAYS MORE THAN 50% OF ITS INCOME FOR RENT AND UTILITIES: YES NO

This means that more than 50% of all gross income (before taxes and other deductions) is currently paid for rent & utilities.

LIVE OR WORK IN BRANCH COUNTY? YES NO

This means that a household member lives in, is currently employed in or has been offered a job in Branch County.

ARE YOU A VETERAN OF THE UNITED STATES SERVICE: YES NO Military File or ID# _____.

Information in this section is for statistical purposes only

Please check the ethnic group(s) to which you belong: White American Indian/Native Alaskan

Black Hispanic Asian/Pacific Islander Non-Hispanic.

1. Is the head of household or spouse 62 years or older? YES NO
2. Is anyone in the household handicapped or disabled? YES NO if yes, explain _____.
3. Does anyone in your family require a unit equipped for a wheelchair YES NO IF yes? _____.
4. Are you a United States Citizen? YES NO If not, do you possess an alien registration card? _____.
5. Does any family member have an expense that creates hardship for the family? YES NO If yes, explain _____.

If your application is determined to be Federal preference, the reason for the preference must be verified by the landlord or any public agency (i.e. Health Dept., FIA, and Public Safety). It is your responsibility to obtain verification from the agency.

APPLICANT IS HEREBY NOTIFIED THAT SOCIAL BACKGROUND INVESTIGATION MAY BE CONDUCTED TO CHECK FOR THE FOLLOWING OFFENSES: DRUG CONVICTIONS, GUN POSSESSION CONVICTIONS, FELONY CONVICTIONS, FRAUD CONVICTIONS, CONTINUAL ARREST RECORD, CSC, AND NEGATIVE BEHAVIOR IN THE COMMUNITY.

NOTE: The information given will be kept confidential and will be viewed by commission staff and its agents only.

APPLICANT CERTIFICATION- Please read carefully before signing

SECTION 1001 of Title 18 U.S.C. PROVIDES: "whomever in any matter within the jurisdiction of a department or agency of the United States knowingly and willfully falsifies a material fact or makes any false fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false fictitious or fraudulent statement or entity shall be fined not more than \$10,000 or imprisoned not more than five years or both." Read attached: "Things you should know."

I/We understand that this is not a contract and does not bind either party. All information on this application is true and complete to the best of my/our knowledge. I/We hereby authorize the Coldwater Housing Commission and its staff to contact any persons, agencies, offices, groups or organizations to obtain any information necessary to determine my/our eligibility.

APPLICANT SIGNATURE _____ DATE: _____.

CO-APPLICANT SIGNATURE: _____ DATE: _____.



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Re: Disposition of Assets

1. Have you, within the past two years, disposed of any assets for less than fair market value? () Yes () No
2. If so, what was the asset? _____

3. What date was the asset disposed of? _____
4. What was its value (after expenses)? _____
5. How much did you receive for it? _____

I certify that the above statements are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by federal law.

Head of Household Signature: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

_____ I do have a _____ savings _____ checking account.

_____ I do not have a savings/checking account.



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Verification Consent Information

1. Any evidence submitted by the applicant or participant may be released by the owner to HUD.

2. Such evidence may also be released by the owner to a party other than HUD for the following purposes: Verification of citizenship or eligible alien status, enforcement of restrictions on the availability of assistance because of such status, or investigation or prosecution of fraud in connection with any Federal housing assistance program.

3. HUD may release the evidence or other information to any Federal, State, or local government agency (including the Social Security Administration and the Immigration and Naturalization Service) for the following purpose: Verification of citizenship or eligible alien status, enforcement of restrictions on the availability of assistance because of such status, investigation or prosecution of fraud in connection with any Federal Housing Assistance Program, or other purposes in connection with administration of HUD programs.

4. Any Federal, State or local agency may release to HUD, or to the owner, any information on which HUD, or the owner determines to be necessary for certification of citizenship or eligible alien status, or for enforcement of restriction so on the availability of assistance because of such status.

Date: _____

Signature: _____

If you or anyone in your family is a person with disabilities
And you require a specific accommodation in order to fully
Utilize our programs and services, please contact the housing
Authority Occupancy Specialist or Executive Director.

Initial Here _____



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Applicant/Tenant Certification Form

Applicant (s)'s /Tenant (s)'s Statement

I/we certify that the information given to the Coldwater Housing commission on household composition, income, net family assets, and allowances and deductions is accurate 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 also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse/Other Adult

Date

If you believe you have been discriminated against, you may call the Fair Housing and equal Opportunity National Toll Free Hot Line at 800-424-8590.



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DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admission Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §§101(a)(15) or 101 (a)(20) of the INA; or
 - Permanent residence under §249 of INA ⁴; or
 - Refuge, asylum, or conditional entry status under §§207, 208, or 203 of the INA; or
 - Parole status under §§212(d)(f) of the INA; or
 - Threat to life or freedom under §243(h) of the INA; or
 - Amnesty under §245A of the INA.

Signature

Date

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 5/31/2011)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature _____

Date _____

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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Authorization to Release Information

I authorize and direct any Federal, State, or Local Agency, organization, business or individual to release to the Coldwater Housing Commission any information or materials needed to complete and verify my application for the participation, and/or to maintain my continued assistance under the low-income public housing program. I understand and agree that this Authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violations of my lease or PHA policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status
Medical or Child Care Allowances
Residences and Rental Activity

Employment, Income & Assets
Credit & Criminal History
Personal References

I understand that this Authorization can not be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

Groups or individuals that may be asked this information include but are not limited to:

Previous Landlords or PHA's
Courts and Post Offices
Retirement Systems
Schools and Colleges
Law Enforcement Agencies
Utility Companies
Support and Alimony Providers

Past and Present Employers
Veterans Administration
Welfare Administration
State Unemployment Agencies
Social Security Administration
Bank & Other Financial Institutions
Credit Providers & Credit Bureaus

CONDITIONS:

I agree that a photocopy of this Authorization may be used for the purposes stated above. The original of this Authorization is on file with the PHA. This authorization shall continue until revoked by me in writing.

Head of Household/Print Name

Spouse/Other Adult/Print Name

Signature and Date

Signature and Date

Driver's License

Date of Birth



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To: Local Law Enforcement Agency

In compliance with the 1996 Housing Opportunity Program Extension Act, the Coldwater Housing Commission (**ORI#MIA00949Q**) in accordance with the "One Strike and You're Out" Policy for Public Housing, requests information on the following person:

LAST NAME _____

FIRST NAME _____

DATE OF BIRTH _____ MALE _____ FEMALE _____ RACE _____

PLACE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

MICHIGAN LICENSE # _____

I hereby agree, release, and hold harmless any local law enforcement agency to complete A Local, State, and National background check on me. Said background check conducted For the Coldwater Housing Commission is to determine my eligibility for public housing. I understand that this information shall be held in confidence and destroyed according to HUD standards and used only in the official context for which it requested.

SIGNATURE _____ DATE _____

In accordance with the HUD approved PHA admissions and Continued Occupancy Plan, each person 18 years of age and older that will be residing in public housing must have a background check. If you need more forms, please request them from the Coldwater Housing Commission.

* DO NOT WRITE BELOW THIS LINE *

For the Above-Named Person:

Criminal Record	Yes _____	No _____	Date _____
Drug-Related Record	Yes _____	No _____	Date _____
Alcohol Abuse Record	Yes _____	No _____	Date _____
Disturbing the Peace Record	Yes _____	No _____	Date _____
Registered Sex Offender	Yes _____	No _____	Date _____

Police Department Representative _____ Date _____