



GRAND RAPIDS HOUSING COMMISSION
 1420 Fuller Ave. SE, Grand Rapids, MI 49507 | Ph: 616/235-2600 | FAX: 616/235-2660

Preliminary Housing Application



OFFICE USE ONLY

BR requested _____
 Wheelchair _____ Veteran _____
 Senior _____ Family _____
 Date/time _____
 Hope Community

PLEASE NOTE: MUST BE 18 YEARS OR OLDER TO APPLY. IMPORTANT: If you move, please send the Housing Commission a written notice that includes your new address so that we can contact you by U.S. Mail when your name reaches the top of the waiting list. Bring, mail or fax your completed form to: Grand Rapids Housing Commission, 1420 Fuller Ave. SE, Grand Rapids, MI 49507. FAX: 616/235-2660. Phone: 616/235-2600. Office hours: Monday-Friday, 8 a.m. – noon and 1 – 5 p.m. **PLEASE CHECK ALL HOUSING DEVELOPMENTS FOR WHICH YOU WOULD LIKE TO APPLY.**

FAMILY HOUSING (serves families, seniors, disabled persons)

- Campau Commons Apartments, 821 South Division Avenue
- Creston Plaza Apartments, 1080 Creston Plaza Dr. NE
- Scattered Sites Program: The Housing Commission rents a limited number of duplexes and single-family homes, all within the City of Grand Rapids

PROJECT-BASED HOUSING (available to individuals/families in which the head of household or the head of household’s spouse is disabled or meets age eligibility requirements)

- Heron Court, 1138 Heron Court NE (if not disabled, must be age 62 or older)
- Heron Manor, 2106 Leonard Street NE (if not disabled, must be age 55 or older)
- Oroiquis Apartments, 349 Mt. Vernon NW (if not disabled, must be age 62 or older)

HOUSING FOR DISABLED ADULTS AND SENIORS AGES 62 AND OLDER

- Adams Park Apartments, 1440 Fuller Avenue SE

HOUSING FOR AGES 55 AND OLDER (ages 55-61 must be disabled to receive a federal rental subsidy)

- Leonard Terrace Apartments, 1315 Leonard Street NE
- Ransom Tower Apartments, 50 Ransom Avenue NE (ages 62 and older)
- Mount Mercy Apartments, 1425 & 1511 Bridge Street NW
- Sheldon Apartments, 1010 Sheldon Avenue SE

HEAD OF HOUSEHOLD/APPLICANT INFORMATION

First name _____ Middle initial _____ Last name _____

Social Security number _____ Date of birth _____ Sex: Male Female Disabled? Yes No

Race/Ethnicity (select one from “Ethnicity” and at least one from “Race”—this data is collected for statistical purposes only)

Ethnicity: Hispanic Not Hispanic

Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander

Home phone (_____) _____ Mobile phone (_____) _____ Other phone _____

HOUSEHOLD INFORMATION

Legal address (where you currently live)

Street address _____ City _____ State _____ Zip _____

Mailing address (if different from legal—where you currently receive mail)

Street address _____ City _____ State _____ Zip _____

HOUSEHOLD MEMBERS

List information for adults first, then children under age 18. If you are pregnant, please enter “unborn baby” and yesterday’s date as the date of birth. Use relationship of each person to the Head of Household.

First name _____ Middle initial _____ Last name _____

Social Security number _____ Date of birth _____ Sex: Male Female Disabled? Yes No

Race/Ethnicity (select one from “Ethnicity” and at least one from “Race”—this data is collected for statistical purposes only)

Ethnicity: Hispanic Not Hispanic

Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander

First name _____ Middle initial _____ Last name _____

Social Security number _____ Date of birth _____ Sex: Male Female Disabled? Yes No

Race/Ethnicity (select one from “Ethnicity” and at least one from “Race”—this data is collected for statistical purposes only)

Ethnicity: Hispanic Not Hispanic

Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander

First name _____ Middle initial _____ Last name _____
 Social Security number _____ Date of birth _____ Sex: Male Female Disabled? Yes No
 Race/Ethnicity (select one from "Ethnicity" and at least one from "Race"—this data is collected for statistical purposes only)
 Ethnicity: Hispanic Not Hispanic
 Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander

First name _____ Middle initial _____ Last name _____
 Social Security number _____ Date of birth _____ Sex: Male Female Disabled? Yes No
 Race/Ethnicity (select one from "Ethnicity" and at least one from "Race"—this data is collected for statistical purposes only)
 Ethnicity: Hispanic Not Hispanic
 Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander

FAMILY INCOME AND ASSETS

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, Social Security, SSI, welfare (TANF), child support, unemployment, business, profession or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

At least one source of income must be specified. If you do not have any income, write the Head of Household's first name as the top entry, enter "0" under "Gross Income" and enter "yearly" for "How Often?"

First Name _____ Gross Income _____ How Often? _____ Annual \$ _____
 Name and Address for the Source of Income _____

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 Name and Address for the Source of Income _____

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First Name _____ Gross Income _____ How Often? _____ Annual \$ _____
 Name and Address for the Source of Income _____

List total cash value and total income received for assets owned by all family members.

TYPE OF ASSET	CASH VALUE OF ASSET	ANNUAL INCOME RECEIVED FROM ASSET
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

ELIGIBILITY AND PREFERENCES

Your response to the following statement will help determine your eligibility for rental assistance and whether you are entitled to a preference when placed on the program's waiting list. Select the appropriate response for each question below.

- Do you require wheelchair facilities? Yes No
- Are you a veteran with honorable discharge or the widow/widower of a veteran? Yes No
- Do you live within the city limits of Grand Rapids? Yes No Have you been displaced by government action? Yes No
- Are you disabled collecting Social Security or state disability benefits, have a doctor's statement that you are unable to work, or age 62 or older? Yes No

SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION

You have the right to include as part of your application contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or assist in providing any special care or services you may require should you become a tenant. You are not required to provide this contact information, but if you choose to do so, please complete the enclosed "Supplement to Application for Federally Assisted Housing" form.

CERTIFICATION

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes. Complete the section below to confirm the information entered in the Head of Household section.

Head of Household Social Security number: _____ Head of Household date of birth _____

By signing and submitting this application, I certify that the information provided is true and complete to the best of my knowledge and belief. Warning! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false statements or representations to any department or agency of the United States.

Signature _____ Date _____

Optional and Supplemental 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.

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

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)	
<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"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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.

MAXIMUM ANNUAL INCOME LIMITS BY HOUSING DEVELOPMENT

Income eligibility requirements vary by the program(s) through which each development is funded.
For more information about Grand Rapids Housing Commission developments, visit www.grhousing.org.

ALL GRHC HOUSING DEVELOPMENTS ARE SMOKE FREE!

FAMILY HOUSING DEVELOPMENTS (Families, Seniors, Disabled)

CAMPAU COMMONS APARTMENTS

821 South Division Avenue

Maximum annual income limits by family size

Family Size	Income Limits
1	\$22,095
2	\$25,245
3	\$31,550
4	\$31,545
5	\$37,900
6	\$40,700
7	\$39,150
8	\$41,670

CRESTON PLAZA APARTMENTS

1014 Clancy Avenue NE

Maximum annual income limits by family size

Family Size	Income Limits
1	\$28,080
2	\$32,100
3	\$36,120
4	\$40,080
5	\$43,320
6	\$46,500
7	\$49,740
8	\$52,920

SCATTERED SITES PROGRAM

Duplex and single-family, Grand Rapids

Maximum annual income limits by family size

Family Size	Income Limits
1	\$37,450
2	\$42,800
3	\$48,150
4	\$53,450
5	\$57,750
6	\$62,050
7	\$66,300
8	\$70,600

HOUSING DEVELOPMENTS FOR AGES 55 AND OLDER

(Ages 55-61 must be disabled to receive a federal rental subsidy; Ransom Tower serves ages 62 and older)

LEONARD TERRACE APARTMENTS

1315 Leonard Street NE

Maximum annual income limits by family size

Family Size	Income Limits
1	\$23,400
2	\$26,750

RANSOM TOWER APARTMENTS (ages 62 and older)

50 Ransom Avenue NE

Maximum annual income limits by family size

Family Size	Income Limits
1	\$37,450
2	\$42,800

MOUNT MERCY APARTMENTS

Maximum annual income limits by family size

1425 & 1511 Bridge Street NW

Family Size	Income Limits
1	\$29,460
2	\$33,660

SHELDON APARTMENTS

Maximum annual income limits by family size

1010 Sheldon Avenue SE

Family Size	Income Limits
1	\$22,095
2	\$25,245

DISABLED ADULTS AND AGES 62 AND OLDER

ADAMS PARK APARTMENTS

1440 Fuller Avenue SE

This development has a preference for clients of the mental health agency Network 180; this means we are required to serve applicants referred through Network 180 before we can serve other applicants on the waiting list.

Maximum annual income limits by family size

Family Size	Income Limits
1	\$37,450
2	\$42,800

PROJECT-BASED HOUSING DEVELOPMENTS

Available to individuals/families in which the head of household or the head of household's spouse is disabled or meets age eligibility requirements. 75% of available units are targeted to households that have extremely low incomes—see maximum annual income limits below.

OROQUIS APARTMENTS, 406 Bridge Street NW

(If not disabled, must be age 62 or older)

HERON COURT, 1138 Heron Court NE

(If not disabled, must be age 62 or older)

HERON MANOR, 2106 Leonard St. NE

(if not disabled, must be age 55 or older)

Family Size	Extremely Low Maximum Annual Income	Very Low Maximum Annual Income
1	\$14,050	\$23,400
2	\$16,050	\$26,750
3	\$20,160	\$30,100
4	\$24,300	\$33,400
5	\$28,440	\$36,100
6	\$32,580	\$38,750