

Traverse City Housing Commission
150 Pine Street
Traverse City, MI 49684
Phone: (231)922-4915 FAX: (231)922-2893
E-Mail: tchc@tcpha.net

Housing Choice Voucher Section 8

The Housing Choice Voucher Program Wait List is OPEN

The Housing Choice Voucher (HCV) Program is a federally funded (HUD) program which provides assistance to help eligible individuals and families pay their rent. If you qualify and are accepted as a participant in the HCV program, the amount you pay for rent and utilities may vary, but will generally not exceed 40 percent of your household income.

The Traverse City Housing Commission (TCHC) has adopted preferences for families with children, elderly and disabled individuals and who also live, work or have been hired to work within the TCHC service area. The TCHC service area is comprised of a 50 mile radius of the TCHC Main Office and encompasses Antrim, Benzie, Grand Traverse, Kalkaska, Leelanau and Wexford Counties. Applicants are eligible for consideration in the program if their household income does not exceed:

| Counties | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person |
|----------------|--------------|--------------|--------------|--------------|--------------|
| Antrim | \$ 19,100.00 | \$ 21,800.00 | \$ 24,550.00 | \$ 27,250.00 | \$ 29,450.00 |
| Benzie | \$ 19,750.00 | \$ 22,600.00 | \$ 25,400.00 | \$ 28,200.00 | \$ 30,500.00 |
| Grand Traverse | \$ 21,600.00 | \$ 24,650.00 | \$ 27,750.00 | \$ 30,800.00 | \$ 33,300.00 |
| Leelanau | \$ 23,950.00 | \$ 27,350.00 | \$ 30,750.00 | \$ 34,150.00 | \$ 36,900.00 |
| Wexford | \$ 18,450.00 | \$ 21,050.00 | \$ 23,700.00 | \$ 26,300.00 | \$ 28,450.00 |
| Kalkaska | \$ 18,450.00 | \$ 21,050.00 | \$ 23,700.00 | \$ 26,300.00 | \$ 28,450.00 |

Once your application is processed, it will be placed on a wait list where it will remain until funding is available. When your application nears the top of the wait list, you will be contacted via U.S. Mail. If you are determined eligible for the HCV Program, you will attend a briefing, at which time your family will be issued a voucher and will initially have 60 days to find housing. If you enter into a lease agreement prior to issuance of a Voucher, the HCV Program may not be able to assist you.

NOTE: IF there are any CHANGES in your household, IT IS YOUR RESPONSIBILITY TO INFORM THE TCHC IN WRITING so your application can be updated.

We look forward to working with you and your family.

TRAVERSE CITY HOUSING COMMISSION HOUSING CHOICE VOUCHER PRE-APPLICATION

List each person who will reside in your household while on this program.

| Last Name | First Name | Relationship to Head of Household | Date of Birth | Sex | Social Security # or Alien Registration # |
|-----------|------------|-----------------------------------|---------------|-----|---|
| | | Head of Household | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Failure to provide requested information will result in an incomplete application which will be returned.

CURRENT ADDRESS: _____

City: _____ State: _____ County: _____

TELEPHONE NUMBER: Home: _____ Cell: _____

Is the Head of Household or Co-Head disabled/handicapped? YES NO

I am a single person age 62 or older: YES NO

I have children that live with me: YES NO

I live in or work or have been hired to work within the TCHC service area as defined below:
YES NO

The TCHC service area is comprised of a 50 mile radius of the TCHC Main Office and encompasses Antrim, Benzie, Grand Traverse, Kalkaska, Leelanau & Wexford counties.

INCOME - List all income including wages, child support, social security, SSI, Alimony, Food Stamps, etc.

| Family Member Receiving Income | Name of Employer/Source of Income | Monthly Income Amt. |
|--------------------------------|-----------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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|----------------|-----------------------------------|-----------------|
| TCHC Use Only: | Date & Time Application Received: | Staff Initials: |
|----------------|-----------------------------------|-----------------|

PREVIOUS PARTICIPATION: Have you previously participated in either the Housing Choice Voucher Program or resided in Public Housing? **YES** **NO**

IF YES, WHERE: _____

The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer is not mandatory and as a result will not affect (either positively or negatively) your selection for the program.

Is the Head of Household: (circle one)

| | | | | |
|--------------|--------------|-----------------|------------------------|--------------|
| White | Asian | Hispanic | Native American | Black |
|--------------|--------------|-----------------|------------------------|--------------|

The undersigned understands that the pre-application is used to determine eligibility to be placed on the wait list. This pre-application does not obligate the applicant(s) or the TCHC and that all information is true and complete.

PLEASE NOTE: All statements on this pre-application must be true and complete. It is your responsibility to notify the TCHC, in writing, if you have a change in address, income or family composition

IMPORTANT: FAILURE to reply to any correspondence, requests for updated information or appointments will result in your application being deleted from the Housing Choice Voucher Program wait list.

In order for the TCHC to release information to an advocate or someone other than the applicant regarding this application, I/We hereby authorize the release of information to: _____

This application must be signed by all adult household members applying. Unsigned applications are considered incomplete and as such, cannot be placed on the wait list.

| | | | |
|--------------------|---------------|--------------------|---------------|
| _____ Signature | _____ Date | _____ Signature | _____ Date |
| _____ Signature | _____ Date | _____ Signature | _____ Date |

WARNING: MAKING FALSE STATEMENTS IS A FELONY & MAY RESULT IN CRIMINAL CHARGES INCLUDING PERJURY GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE & OBTAINING MONEY UNDER FALSE PRETENSES! **IN ADDITION,** UNITED STATES CODE: UNDER TITLE 18; SECTION 1001 STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY & WILLINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.



Please return application to:

Traverse City Housing Commission
150 Pine Street
Traverse City MI 49684
(231) 922-4915
FAX (231) 922-2893



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) | |
| <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. | |

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.