

19. Have you or any Family member ever received any type of housing assistance?(Yes/No)____. If yes, provide Family Member Name:_____ Public/ Assisted Housing Agency Name_____ Agency Address:_____ What year?_____ Who was the Head of the Household?_____
20. Do you currently owe any money to any Public or Assisted Housing Agency? (Yes/No)____ If yes, amount?_____ Name of Public Agency or Assisted Housing Agency:_____ Address of Agency:_____
21. Have you ever used a name other than the one you are using now?(Yes/No)____ If yes, please explain:_____

22 LIST ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT

Member Name	Relation to Head	Birth Date	Sex M/F	Social Security Number	Occupation or School Name
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					

If there are any other Family members check here____ and attach a separate page with application.

23. Are any family members temporarily absent from the home? (Yes/No)____ If yes, state the reason they are absent_____
24. Full time students: List the name, school, address and phone number for each family member:

1. _____
2. _____
3. _____
4. _____

25. Are there any Family members that are not U.S. Citizens:

Name_____	Alien Registration # _____
Name_____	Alien Registration # _____
Name_____	Alien Registration # _____

PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities.

1. Have you or any Family member ever been convicted from Public or Assisted Housing for violent criminal or drug-related activity? (Yes/No)____If yes:
When:_____For what reason?_____
Name of Public/Assisted Housing:_____

2. Have you or any Family member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of Public or Assisted Housing?(Yes/No)____If yes, provide the following:
Name of Family Member_____
Name of Public/Assisted Housing_____

3. Are you or any Family member subject to lifetime registration as a sex offender? (Yes/No)____If yes, name Family member:_____

4. Are you or any Family member persons who abuse or show a pattern of abuse of alcohol? (Yes/No)____If yes, name Family member:
Is Family member currently enrolled in a treatment program?(Yes/No)____
If yes, please describe_____

PART C: INCOME INFORMATION

This part applies to all Family members, including minors

1. Work full-time, part-time, or seasonally-including wages, fees, tips, bonuses, money for services? (Yes, No)____. If yes, provide the following information:

Family Member	Employer Name/Address/Phone	Amount per period (e.g., \$250 per week)
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

2. Any family member work for someone who pays cash? (Yes/No)_____.

a.	_____
b.	_____

3. Does any family member receive unemployment benefits, workers compensation,

or severance pay? (Yes, No)_____If yes provide:
 Family member name:_____
 Type of benefit:_____Amount _____
 Employer name and address:_____

4. Does any family member receive child support from the child support ?
 (Yes/No)___If yes, provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____

5. Does any family member receive child support directly from the absent parent?
 (Yes/No) If yes provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a. _____	_____	\$ _____
b. _____	_____	\$ _____

- 6.. Does any family member receive alimony? (Yes/No)___If yes provide,:
 Family member name:_____Amount \$ _____
 Former spouse name:_____

7. Does any family member receive public assistance (TANF)? (Yes/No)_____
 Family member name:_____Amount \$ _____

8. Does any family member receive Social Security or SSI benefits? (Yes/No)_____
 If yes, attach a copy of the award letter to this application and provide:
 Family member name_____Amount \$ _____
 Social Security number benefits are received under:_____

9. Does any family member receive income from a pension or annuity? (Yes, No)___ If yes, provide:
 Family member name:_____Amount & _____
 Type of pension/annuity:_____Claim#: _____
 Address of pension/annuity:_____

10. Does any family member receive regular contributions from organizations or from individuals not living in the unit? (Yes/No)_____ If yes provide:

Family member name: _____ Amount \$ _____
Name and address of Contributing Organization or Individual: _____

11. Did any family member file a Federal Income Tax Return last year? (Yes/No)____
(If yes, attach a copy of the tax return to this application.)

12. Does any family member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property? (Yes/No)____ If yes provide:
Family Member Name: _____
Type of Asset: _____
Bank or Financial Institution Name and Address: _____
Amount of Income/Interest Received: \$ _____

13. Do any family members own a business or are self-employed? (Yes/No)____
If yes, provide:
Family member name: _____
Business name: _____
Business address: _____

14. Does any family member receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units?) (Yes/No)____ If yes provide:
Family member name: _____ Amount \$ _____
Source of pay/allotment: _____

15. Does any family member receive money to pay bills from someone outside of your family? (Yes/No)____ If yes, provide:
Family Member Name: _____ Amount \$ _____
Name and address of party paying the bills: _____

PART D: ASSETS

1. Does any family member own or have an interest in any property (real estate, mobile home, and/or land)? (Yes/No)____ If yes, provide:
Family member name: _____
Real estate address: _____ Value \$ _____

2. Has any family member sold or given away any property (real estate, mobile home, and/or land) in the last two years? (Yes/No) ____ If yes, describe below:

3. Does any family member own stocks or bonds? (Yes/No)____ If yes, describe:

4. Where do all family members bank? Provide all information below:

Name of Family Member	Bank Name Address	Type of Account	Account Number	Value
a.	_____	_____	_____	\$ _____
b.	_____	_____	_____	\$ _____
c.	_____	_____	_____	\$ _____
d.	_____	_____	_____	\$ _____

5. Does any family member have member have any savings certificates, money market funds or trust funds? (Yes/No)____ If yes, please describe: _____

6. Does any family member have any type of retirement account (Company, IRA, Keogh)? (Yes/No)____ If yes, describe: _____

7. Does any family member have any inheritance, lottery winnings or lump sum payments? (Yes/No)____. If yes, describe: _____

8. Does any family member have any life insurance policies? (Yes/No)____. If yes, provide:

Name of Family Member	Insurance Agency Name Address	Policy Number	Amount/Value
a.	_____	_____	\$ _____
b.	_____	_____	\$ _____
c.	_____	_____	\$ _____

PART E: EXPENSES

1. Does any family member have expenses for child care of a child aged 12 or younger? (Yes/No)_____ If yes, provide:

Minor's name	Childcare Provider Name and Address	Provider telephone number	Monthly Cost to you for care
a. _____	_____	_____	\$ _____
b. _____	_____	_____	\$ _____
c. _____	_____	_____	\$ _____
d. _____	_____	_____	\$ _____

2. Do you pay a care attendant or for any equipment for any family member(s) with disabilities that is necessary to permit that person or someone else in the family to work? (Yes/No) _____

Care Attendant Name	Care Attendant Address	Care Attendant Phone
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

What is the monthly cost to you for the care attendant and/or the equipment? _____

ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions in this part (Part E) only if the head of family or spouse is 62 years of age or older, or if the head or spouse is a person with a disability.

4. Do you have Medicare? (Yes/No) _____. If yes, what is your monthly premium? \$_____.

5. Do you pay for any other kind of medical insurance.? (Yes/No)_____ If yes, provide:

Insurance Agent's Name:

Name of Insurance Company:

Address:

Telephone Number:

Monthly Premium Amount:

Policy Number: _____

Part F: UNIT INFORMATION

1. Name, address and telephone number of your current landlord: _____

2. What is the total monthly rent of your unit? \$ _____
What amount do you pay monthly for rent? \$ _____
3. Indicate the type of housing you currently occupy: House _____ Apartment _____
Mobile Home _____ Other (specify) _____
4. In your opinion is your present home decent, safe and sanitary? (Yes/No) _____
If no, why not? _____

The Ironwood Housing Commission is an Equal Housing Provider

DATE UNIT OFFERED	TIME	LOCATION OF UNIT	RESPONSE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
DATE _____	REASON _____	INITIAL _____	_____

APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the Ironwood Housing Commission on family composition and characteristics, drug and criminal activity, income, assets and expenses is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition to the Ironwood Housing Commission within 10 days of the change. I also understand that all changes in family composition due to birth, adoption or court awarded custody must be reported in writing to the Ironwood Housing Commission within 10 days of the change. Further that no one is permitted to move into my unit without prior written approval of the Ironwood Housing Commission. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud and any act of assistance to such attempt is a crime under

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____

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)

IRONWOOD HOUSING COMMISSION
515 E. VAUGHN STREET
IRONWOOD, MI 49938
BOBBIE KANGAS

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	
_____	_____
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
_____	_____
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.

Notice to all Applicants

Reasonable Accommodations for Applicants with Disabilities

The Ironwood Housing Commission, Inc. is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. The Ironwood Housing Commission, Inc. is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, the Ironwood Housing Commission, Inc. has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of as rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's screening criteria

An applicant family that has a member with a disability must still be able to meet essential obligation of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Commission, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the Housing Commission, that is your right.

IDENTIFICATION NEEDED

Copies of Social Security cards of all members applying (including children)
Your application will not be processed without these

Proof of all income (this includes but not limited to pay stubs, receipts
Child support, FIA support

It is important that the following application is filled out completely
otherwise it will be considered incomplete and will not be processed.

Thank you for your cooperation