

# Gladstone Housing Commission

217 Dakota Avenue  
Gladstone, Michigan 49837  
Phone: (906) 428-2215  
Fax: (906) 428-1677  
Email: [themanors@gladstonemi.com](mailto:themanors@gladstonemi.com)  
Website: [www.gladstonehousing.org](http://www.gladstonehousing.org)

For Office Use Only
Received: _____
Refusal 1: _____
Refusal 2: _____
Refusal 3: _____

## Preliminary Application for Housing Instructions:

1. Please answer all questions and sign this application and attached Authorization for Release of Information form, or they will be returned to you.
2. You must notify us of any address or family composition changes. If we cannot contact you, your name will be removed from our list.
3. If you have any questions or problems completing this form, contact our office.

Please print or type.

## General Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

How long have you lived at your current address?: \_\_\_\_\_  
Current Landlord s Name, Address & Phone Number: \_\_\_\_\_

Reason for Leaving Present Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long did you live at your previous address?: \_\_\_\_\_  
Previous Landlord s Name, Address & Phone Number: \_\_\_\_\_

Reason for Leaving Previous Address: \_\_\_\_\_

Have you ever lived in Subsidized Housing before? Yes \_\_\_ No \_\_\_  
If so, where? \_\_\_\_\_  
When? \_\_\_\_\_

Have you ever been evicted from Housing? Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_

When would you be interested in an apartment?  
\_\_\_\_\_

Name, address and phone number of person we may contact if we cannot reach you:  
\_\_\_\_\_

If you have not rented in the past, please fill out the personal references below.

Personal Reference 1:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Personal Reference 2:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Personal Reference 3:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Household Composition (Please list Head of Household first)**

	Name	M/F	Birthdate	Social Security Number	Place of Birth
1	_____				
2	_____				

Is anyone in the household disabled? Yes \_\_\_ No \_\_\_

If yes, please indicate the family member and the nature of the disability: \_\_\_\_\_

This information is for statistical purposes only. Please check the group to which you belong:

White \_\_\_ American Indian/Native Alaskan \_\_\_ Hispanic \_\_\_  
African-American \_\_\_ Asian/Pacific Islander \_\_\_ Non-Hispanic \_\_\_

**Income**

Please list all income received by any family member. This includes Social Security, Supplemental Security Income (SSI), Social Security Disability (SSDI), V.A. Benefits, Railroad Retirement, Pensions, Wages, Unemployment Benefits, Worker s Compensation, etc.

	Name	Income Source	Amount
1	_____		\$ _____
2	_____		\$ _____
3	_____		\$ _____
4	_____		\$ _____
5	_____		\$ _____

**Assets**

Real Estate Assessed Value (SEV)	\$ _____
Savings Account(s)	\$ _____
Checking Account(s)	\$ _____
Certificates of Deposit	\$ _____
Life Insurance (cash in value)	\$ _____
Stocks, Bonds, Annuities	\$ _____
Other Assets	\$ _____

You must meet the income guidelines set by HUD to be eligible to live in our apartments. Current Income Limits are \$28,650 for a single person and \$32,750 for a couple.

Why are you applying for housing?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility for public housing. I further understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge and I understand that my selection for public housing will be contingent upon the housing authority being able to formally verify this information. I understand that any falsification, misrepresentation, or concealment of information by me can result in my eviction from any dwelling unit obtained from the PHA and possible prosecution under the law.

I HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN.

Warning: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or agency of the U.S. as to any matter within its jurisdiction.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of other Adult \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to: Gladstone Housing Commission  
217 Dakota Avenue  
Gladstone, MI 49837

Or you may fax the completed application to us at: (906) 428-1677



**AUTHORIZATION  
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the **Gladstone Housing Commission** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. 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.

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

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot 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: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

SIGNATURES

PRINTED/TYPED NAME

Head of Household: _____	_____	Date: _____
Spouse: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____

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