

WALTER FRENCH



LANSING



NOW PRE-LEASING FOR LATE 2024

For your safety, DO NOT attempt to access Walter French property.

Visitors entering the active construction site will be turned away.

RETURN APPLICATION TO :

Capital Area Housing Partnership

600 W. Maple Street – Suite D

Lansing, MI 48906

If you have questions or need assistance, please call 517-275-4663 (HOME),

email walterfrench@capitalareahousing.org,

or visit walterfrenchlansing.com

COMMUNITY DEVELOPMENT BY



For Office Use Only	Date Rec'd	Time Rec'd	Initials
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Preliminary Rental Application

Please note that this is a preliminary application and gives no lease or rent rights.

Community Walter French Office Phone () Date _____

Unit Size 1 2 3 4 Unit Type: Apartment Studio Townhouse

Would you or a member of your household benefit from the design features of a barrier free unit? Yes No

Applicant: _____ Email _____ Phone () _____

Co-Applicant: _____ Email _____ Phone () _____

Current Marital Status: Unmarried Married Widowed Separated Divorced

Do you have any pets: **Yes** **No**. If yes, please list type of pet: _____

How were you referred to our community? _____

Applicant's History

Applicant:	Co-Applicant
Current Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone _____	Current Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone _____
Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____	Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____
Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____	Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____

If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

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Please list all persons that will occupy the residence.

Name (First, Middle Initial, Last)	Maiden Name (If Applicable)	Date of Birth	Relationship of Head Of Household	Social Security Number
1.			Head of Household	
2.				
3.				
4.				
5.				
6.				

Employment

Applicant	Co-Applicant
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Length of Employment: _____	Length of Employment: _____
Position Held: _____	Position Held: _____
Salary/Wage: _____ Per: _____	Salary/Wage: _____ Per: _____
Supervisor: _____	Supervisor: _____
Status: _____ Full-Time: _____ Part-Time _____	Status: _____ Full-Time: _____ Part-Time: _____
List average hours per week worked: _____	List average hours per week worked: _____

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

Source: _____	Amount: \$ _____	Frequency: _____
Source: _____	Amount: \$ _____	Frequency: _____
Source: _____	Amount: \$ _____	Frequency: _____

Provide asset information below:

(Including but not limited to: Checking, Savings, Debit Card, Real Estate, 401k, IRA, Stocks, Bonds, etc)

Type of Assets	Name of Bank, Stock or Bond	Account Number	Balance/ Current Value	Rate of Interest	Dividend	Real Estate
1.						
2.						
3.						
4.						
5.						

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? Yes No

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? Yes No

If "yes", please explain: _____



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Applicant's certification that the unit applied for will be the applicant household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

Applicants Initials Co-Applicants Initials Managers Initials

HUD, RURAL DEVELOPMENT & MSHDA APPLICANTS

I fully understand that 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. I therefore, certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the statements above. Falsified statements shall be grounds for eviction.

Applicants Initials Co-Applicants Initials Managers Initials

RURAL DEVELOPMENT

I/We certify that the rental unit which I/We will occupy will be my/our permanent residence and further certify that I/We do not and will not maintain a separate subsidized rental unit in a different location. I acknowledge that I am responsible to inform the office of any changes to any part of this application (i.e. address, phone, income).

Applicants Initials Co-Applicants Initials Managers Initials

GENDER DESIGNATION: (Applicant) I do not wish to furnish this information
 Male Female

GENDER DESIGNATION: (Co-Applicant) I do not wish to furnish this information
 Male Female

Additional information will be required at a later date to complete the processing for residency.

 Head of Household Date Co-Applicant, Spouse/Co-Head Date



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Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 6/30/2017)

Walter French
Name of Property

Project No.

1900 South Cedar St. Lansing, MI 48910
Address of Property

KMG Prestige
Name of Owner/Managing Agent

Tax Credit
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 provide 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 no require any special protection.

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TDD/TTY 711



Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

form HUD-27061-H (9/2003)



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DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION

KMG Prestige, Inc., Affinity Property Management, LLC. and/or Walter French Apartments is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

- Employment purposes, or
 Housing at Walter French Apartments

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for **employment** purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.



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If we are obtaining a "Credit Report" with respect to your application for **housing**, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize KMG Prestige, Inc., Affinity Property Management, LLC., and/or Walter French Apartments to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:

- Employment purposes
- Housing purposes
- Both

I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community. As set forth in the disclosure, I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.

I acknowledge that I have received a copy of this document for my records.

Applicant

Date

Applicant

Date



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AUTHORIZATION FOR CRIMINAL HISTORY CHECK

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with KMG Prestige. It is KMG Prestige’s policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

Full Name <i>(no nicknames)</i> _____					
Maiden Names(s), Nickname(s), Other Name(s) <i>(please include dates used)</i> _____			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Social Security Number _____		Date of Birth _____			
Driver’s License or State ID Number _____			State _____		
Is Your Driver’s License or State ID Valid? <input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ <i>Please give details</i>					
All addresses for the last 7 years: <i>(Street / City / County / State / Years From-To)</i>					
In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.					
	Street Address	City	County	State	Years From-To
1.	_____ /	_____ /	_____ /	_____ /	_____ /
2.	_____ /	_____ /	_____ /	_____ /	_____ /
3.	_____ /	_____ /	_____ /	_____ /	_____ /
4.	_____ /	_____ /	_____ /	_____ /	_____ /
5.	_____ /	_____ /	_____ /	_____ /	_____ /
6.	_____ /	_____ /	_____ /	_____ /	_____ /
List ALL States you have ever resided in:					
_____		_____			
_____		_____			
_____		_____			
_____		_____			
<i>(attach additional pages if necessary)</i>					

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release KMG Prestige, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from KMG Prestige is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

X		
	Signature	Date

Form CD 125
Revised 8/29/2023



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PROJECT BASED VOUCHER PROGRAM Waiting List Application

Please print all answers and complete every item including the Head of Household's signature or your application will be returned. To add additional household members to your application, complete page 2 of this application.

Waiting List / Development Name:			
Part 1: Head of Household Information			
First Name:		Middle Initial:	Last Name:
Social Security Number:		Date of Birth:	Age:
Address:		City:	State: Zip Code:
Phone:		E-Mail Address:	
Gender:		Race (check one or more):	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> American Indian / Native Alaskan	
Ethnicity (check only one): Required for statistical reporting:		<input type="checkbox"/> Asian	
		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	
<input type="checkbox"/> Non-Hispanic or Latino		<input type="checkbox"/> White	
		Is the Head of Household...	
		Pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		U.S. Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part 2: Income and Unit Information			
What is the household's total gross income (before taxes or deductions) per year? Please include all income from each household member and the head of household.			\$
What is the total number of people in the household including yourself?			
Does a member of the family require a unit with mobility features?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a member of the family require a unit with hearing and/or visual feature?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need assistance in completing future paperwork?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", name of designee to receive paperwork:
Designee Address:		City:	State: Zip Code:
Part 3: Certification of Information			
I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance. I do hereby certify that the information provided by me on this application is true, accurate, and complete to the best of my knowledge. I understand that it is my responsibility to keep my application information current with the Michigan State Housing Development Authority (MSHDA). All information must be provided to MSHDA in writing or through Applicant Portal at https://mshda.myhousing.com/account .			
Head of Household Signature: X			Date:

All assistance requires the appropriate submission and verification of documentation of citizenship or eligible immigration status. Documentation will be requested after your name is selected for assistance. If you are a non-citizen claiming eligible immigration status, you will be required to present Form I-551, Form I-94, or Form I-688. If appropriate documentation is not received, assistance will be prorated, denied, or terminated based on a final determination of ineligibility.

If you or a member of your household is a person with a disability and require a reasonable accommodation in order to participate in MSHDA's affordable housing program(s) or services, please submit your request in writing to your Housing Agent.

Return completed AND SIGNED application to:
 BECKA MANAGEMENT GROUP
 5085 W GRAND RIVER AVE SUITE 200
 LANSING, MI 48906
 Phone: 517-669-9706
 Fax: 517-669-2336
 Email: deanna@becka.us

MSHDA Use Only	
Date Received:	
Time Received:	
<input type="checkbox"/> AM	<input type="checkbox"/> PM

Part 4: Other Household Member Information - OVER →

Complete the following information for each person who will be living in the unit with the Head of Household.
 Use additional sheets as needed.

Part 4: Other Household Member Information						
First Name:		Middle Initial:		Last Name:		
Social Security Number:		Relationship to the Head of Household:			Age:	
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required for statistical reporting: Ethnicity (check only one):		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino				
Race (check one or more):	<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White					
First Name:		Middle Initial:		Last Name:		
Social Security Number:		Relationship to the Head of Household:			Age:	
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required for statistical reporting: Ethnicity (check only one):		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino				
Race (check one or more):	<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White					
First Name:		Middle Initial:		Last Name:		
Social Security Number:		Relationship to the Head of Household:			Age:	
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required for statistical reporting: Ethnicity (check only one):		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino				
Race (check one or more):	<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White					
First Name:		Middle Initial:		Last Name:		
Social Security Number:		Relationship to the Head of Household:			Age:	
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required for statistical reporting: Ethnicity (check only one):		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino				
Race (check one or more):	<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White					

Development Name:			Date Mailed:		
Head of Household Name:		Last 4 SSN:		Date of birth:	
Follow-Up Contact/Address:		City:		State:	Zip Code:
Phone:	Fax:	Email Address:			
Referring Service Provider:					
Service Provider Phone:		Fax Number:		Email Address:	

Does a member of the household require a mobility accessible unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does a member of the household require a hearing/visual accessible unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Eligibility Criteria (Definitions can be found on Pages 2 & 3).

Head of Household or Adult Member of Household must meet at least one of the following criteria, check all that apply:

- 1. Chronically Homeless
- 2. Special Needs
- 3. Homeless (check all that apply)
 - (Category 1) An individual or family who lacks a fixed, regular, and adequate nighttime residence.
 - (Category 2) An individual or family who will imminently lose their primary nighttime residence.
 - (Category 4) Domestic Violence
- 4. CoC PSH Individual or Family

Preferences: (check if applicable)

- In-Place Family: Must provide a copy of development rent roll showing family name and move-in date.
- United States Veteran: Must provide a copy of the Certificate of Release or Discharge from Active Duty (DD 214).
- Chronically Homeless
- Supportive Housing Population

Lead Agency:				
Address:		City:	State:	Zip Code:
Phone:	Fax:	Email address:		
I hereby certify that the Applicant /Head of Household listed above meets established criteria for placement onto the PBV Waiting List for the development listed above.				
Lead Agency Representative Printed Name:			Title:	
Signature:			Date:	

This Certification of Eligibility will expire in 120 days for the Homeless categories above. A Recertification of Eligibility will be required upon expiration or when the family is pulled from the PBV Waiting List for assistance. The requirement does not apply to the Special Needs category

Return this certification form, program waiting list application, and the authorization form to the MSHDA Housing Agent.

BECKA MANAGEMENT GROUP
5085 W GRAND RIVER AVE SUITE 200
LANSING, MI 48906
Phone: 517-669-9706
Fax: 517-669-2336
Email: deanna@becka.us

**PHA Project Specific Preferences
Supportive Housing Target Populations Definitions**

Chronically Homeless

A “chronically homeless” individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

Special Need

An adult person/prospective tenant with a physical (including profound deafness and legally blind), mental or emotional impairment that is of long-term duration, and, at the same time the prospective tenant must have a substantial and sustained need for supportive services in order to successfully live independently.

In order to meet the “special needs” definition, prospective tenants must be a recipient of SSI/SSDI or require assistance in at least two life-skill areas, such as:

- Ability to independently meet personal care needs;
- Economic self-sufficiency (capacity for sustained and successful functioning in vocational, learning or employment contexts);
- Use of language (ability to understand, be understood and handles communication as needed on a daily and ongoing basis);
- Instrumental living skills (managing money, getting around in the community, grocery shopping, complying with prescription requirement, meal planning and preparation, mobility, etc.);
- Self-direction (making decisions/choices about one’s day-to-day activities and regarding one’s future);
- Substance use treatment.

Homeless Categories

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (ii) An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who will imminently lose their primary nighttime residence provided that:

- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; and
- (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

(3) No longer in use.

**PHA Project Specific Preferences
Supportive Housing Target Populations Definitions**

(4) Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Domestic violence (target population definition)

In addition to Category 4 of the Homeless definition, "Domestic Violence" means the occurrence of any of the following acts by a person that is not an act of self-defense:

- Causing or attempting to cause physical or mental harm to an intimate partner;
- Placing an intimate partner in fear of physical or mental harm;
- Causing or attempting to cause an intimate partner to engage in involuntary sexual activity by force, threat of force, or duress;
- Engaging in activity toward an intimate partner that would cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed, or molested.

CoC PSH Individual or Family

An individual or family participating in a CoC PSH Project, where the program participant(s) originally met the eligibility requirements for the PSH project to which they are transferring at the time they entered their initial PSH project (Section 423(f) of the McKinney-Vento Act, as amended by the HEARTH Act). This means that an individual or family **may** transfer from one permanent supportive housing program to another.



**PROJECT BASED VOUCHER PROGRAM
Authorization for Release of Information**

Head of Household Name:		Last 4 SSN:	Date:
Address:	City:	State:	Zip Code:
Phone #:	Fax #:	Email Address:	

I hereby certify that I am the individual listed above and that I am a current applicant or participant of the Michigan State Housing Development Authority (MSHDA) Housing Choice Voucher (Section 8) Program, Low Income Housing Tax Credit Program, and/or other rental assistance program financed or administered by MSHDA (the "Programs").

I hereby authorize the release of information to the organizations listed below regarding my income, assets, expenses, and household status for the purposes of determining my eligibility for participation in the Programs. The information will only be used for determining eligibility in the Programs and will be kept confidential and not released outside of this scope. I understand and agree that photocopies of this authorization may be used for the purpose stated above.

Head of Household Signature: X	Date:
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Housing Agent Name:
Property Management Agent/Landlord Name:
Servicer Provider Name:

Note: This authorization may be revoked at any time by providing written notice to your housing agent and will automatically expire fifteen (15) months from the date of signature.

If you have any questions, please contact:
 BECKA MANAGEMENT GROUP
 5085 W GRAND RIVER AVE SUITE 200
 LANSING, MI 48906
 Phone: 517-669-9706
 Fax: 517-669-2336
 Email: Deanna@becka.us