

LIVONIA HOUSING COMMISSION

MADISON BJERTNESS
EXECUTIVE DIRECTOR

DALIE RIPLEY
DEPUTY DIRECTOR

MEMBERS
CONNIE KUMPULA
STEVE ALEXANDER
ASHLEY KASPER
CARRIE LEACH
DIANN KIRBY



MAUREEN MILLER BROSAN
MAYOR

HOUSING CHOICE VOUCHER PROGRAM
10800 FARMINGTON RD.
LIVONIA, MI. 48150-2751
(734) 261-0279
(734) 261-0373 FAX

PERSONAL DECLARATION

Failure to comply could result in termination of benefits

Name	Home, Work, Cell phone (circle one)
Current Address including city, state, and zip code	Email Address

FAMILY COMPOSITION: List yourself and all other persons who will live in the unit

1. Name	Relation- ship to HOH	Age	Sex M/F	Date Of Birth	Place of birth: City, State or Foreign Country	Disabled		Student		Social Security # or Alien Registration Number
						Yes	No	Yes	No	
2.	Head of Household (HOH)									
3.										
4.										
5.										
6.										
7.										

For statistical purposes only:

Head of Household: Please circle one in each category

Marital Status

- 1. Married
- 2. Single
- 3. Widowed
- 4. Divorced
- 5. Separated

Race

- 1. White
- 2. Black
- 3. American Indian or Native Alaskan
- 4. Asian or Pacific Islander
- 5. Hispanic

Employment Type

- 1. Professional/Technical
- 2. Manager, Supervisor
- 3. Clerical, Sales
- 4. Skilled, Semi-Skilled, Foreman
- 5. Unskilled, Service
- 6. Retired
- 7. Student
- 8. Unemployed
- 9. N/A

I certify that only the people listed above will occupy the unit.

Signature

Date



EQUAL HOUSING
OPPORTUNITY



YES NO Have you, or any other adult members of your family, ever used any name(s) or Social Security Number(s) other than the one you are currently using? **If yes**, explain:

YES NO Have you, or any member of your family, lived in ANY assisted or subsidized housing? **If yes**, list where and when below. Include previous participation in Section 8 Housing Choice Voucher Program through any other Housing Agency.

YES NO Have you ever committed any fraud or been evicted from a Federally Assisted Subsidized housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? **If yes**, explain:

What other state(s) have you lived in? **Please list:**

YES NO Have you ever been convicted of a felony or misdemeanor? **If yes**, explain:

YES NO Are you a registered Sex Offender or do you have to report through a Sex Offender Registry?

YES NO Have you ever been or are you currently enrolled in a drug or alcohol treatment program?

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members composition, must be reported to the Housing Authority *IN WRITING WITHIN 10 DAYS*.

Signature

Date

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.

EQUAL HOUSING
OPPORTUNITY



Assets

Do you have any of the following assets: Checking/Savings/Pay card Accounts **YES NO**

If yes, name of Financial Institution: _____

Retirement fund, Stocks, Bonds, any other asset? **YES NO**

Life Insurance (**if yes, circle one**): Whole or Term

Have you disposed of any assets (car, house, etc.) for less than fair market value in the last 2 years? **YES NO**

If yes, list any assets you have disposed of: _____

If assets total less than \$50,000, complete the self-certification letter included in the annual packet

School: Are you a full time student? **YES NO** Do you receive scholarships/grants? **YES NO**

MISC.

Do you have child care expenses for children under the age of 13 that are **itemized on your taxes**? **YES NO**

If yes, list childcare providers name: _____

If yes, amount you pay \$ _____ bi-weekly. Amount DHS pays \$ _____ bi-weekly.

Do you pay Disability Assistance Expense for disabled family member in order to be gainfully employed? **YES NO**

Is the Head, Co-Head or Spouse elderly or disabled by Social Security’s definition? **YES NO**

If yes, do you or any household member have regular, ongoing and anticipated medical expenses that are being paid for the coming year? **YES NO**

If you answered yes to the above question, provide verification and circle all that apply:

Medical Insurance Premiums Prescriptions Recurring Medical Bills
Other Expenses: _____

I certify that to the best of my knowledge all above statements are true and complete.

I will notify the Livonia Housing Commission ***in writing within 10 days of all income changes with verification.***

Signature

Date

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 departments or agencies of the United States.

PARTICIPANT RESPONSIBILITIES IN LIVONIA HOUSING COMMISSION (LHC) HOUSING CHOICE VOUCHER (HCV) RENTAL ASSISTANCE PROGRAM

Violation of any participant responsibilities may result in repayment and/or termination

As a HCV Participant, YOU MUST:

1. Report all changes in income, in writing, within 10 days to the LHC. Changes in income can affect the amount of subsidy that you receive. You will be responsible for your current portion of the rent for 4-6 weeks, until a change is made.
2. Inform the LHC of any request for additional money by the landlord, and get approval from the LHC before you sign any additional agreements with the landlord.
3. Pay your share of the rent to the landlord at the time specified on the lease. IT is your responsibility to live up to the lease that you signed. Pay all utility bills that you are responsible for under the lease.
4. If you need repairs, notify the landlord right away. If the landlord does not complete the needed repairs in a reasonable time, notify LHC in writing to request a special inspection for all HQS repairs.
5. Notify the LHC within 24 hours if any utilities are shut off.
6. Inform the LHC in writing within 10 days of landlord's notice to evict you, and send a copy of all eviction notices.
7. Get approval from the LHC if you intend to move. YOU MUST GIVE AT LEAST A 30 DAY WRITTEN NOTIFICATION TO BOTH THE LANDLORD AND LHC stating your move out date. You must also provide a letter from the landlord stating you have a zero balance on rent, as well as provide utility bills showing they are current. Your move out date cannot be before your lease ends.
8. Pay your security deposit. LHC DOES NOT provide assistance for security deposits.
9. Notify the LHC in writing of any new phone number.
10. Notify the LHC in writing within 10 days of the birth, adoption, or court awarded custody of a child.
11. Notify the LHC in writing within 10 days if any family members no longer lives in the unit, including deaths.
12. Notify the LHC in writing if you intend to add a person to your household. **You need written permission from the LHC before and one 18 years or older moves into the unit.**

Interim appointments will be scheduled for all household composition changes

I HEREBY CERTIFY THAT I UNDERSTAND THE PARTICIPANT RESPONSIBILITIES AND THAT I AGREE TO ABIDE BY THEM. I ALSO UNDERSTAND THAT AT ANY TIME, IF I HAVE A QUESTION REGARDING THE PARTICIPANT RESPONSIBILITIES, OR ANY QUESTIONS REGARDING THE HCV PROGRAM, I CAN CONTACT THE HCV PROGRAM AT 734-261-0279.

Signature- Head of Household

Date

Signature- Other adult

Date



OBLIGATIONS OF THE FAMILY

These are obligations of the family, on the voucher, from the US Department of Housing and Urban Development Office of Public and Indian Housing for the Housing Choice Voucher (HCV) Program. Read, sign and date below:

- A. When the family's unit is approved and the Housing Assistance Payment contract is executed, the family must follow the rules listed below in order to continue participating in the HCV Program.
- B. The family must:
 - 1. Supply any information that LHC or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
 - 2. Disclose and verify Social Security numbers, sign and submit consent forms for obtaining information.
 - 3. Supply any information requested by the LHC to verify that the family living in the unit or information related to any family members absence from the unit.
 - 4. Promptly notify LHC in writing when the family is away from the unit for an extended period of time in accordance with LHC policies.
 - 5. Allow LHC to inspect the unit at reasonable times and after reasonable notice.
 - 6. Notify LHC and the owner in writing before moving out of the unit or terminating the lease.
 - 7. Use the subsidized unit for residence by the family. The unit must be the family's only residence.
 - 8. Promptly notify LHC in writing of the birth, adoption, or court awarded custody of a child.
 - 9. Request LHC written approval to add any other family member as an occupant of the unit.
 - 10. Promptly notify LHC if any family member no longer lives in the unit.
 - 11. Give LHC a copy of any owner eviction notice.
 - 12. Pay utility bills, provide and maintain any appliances that the owner is not required to provide under the lease.
- C. **Any information the family supplies must be true and complete.**
- D. All persons living in the unit **MUST NOT**:
 - 1. Own or have any interest in the unit (other than a cooperative, or the owner of a manufactured home leasing a manufactured home space).
 - 2. Commit any serious or repeated violation of the lease.
 - 3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
 - 4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
 - 5. Sublease or let the unit or assign the lease or transfer the unit.
 - 6. Receive HCV Program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or Local Housing Assistance Program.
 - 7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guests to damage the unit or premises.
 - 8. Receive HCV Program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless LHC has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship would provide reasonable accommodation for a family member who is a person with disabilities.
 - 9. Engage in abuse of alcohol in a way that threatens the health, safety, or right of peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

Signature- Head of Household

Date

Signature- Other adult

Date

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ATTACHMENT 3

APPLICANT/TENANT CERTIFICATION

APPLICANT/TENANT STATEMENT:

I/We certify that the information given to the Livonia Housing Commission on household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date



EQUAL HOUSING
OPPORTUNITY