LIVONIA HOUSING COMMISSION

MAUREEN MILLER BROSNAN
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

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

OVER

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

ELIGIBILITY CHECKLIST

PLEASE CIRCLE ALL ANSWERS

Name _____ **Phone #**_____

Are you (circle one) Head of Household Spouse Other Adult Co-head

Gross Income

Are you employed? **YES NO** Are you self-employed? **YES NO**

Employer Name _____ Type of self-employment _____

How much per hour? _____ How many hours per week (average)? _____ Tips? _____

Do you receive Unemployment benefits? **YES NO** **If yes** $_____ bi-weekly.

Do you receive Social Security? **YES NO** **If yes,** how much per month? $_____

How much is deducted from your Social Security for medical insurance? _____

Do you receive SSI? **YES NO** Amount $_____

Do you receive quarterly state supplement? **YES NO** Amount $_____

Are there any minors in the household receiving Social Security or SSI? **YES NO**

Name of recipient _____ Amount $ _____

Name of recipient_____ Amount $ _____

Do you receive a pension? **YES NO** **If yes**, $_____ monthly.

Do you receive adoption or foster care subsidy? **YES NO** $_____ monthly.

Do you receive direct support – examples: reoccurring gifts, rent, groceries, car, utilities, assistance with child (not paid through Friend of the Court) or cash? Someone who pays bills for you? **YES NO**

If yes, how much monthly? $_____ Name of person providing support: _____

Do you have an open Child Support Case? **YES NO** $_____ received in last 12 months

Is any household member under the age of 18 years old employed? **YES NO** Name:_____

Assistance

Do you receive DHS assistance? **YES NO** **If yes**, which DHS office do you report to? _____

Circle all that apply: CASH $_____ Food $_____ Child Care $_____

Please circle all that apply: Do you receive any of the following? **YES NO**

Workman's Comp Military Pay Veterans Alimony Annuity Inheritance Trust Home Health Care

Lottery Winnings Periodic Insurance Policy Rental of Real Estate Own a Home

Any other household income? YES NO If yes-$_____monthly. Source: _____

_____

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.***

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Authorization for Release of Information

CONSENT

I authorize and direct any Federal, State, or Local agency organization, business, or individual to release to the **Livonia Housing Commission** any information or materials needed to complete and verify my application for participation, 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 my household or me may be needed. Verification 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. **All information will be kept confidential.**

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending upon program requirements) include but are not limited to:

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

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 recertification. 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 Services; 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

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Other Adult/Spouse	Print Name	Date
_____	_____	_____
Other Adult/Spouse	Print Name	Date

EQUAL HOUSING OPPORTUNITY

LIVONIA HOUSING COMMISSION

MADISON BJERTNESS
EXECUTIVE DIRECTOR

DALIE RIPLEY
DEPUTY DIRECTOR

MEMBERS
CONNIE KUMPULA
STEVE ALEXANDER
ASHLEY KASPER
CARRIE LEACH
DIANN KIRBY

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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

OMB Control Number: 2577-0295
Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
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

Privacy Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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. 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 HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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

OVER

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

LIVONIA HOUSING COMMISSION

MADISON BJERTNESS
EXECUTIVE DIRECTOR

DALIE RIPLEY
DEPUTY DIRECTOR

MEMBERS
CONNIE KUMPULA
STEVE ALEXANDER
ASHLEY KASPER
CARRIE LEACH
DIANN KIRBY

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I self-certify that my assets total less than $50,000.

_____ _____

Tenant Signature Date