

BAY CITY
HOUSING COMMISSION

315 14th Street



Bay City, MI 48708

Thank you for your interest in the Bay City Housing Commission affordable housing program. Please complete the attached application and return it to our office at 315 14th Street, Bay City, MI 48708. **NO FAXED OR EMAILED APPLICATIONS ARE ACCEPTED.**

Your application will be date stamped upon receipt and completion of all forms.

You are required to submit the following documents WITH the application:

- Valid Michigan driver's license or ID (front and back) with name matching Social Security card and birth certificate unless legal name change has taken place via marriage, divorce, etc. - documentation required
- Social Security card with name matching birth certificate and valid Michigan driver's license or ID unless legal name change has taken place via marriage, divorce, etc.
- Official county-issued birth certificate (Affidavit of Parentage, Certificate of Live Birth from hospital or Baptism certificates are not acceptable)
- Proof of Income (4 of your most recent pay stubs, current year print out of monthly Social Security benefits, DHS benefits, Friend of the Court benefits, Pension, etc.) Bank statements are not acceptable.

If you are seeking a one-bedroom high rise apartment, please allow a minimum of **thirty (30) days** for screening. You will be contacted regarding eligibility after the screening process is completed. If you are a single person under age 50 and not handicapped or disabled, your name will be placed on a waiting list.

Included in the screening process is a criminal history and LEIN check, current and prior landlord rental history and may include any other pertinent information needed to determine your eligibility.

It is your responsibility to contact our office with any changes to your address and phone number so that you remain on the waiting list as a current applicant.

MEMBER AGENCY OF THE NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS

Administration (989) 892-9581

Fax (989) 892-5818

TDD (800) 545-1833 ext 561





BAY CITY HOUSING COMMISSION

Application Process at a Glance



Since 1950, we have been enhancing the quality of life in our community through the provision and improvement of decent, safe, affordable housing programs that meet the needs of our citizens.

STEP 1: Application Completion and Submission

Applications are available at the Central Office or online at: www.baycityhousing.com. Apartments may be viewed by making an appointment at each property where you have an interest.

STEP 2: Pre-Application Review and Approval; then Placed on Wait List.

Applications that comply with our initial background reviews will be placed on the Wait List and move to the next step. Applicants that do not yet meet the minimum suitability qualifications will receive written notice and notice of right to an Informal hearing with BCHC officials.

STEP 3: Full Application Review of Program Eligibility and Rent Determination

Applications are reviewed for program eligibility and rent calculation based on applicant's adjusted gross household income.

STEP 4: Final Application Compliance Review and Approval

Applications reviewed by program auditors for compliance with HUD guidelines.

STEP 5: Lease Signing and Move-In

Applicants meet with managers to review and sign final lease documents and schedule move-in date.

Frequently Asked Questions:

What properties are available?

The Bay City Housing Commission has two distinctly different portfolios of rental property. We have four high-rise buildings in downtown Bay City, MI. Two of the buildings, **Pine Towers** and **Maplewood Manor** are typically one bedroom apartments reserved for households aged 62+ or persons with disabilities. **Smith Manor** and **Maloney Manor** are mostly one bedroom apartments open to age 50+ households and persons with disabilities. Our "Scattered Site Public Housing" portfolio are 1-5 bedroom single-family houses and duplex units located throughout Bay City for families 18+ years old.

What is the application fee?

There is no application fee.

Is there a waiting list?

Yes. There are two Wait Lists. One for our public housing family scattered site properties and another for our multifamily high rise properties. When an application is approved in Step 2 it is placed on the Waiting List for the properties selected by the applicant in the application. Apartments are offered to approved applicants in the order the application was placed on the wait list. The length of time an applicant is held on the wait list may also depend on the unit size needed. In our scattered sites, we have 1-5 bedroom units and each has a group of applicants waiting for a unit to come available.

How long does it take to process my application?

Our approval process, from application to move-in, is typically 21-75 days, depending on the type of unit being requested and its availability. The total elapsed time is also dependent on an applicant's eligibility for any local preferences, the volume of applications we are processing and the time it takes to receive all the third-party verifications that are required to document eligibility. Depending on the availability of apartments, it could take longer to work through the waiting list.

How much is the rent?

Rent is calculated for each tenant and is based on the 30% of the tenant's adjusted gross income for the household.

What information is needed with the application?

A list of required documentation will be provided with the full application. The documents needed will include such things as: income verifications, medical expense verifications, income tax statements, and social security and state-issued photo ID.

Who pays utilities?

In our high rise building all utilities are included in the rent payment. In the public housing scattered site portfolio of single-family houses and duplex units, utilities are paid by the tenant. However, tenants receive a "utility allowance" that reduces the monthly tenant rent as an offset.

For More Information Call: (989) 892-9581

Bay City Housing Commission 315 14th Street Bay City, MI 48708

Revised 08/27/2019



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LEASE APPLICATION



Select your property preference(s) by checking the box next to each property's name.
Please choose only two.

Maloney Manor Maplewood Manor
 Pine Towers Smith Manor

Head of Household: _____
List prior/maiden name(s): _____
Social Security #: _____

Date of Birth: _____
Driver's Lic. #: _____
or Mich ID#: _____

Other Adult: _____
List prior/maiden name(s): _____
Social Security #: _____

Date of Birth: _____
Driver's Lic. #: _____
or Mich ID#: _____

Present Address: _____

Telephone #: _____

Present City/State/ZIP: _____

If renting, name and full address of your Landlord: _____
Telephone #: _____

Monthly Rent Payment \$ _____ How long have you lived here? _____ Are you related to landlord? _____

Have you or any other household member lived in any other states besides Michigan?: Yes No
If yes, list all States: _____

Household Information: Complete the following information for each household member that will occupy the unit:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Are you claiming a "Preference"? *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

- Displaced by Government Action or
- Displaced by Presidentially Declared Disaster.
- Working Families (> 20 Hours) living in Bay City or
- Working Families (> 20 Hours) living in Bay County
- Elderly, near-elderly, disabled. (Pine Towers and Maplewood Manor are elderly only buildings)

- Adult w/member enrolled in employment training program, working 30+ hours a week or attending school on full time basis;
- Elderly families and families whose head or spouse is receiving income based on an inability to work.
- Other or Local Preference: _____

What type of housing are you seeking?

1st Choice: 1 BR 2 BR 3 BR 4 BR 5 BR Other _____

2nd Choice: 1 BR 2 BR 3 BR 4 BR 5 BR Other _____

Do you require a Barrier Free unit? £ Yes £ No

Would you or anyone in your household benefit from a special needs unit? (Mobility, vision, or hearing impairment)

- Yes No

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____

Relationship (If any): _____

Note: Federal regulations require the housing commission to place your family in a housing unit that is appropriate for the size of your household.

Employer/Head of Household: _____

Hourly Rate of Pay/# of Hrs. per Week: \$ _____ Present Position: _____

Employer/Other Adult(s): _____

Hourly Rate of Pay/# of Hrs. per Week: \$ _____ Present Position: _____

Household Data: Is any household member a full-time student? Yes No *If yes, who?* _____

Has any household member ever lived in public housing? Yes No. *If yes, when/where?:* _____

Is any household member a former resident of the Bay City Housing Commission? Yes No

If yes, when/where?: _____

Has any household member ever filed an application with BCHC before? Yes No *If yes, when?* _____

Who referred you to the Bay City Housing Commission? _____

How long have you lived in Bay County? _____

of vehicles in household: _____ Year/Make/Model: _____ Year/Make/Model: _____

Is any household member 62 or older, handicapped or disabled? Yes No

Does any household member receive Social Security benefits? Yes No *If yes, monthly benefit:* \$ _____

Does any household member receive Supplemental Security Income (SSI) benefits? Yes No

If yes, monthly benefit: \$ _____

Does any household member receive State Disability Assistance (SDA) Yes No

If yes, monthly benefit: \$ _____

Does any household member have a legal guardian, payee representative or conservator? Yes No

If yes? Name: _____ Telephone #: _____

Address: _____

Pet Information: Do you own a pet: Yes No *If yes, what type of pet (dog/cat/fish)?:* _____
 Pet weight: _____ How long have you owned this pet?: _____ Breed of pet: _____
 Has your pet ever bitten or hurt anyone?: _____ *If yes, please describe:* _____

 Has your pet lived in rental housing before?: Yes No *If yes, where?:* _____

Background: Please be advised that criminal background screening is conducted on all applications. Applications rejected on the basis of criminal history are subject to appeal.

Are you or any household member registered as a lifetime sex offender? Yes No
If yes, who? _____ *Where?* _____

Please check the box if you have read and understand this disclosure

Emergency Contact: _____ Telephone #: _____
 Address: _____ Relationship to you: _____
 Family Physician: _____ Telephone #: _____

The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.



 Head of Household Signature

 Date:

Please complete, sign and date the application and attach all of the following forms:

You will also need to provide the housing commission with copies of Social Security cards, Driver's License or State I.D. Card and Birth Certificates for each member of your household plus all requested income verification documents such as check stubs and income tax returns.

Please sign the enclosed "authorization for the Release of Information" (authorization to check for any criminal history and previous landlords).

The list of forms below will be completed at the "eligibility" step of the application process:

- Required EIV Reports (Existing Tenant Search)
- Section 8 Student Certification Form
- MSHDA Income and Expense Checklist
- Notice and Consent for the Release of Information (Form HUD-9887 & HUD-9887a)
- Supplement to Application for Federally Assisted Housing (Form HUD-92006)
- Acknowledgement of Receipt Forms (for all additional required informational forms)
- Race and Ethnic Data Reporting Form (Form HUD 27061)
- Family Summary Sheet
- Owner Summary of Family
- Citizenship Declaration Form
- Other _____

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RENTAL HISTORY FORM

A MINIMUM OF THREE YEARS OF RENTAL HISTORY IS NEEDED.

Previous Address _____

Landlord's Name _____

Landlord's Address _____

Landlord's Phone Number _____ How long have you lived here? _____

Monthly Rent Payment \$ _____ Are you related to the landlord? _____
(If yes, how are you relate) _____

Previous Address _____

Landlord's Name _____

Landlord's Address _____

Landlord's Phone Number _____ How long have you lived here? _____

Monthly Rent Payment \$ _____ Are you related to the landlord? _____
(If yes, how are you relate) _____

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Landlord's Name _____

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(If yes, how are you relate) _____

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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 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. I also consent for HUD or the manager to release information from my file about my rental history to HUD credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violations of my lease or occupancy 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 |
| Medical and Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental Activity | State Sex Offender Registry |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

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

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

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office. I understand I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

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