



**BAY CITY HOUSING COMMISSION**  
**315 14th Street, Bay City, MI 48708**  
**989.892.9581**

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**Pine Towers - 989.607.0136**  
**Maplewood Manor - 989.607-0137**

Thank you for your interest in the Bay City Housing Commission affordable housing program. Please complete the attached application and drop off or email it back to [applications@baycityhousing.com](mailto:applications@baycityhousing.com).

Your application will be date stamped upon receipt and completion of all forms attached. Upon returning your application

**You are required to submit all the attached documents with your application.**

- ☐ Valid Michigan Driver's license or State ID (front and back)
- ☐ Copy of Social Security Card
- ☐ Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants (92006)
- ☐ Authorization for Release of Information

If you are seeking a one-bedroom high rise apartment, you will be contacted regarding eligibility when you are next on our waitlist.

If you are applying for **Maloney Manor or Smith Manor** the age limit is 18 years of age or 18 years of age and disabled.

If you are applying for **Maplewood Manor** Senior Citizens, Disabled and/ or Handicapped persons 55+

If you are applying for **Pine Towers** Senior Citizens, Disabled and/ or Handicapped, multi family

Prescreening process includes checking your criminal history, current and prior landlord rental history. Prescreening 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, this will keep you on our waitlist as a current applicant.**





BAY CITY HOUSING COMMISSION  
PRE-APPLICATION



Select your property preference(s) by checking the box next to each property name.

\_\_\_\_Maplewood Manor Please circle bedroom choice 1 or 2 Bedroom  
\_\_\_\_Pine Towers Please circle bedroom choice 1 or 2 Bedroom

Time date stamp here:

Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
List prior/maiden name(S): \_\_\_\_\_ Driver's Lic #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ or Michigan ID#: \_\_\_\_\_

Other Adult: : \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
List prior/maiden name(S): \_\_\_\_\_ Driver's Lic #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ or Michigan ID#: \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
If renting Landlords Full Name: \_\_\_\_\_ How long have you resided there \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you or any other household member lived in any other States besides Michigan? Yes ☐ No ☐

**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

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

| Name<br>(Last, First, MI) | Relationship<br>to the Head<br>of Household | Sex<br>(M/F) | Date of Birth<br>(MM, Day, Year) | Student<br>(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)



BAY CITY HOUSING COMMISSION  
PRE-APPLICATION



**Employer/Head of Household:** \_\_\_\_\_  
**Present position** \_\_\_\_\_ **Hourly rate of pay \$** \_\_\_\_\_ **Hours work per week** \_\_\_\_\_

**Employer/Other Adult Household:** \_\_\_\_\_  
**Present position** \_\_\_\_\_ **Hourly rate of pay \$** \_\_\_\_\_ **Hours work per week** \_\_\_\_\_

**Does any household member receive Social Security Benefits, Supplemental Security Income or State Disability Assistance?** Yes ☐ No ☐ **If yes whom?** \_\_\_\_\_ **and what is the monthly benefit amount\$** \_\_\_\_\_

**Is any household member a full-time student?** Yes ☐ No ☐ **If yes whom?** \_\_\_\_\_

**Please complete, sign and date the application and the attached Supplement and Optional Contact Information for HUD-Assisted Housing Applicants, and the Management Authorization to release information. Please attached a copy of your Social Security Card, and your (non-expired) State Id or Driver's licenses.**

**Return To**

**Pine Towers  
306 S. Walnut  
Bay City MI 48706  
(989)607-0136**

**Maplewood Manor  
1200 N. Madison Ave  
Bay City, M I 48708  
(989)607-0137**

**Bay City Housing Commission  
315 – 14<sup>th</sup> St  
Bay City, MI 48708  
(989) 895.9581**

**The above information is true and completed 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:**

\_\_\_\_\_  
**Other Household member Signature:**

\_\_\_\_\_  
**Date:**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact: (Check all that apply)</b>  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

☐ Check this box if you choose not to provide the contact information.

|  |  |
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|  |  |
|--|--|

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

# BAY CITY HOUSING COMMISSION

315 14<sup>th</sup> Street



Bay City, MI 48708

## 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  
Medical and Child Care Allowances  
Residences and Rental Activity

Employment, Income and Assets  
Credit and Criminal 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)  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Banks and other Financial Institutions

Past and Present Employers  
Welfare Agencies  
State Unemployment Agencies  
Social Security Administration  
Support and Alimony Providers

Utility Companies  
Credit Providers and Credit Bureaus  
Retirement Systems  
Veterans Administration  
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.

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

