



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

Maloney Manor - 989.414.6686
Smith Manor - 989.252.7875

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.

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.

____ Smith Manor Please circle bedroom choice 1 or 2 Bedroom
____ Maloney Manor 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 License #: _____
Social Security #: _____ or Michigan ID#: _____

Other Adult: : _____ Date of Birth: _____
List prior/maiden name(S): _____ Driver's License #: _____
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 (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Date of Birth (MM, Day, Year)	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)



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 the completed application to one of the following address listed below

Maloney Manor
210 Fitzhugh St
Bay City Mi 48708
(989) 414.6686

Smith Manor
600 N. Van Buren St
Bay City, MI 48708
(989) 252.7575

Bay City Housing Commission
315 – 14th 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:

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HOUSING COMMISSION

315 14th Street



Bay City, MI 48708

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) _____

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) _____

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



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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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HOUSING COMMISSION

315 14th 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.

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