

<b>OFFICE USE ONLY</b>	
<b>INITIAL APPLICATION INFORMATION</b>	
Date Application Received: _____	
Time: _____	Regular: _____
Bedroom Size: _____	Preference: _____
Removal Date of Appl: _____	
	PHA HCV
Application # _____	
PHA: _____	HCV: _____
Add on to existing Tenant: Apt # _____	

(Check all that apply) I am applying for:

Family (Hampton Park/Forest glen Apts.)

Elderly/Disabled (Heather Court)

Elderly/Disabled (Tartan Terrace)

HCV (Housing Choice Voucher)

**PRELIMINARY APPLICATION**  
**ALMA HOUSING COMMISSION**  
 400 East Warwick Drive; Alma, MI 48801  
 Phone: 989-463-4200  
 HOURS: 9 a.m. - 4 p.m.  
 Closed: Noon - 1:30 p.m.

You must complete the application and any attachments in its entirety. Do not leave any blank spaces. Write "n/a" or "none" for any question that does not apply to your household.

**NO APPLICATION FEE REQUIRED**  
**SMOKE FREE FACILITIES AND GROUNDS**

**APPLICANT INFORMATION**

Last Name		First Name	Middle Initial	Date of Birth	Gender (Optional)
Social Security Number		Maiden Name/Other Names used		Marital Status (optional) Circle selection Married__ Single__ Divorced__ Separated__ Widowed__	Student Status (circle selection) F/T P/T N/A
Daytime Phone Number	Cell Phone Number		E-mail Address		
Mailing Address					
Current Physical address if Different from mailing address					
Additional contact: name, phone, relationship			Additional contact: name, phone, relationship		
Are you currently assisted in: Public Housing__ Housing Choice Voucher__ VASH__ MSHDA__ / Are you a Veteran __yes__no					

**CO-Applicant**

Last Name		First Name	Middle Initial	Date of Birth	Gender (optional)
Social Security Number		Maiden Name/Other Names used:		Relationship to Applicant:	Student Status (circle selection) F/T P/T N/A
Are you currently assisted in: Public Housing__ Housing Choice Voucher__ VASH__ MSHDA__ / Are you a Veteran __yes__no					

**OTHER OCCUPANTS**

List all others who will live in the unit, including unborn children. No person is to live in the unit with you that is not listed on the application.

Name	Date of Birth	Social Security Number	Gender (Optional)	Relationship (optional)	Student	Veteran

(continued)

**Current Housing**

Check all that apply (not all preferences apply to all programs):

<input type="checkbox"/> Veteran	<input type="checkbox"/> Substandard	<input type="checkbox"/> Involuntarily Displaced
<input type="checkbox"/> City of Alma Resident	<input type="checkbox"/> Rent Burden	<input type="checkbox"/> Gratiot County resident

**Substandard:** serious health code violations which endangers the health or safety of household members.

**Rent Burden:** more than 50% of all gross income (before taxes and deductions) is currently paid for rent utilities.

**Involuntarily displaced:** this means your household is without housing, beyond your ability to control.

**Household History Please Circle ALL States where you or any household member has lived.**

Alabama	Georgia	Maine	Nevada	Oregon	Virginia
Alaska	Hawaii	Maryland	New Hampshire	Pennsylvania	Washington
Arizona	Idaho	Massachusetts	New Jersey	Rhode Island	West Virginia
Arkansas	Illinois	Michigan	New Mexico	South Carolina	Wisconsin
California	Indiana	Minnesota	New York	South Dakota	Wyoming
Colorado	Iowa	Mississippi	North Carolina	Tennessee	District of Columbia
Connecticut	Kansas	Missouri	North Dakota	Texas	Puerto Rico
Delaware	Kentucky	Montana	Ohio	Utah	
Florida	Louisiana	Nebraska	Oklahoma	Vermont	

**Criminal History**

Are you or any member of your household subject to a Lifetime Sex Offender Registration in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Explanation:	State or States

**Using the numbers below, indicate whether you or any member of your household have been arrested or convicted of any crime listed below:**

- |  |                                      |  |
|--|--------------------------------------|--|
| 1. Rape/Sexual Assault/Child Molestation | 5. Destruction of property/Vandalism | 9. Public Intoxication/ Drunk & Disorderly |
| 2. Homicide/Murder / attempted of        | 6. Assault                           | 10. Receiving Stolen Goods                 |
| 3. Burglary/ Larceny/Robbery             | 7. Drug Trafficking/Use/ Possession  | 11. Fraud                                  |
| 4. Threats/Harassment/Stalking           | 8. Child Abuse/ Domestic Violence    | 12. Other _____ (list)                     |

Member name	Crime(s) # from above	Current Status or disposition and date

**Special Unit Requirement(s) Questionnaire**

All applicants with a disability may qualify for a reasonable accommodation in order to participate in the application process and they have the right to request such an accommodation.

Do you or any member of your household have a condition that requires:

A Separate bedroom       Unit for Vision Impaired       Physical Modification to a typical unit



(continued)

A Barrier Free Unit       Unit for Hearing Impaired       Any Other Accommodation

If you check any of the above listed categories of units, please explain what you need to accommodate your situation.

Who should be contacted to verify the need for the features you have identified above?

Name:

Phone:

Address:

**Student Status**

Are you or anyone else in your household a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ALL household members FULL TIME students? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any students under age 24 AND enrolled in an institute of higher learning? **	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Exemptions must be met to qualify for Tax Credit unit.  
\*\* Exemptions must be met to qualify for HUD rental assistance.

List all Students here.

Household Member	Institution	Status	
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time

**Household Information**

Are you displaced by government action or a Federally Declared disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in your household currently receiving HUD rental assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Does anyone in the household currently have a Medical Marijuana Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Do you anticipate and additional person residing with you in the unit in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Are you and the Co applicant current on all utility bills and able to have utilities in your name	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Is there anyone living with you now who will not be living with you at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Do you have full custody of your child (ren)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household been evicted or had your lease terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all members of your household United States Citizens or eligible for to receive benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you or any member of your household was 62 years or older on 1/31/2010 and do not have a Social	

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Security Number, were you/they receiving HUD rental assistance somewhere else? If yes, where:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Residential History (Attach additional pages if necessary)**

**Current Address**

Street Address		City	State	Zip Code
How log at this address?	Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent Amount \$	Reason for Moving	
Landlord Name		Landlord phone number	Landlord Address	

**Previous Address 1**

Street Address		City	State	Zip Code
How log at this address?	Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent Amount \$	Reason for Moving	
Landlord Name		Landlord phone number	Landlord Address	

**Previous Address 2**

Street Address		City	State	Zip Code
How log at this address?	Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent Amount \$	Reason for Moving	
Landlord Name		Landlord phone number	Landlord Address	

**Previous Address 3**

Street Address		City	State	Zip Code
How log at this address?	Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent Amount \$	Reason for Moving	
Landlord Name		Landlord phone number	Landlord Address	

**Co-Applicant Current Address**

Street Address		City	State	Zip Code
How log at this address?	Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent Amount \$	Reason for Moving	
Landlord Name		Landlord phone number	Landlord Address	

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**Co-Applicant Previous Address 1**

Street Address		City	State	Zip Code
How long at this address?	Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent Amount \$	Reason for Moving	
Landlord Name		Landlord phone number	Landlord Address	

**Co-Applicant Previous Address 2**

Street Address		City	State	Zip Code
How long at this address?	Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent Amount \$	Reason for Moving	
Landlord Name		Landlord phone number	Landlord Address	

**Co-Applicant Previous Address 3**

Street Address		City	State	Zip Code
How long at this address?	Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Monthly Rent Amount \$	Reason for Moving	
Landlord Name		Landlord phone number	Landlord Address	

**Personal Reference 1 (Non-Relative)**

Street Address		City	State	Zip Code
Name	phone number	Address		

**Personal Reference 2 (Non-Relative)**

Street Address		City	State	Zip Code
Name	phone number	Address		

**Income Information for all household members**

In the next 12 months, do you or anyone in your household receive or expect to receive income from the following sources?

Employment or wages	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Self-Employment or Business Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security/SSI or SSDI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Supplemental Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pension/ Retirement/ Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran's Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Assistance/ TANF/ADFC General Assistance (not food stamps or SNAP benefits)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insurance Settlement payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular payments or financial help from anyone not in your household	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular payment from Lottery winnings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular payments from Inheritance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income from Rental Property or Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Financial Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other income not listed above	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**For all sources of income checked yes above please complete the following information. Use gross amount before any deductions. (All income will be verified at the time your application is processed)**

Household Member Name	Source of Income (Employer, SSI, SS, Child Support etc.)	Amount and Frequency (Annual, Monthly, Weekly, etc.)

Do you or any member of your household expect any changes to your income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation:		

**Asset Information for all household members** do you or any member of your household have any of the following assets?

Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real Estate or Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Market or Mutual Fund Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA/ 401K/ Retirement Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stocks/Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treasury Bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Trust ( if yes, is the trust irrevocable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whole Life - life Insurance policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash on hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepaid Benefit Card (TANF/Child Support/ Direct Express/ Payroll or Another card)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal property for investment purposes (coins/ cars, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please list all household assets or bank accounts below. (Include accounts for minors)**

Household Member Name	Name of Financial Intuition	Type of Account

Have you or any member of your household disposed of any assets or given away any assets for LESS than Fair Market Value in the past two years?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Member	Item	Amount Received	Market Value	Date item sold or given away	

**Household Deductions Childcare Expenses (Children under the age of 13)**

Name of Provider	Address of Provider	Phone Number of Provider
Hours of Care	Amount Paid \$ Per <input type="checkbox"/> Week <input type="checkbox"/> Month	Is childcare paid by Agency or other source?

**Disabled Households**

Persons who are disabled may qualify for a \$400 deduction to their annual income when determining the rent contribution and certain other deductions. If you feel you may qualify and would like to request this adjustment to your income, please indicate:  Yes  No

If you have indicated your request for this adjustment, then sufficient information and or documentation to confirm qualification for this status is required. Failure to provide this information may result in denial of the additional deduction.

Who should we contact to certify your disability status?

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_



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**Medical Expenses** The following medical information applies only to households whose head of household, spouse, or co-head are elderly (62 or older) or person with disabilities.

Do you or any member of your household have any medical expenses that are paid directly by you? (co-pays, insurance premiums, dental procedures, eye care)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list any medical expenses you anticipate during the next 12 months:			
Household Member	Provider (doctor, Insurance Company, Pharmacy etc.)		

**Owner's Notice No. 1** Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

- 1. Complete a Family Summary Sheet during the interview process.
- 2. Each family member (including you) listed on the Family Summary Sheet must complete a **\*\*Citizenship\*\*** Declaration.
- 3. Each family member must provide evidence of eligible immigration status.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the Property Manager. He/she will be happy to assist you. Also, if you are unable to provide the required documentation with your application, you should immediately contact this office and request an extension, using the block provided on the **\*\*Citizenship\*\*** Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.





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**EIV FORM-1**

To: Applicants • If you are submitting an application for residency at a HUD property, Alma Housing Commission will verify household data using the Secure HUD EIV System. This includes household income, including critical data (birth dates, names, and social security numbers). For additional information, please see the *EIV & You* brochure, which is available upon request.

I understand that management is relying on this information to prove my household's eligibility for HUD and/or LIHTC programs. I certify that all of the information provided to the application questions are truthful and complete to the best of my knowledge. I consent to the release of necessary information for determine eligibility. I understand that providing false or inaccurate statements or information may be grounds for denial of my application. I authorize my consent to have management or management's agent verify the information contained in this application for the purpose of eligibility for occupancy. I will provide all necessary information where applicable and additional information as required to complete this process. I understand that my occupancy is contingent on meeting management's resident selection criteria, and all HUD and/or LIHTC program requirements, I further understand that management's verification of information does not entitle me to occupancy until such time that I have been notified as approved and offered housing.

All household members over the age of 18 must sign and date the application

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\*Attachment: Form HUD 92006 - Supplement to Application for Federally Assisted Housing



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.

**ALMA HOUSING COMMISSION**

400 E. Warwick Dr. Alma, MI. 48801

Phone: 989-463-4200

Fax: 989-463-1448

**CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION CHECKLIST**

Federal Law requires us to get drug history, criminal background and sex offender registration information for all adult household members applying for/or living in assisted housing. To enable us to do this, all household members age 18 or older are required to fill out this form. The Alma Housing Commission will deny the application/assistance of any applicant/tenant who does not provide complete and accurate information on this form, or does not consent to a background check.

1. Have you been evicted from a federally assisted site for any drug-related criminal activity? If yes, Please state what County _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you currently use drugs or abuse alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you use Michigan Approved Medical Marijuana?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever been convicted of a drug-related crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever been convicted of any crime involving violence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you ever been convicted of any crime involving fraud or dishonesty?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are you currently being charged with any of the above criminal activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you ever been known by any other name? (maiden name, alias, etc.) If yes, list names used: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

I understand that the above information is required to determine my eligibility for assistance. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Alma Housing Commission to verify the above information and to consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Alma Housing Commission to conduct criminal background checks.

Applicant/Tenant Name: \_\_\_\_\_

(Please Print)

Applicant/Tenant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_