



Rental Application Instructions

There are eight forms you will need to complete for the home rental program:

- 1) Homestretch Rental Application
- 2) MSHDA Authorization for Release of Information and Privacy Act Notice
- 3) MSHDA Family Composition
- 4) MSHDA Checklist
- 5) MSHDA Declaration of Section 214 Status
- 6) MSHDA Verification of Earnings
- 7) MSHDA Verification of Resources
- 8) MSHDA Request for Transcript Form 4506 & IRS Form 1040

Please see additional instructions below for completing each form and call HomeStretch with any questions. ***All signatures must be dated on the same day or on a later date than the MSHDA Checklist form (item #4 above).***

1)Homestretch Rental Application

All persons who will be living in the home must be listed. All adults (ages 18 or older) must sign the application, however a signature is *not* required for a son or daughter who is 18 and still attending high school.

2)MSHDA Authorization for Release of Information and Privacy Act Notice

All adults in the household must sign the MSHDA Authorization for Release of Information and Privacy Act Notice. They must also enter their Social Security number on the form and date of their signature.

3)MSHDA Family Composition

This form must be signed by the head of the household.

4)MSHDA Checklist for Rental Program

Each adult in the household must complete a MSHDA Checklist. This is a critical document and all other forms and verifications must be dated on the same or later date as this Checklist. If there are any “Yes” answers on the Checklist, provide verification, such as copies of bank statements, proof of pension, Social Security, other types of support, pay stubs, etc.

5)MSHDA Declaration of Section 214 Status

This form certifies the status of your citizenship or immigration and must be completed by the head of household and signed by all household members **18 and older**. Any individual under the age of 18 should be listed, but the signature should be the applicant’s.

6)MSHDA Verification of Earnings

ONLY fill out the top section, Section A of the MSHDA Verification of Earnings form and sign on the appropriate line. You will need a separate form for each person in your household that is currently employed. If you or another adult have more than one job, you will need a form for each employer.

The balance of the form is to be completed by your employer and it **must** be sent directly *from* HomeStretch to them. So please be sure to provide us with a fax number and contact name so we can send them the form. Upon completion, it must then be sent directly from the employer back to HomeStretch. This is all per MSHDA regulations and it will not be accepted any other way. You may wish to alert your employer that the form will be coming and ask them to complete and return it promptly. **You may also provide the last 3 months of paycheck stubs as an alternate source of documentation.**

7) MSHDA Verification of Resources

ONLY fill out the top section, Section A of the MSHDA Verification of Resources form and sign on the appropriate line. We need a separate form for each bank or financial institution where a household member has an account.

The balance of the form is to be completed by your financial institution and it **must** be sent directly *from* HomeStretch to them. So please be sure to provide us with a fax number and contact name so we can send them the form. Upon completion, it must then be sent directly from the financial institution back to HomeStretch. This is all per MSHDA regulations and it will not be accepted any other way.

If you have income from another source, such as child support or Social Security, please send verification. You may send a copy of your most recent award letters, copies of checks, etc. All income of these types must be reported and verified, even income of children living with you. **You may also provide the last 3 months of bank statements as an alternate source of documentation for each account.**

8) MSHDA Request for Transcript Form 4506

This form should be accompanied with a copy of your most recent tax return, IRS form 1040. If you are self-employed, the last two years of form 1040 are required.

Once you have all the necessary paperwork **fully completed**, mail or bring to the HomeStretch office, along with a **\$20 non-refunded application fee**. If approved, the application fee will be applied to the first month's rent. Please do not send an incomplete application package, as we cannot make a determination of eligibility until we have a complete application package.

Our mailing address is:

Homestretch Housing
400 Boardman Ave. Suite 10
Traverse City, MI 49684

If you have questions regarding the application process, please call Leah Pillsbury, Property Manager at 231-947-6001, or e-mail to leah@homestretchhousing.org.

HOMESTRETCH
NONPROFIT HOUSING CORPORATION
400 Boardman Ave., Suite 10
Traverse City, MI 49684

RENTAL APPLICATION

APPLICANT INFORMATION

Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ E-mail: _____
Telephone Numbers: Home: _____ Work: _____ Cell: _____

CO-APPLICANT INFORMATION

Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ E-mail: _____
Telephone Numbers: Home: _____ Work: _____ Cell: _____

HOUSEHOLD INFORMATION

Number of Persons in Household: Adults: _____ Children: (under 18 yrs.) _____
Current Employer: (s) _____
Applicant: _____ Years with Current Employer: _____
Co-Applicant: _____ Years with Current Employer: _____
Other Household Member: (s) _____ Years with Current Employer _____

INCOME INFORMATION

Total Monthly Household Income (base salary/wages, overtime, bonuses, commissions, dividends/interest, Social Security benefits, VA benefits, child support, other) Please provide current documentation, i.e. IRS W-2 form, pay stubs, statements, etc.

Employment # 1:	\$ _____	
Employment # 2:	\$ _____	
Child Support:	\$ _____	
Social Security/SSI:	\$ _____	
Veterans Benefits:	\$ _____	
Other (Specify):	\$ _____	Income is from: _____
Total Income:	\$ _____	

All income must be verified by a third party.

HOMESTRETCH NONPROFIT HOUSING CORPORATION

RENTAL APPLICATION (Continued)

DEBT INFORMATION

Total **Monthly** Household Debt (credit cards, car payments, bank loans, student loans, child support, alimony, other)

Car Payment #1: \$ _____
Car Payment #2: \$ _____
Credit Card # 1: \$ _____
Credit Card # 2: \$ _____
Credit Card # 3: \$ _____
Student Loan: \$ _____
Other: \$ _____

Total Debt: \$ _____

Your application will be subject to a Credit Check.

ASSET INFORMATION

Includes all assets such as checking, savings, credit union, stocks, bonds, real property, etc.
Please provide current statements for all accounts, including those of minors in the home.

Savings # 1: \$ _____
Savings # 2: \$ _____
Checking: \$ _____
Other: \$ _____

Total: \$ _____

All assets must be verified by a third party.

LANDLORD INFORMATION

Current Landlord: _____ Telephone: _____
Address of Landlord: _____
Previous Landlord: _____ Telephone: _____
Address of Landlord: _____

HOMESTRETCH

NONPROFIT HOUSING CORPORATION

RENTAL APPLICATION (Continued)

Your current and previous landlords may be contacted.

CRIMINAL RECORD

Household Member Criminal Activity Report	YES	NO
Has any household member been convicted of a felony within the past 10 years?		
Has any household member been evicted for drug related activity within the past 3 years?		
Is any household member subject to any state or federal registration for sexual offenses?		
Has any household member been convicted of a crime involving alcohol abuse?		
Has any household member been convicted of a crime involving violence?		

All household members will be subject to a Criminal Background check.

Certification and Authorization to Release Information

I (we) hereby certify that the information provided is true and correct as of the date set forth opposite my (our) signature(s) and acknowledge my (our) understanding that any intentional or negligent misrepresentation of the information contained herein will result in my (our) application being denied. Further, I (we) acknowledge receiving the Rules and Regulations and authorize the release of information to HomeStretch Nonprofit Housing Corporation and/or their agent for verification purposes.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

When completed return to:
HomeStretch
400 Boardman Ave., Suite 10
Traverse City, MI 49684
Phone: 947-6001

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY



AUTHORIZATION FOR RELEASE OF INFORMATION
AND PRIVACY ACT NOTICE

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.
Failure to comply will result in denial of benefits.

The undersigned authorize the Michigan State Housing Development Authority (MSHDA) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or MSHDA Housing Resource Fund (HRF) Programs, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Human Services (DHS) programs. MSHDA may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to MSHDA on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

_____ Signature of Head of Household	_____ Social Security Number	_____ Date
_____ Signature of Spouse	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date

Return completed form to:

HomeStretch Nonprofit Housing Corporation
400 Boardman Ave., Suite 10
Traverse City, MI 49964
Phone # 231-947-6001
Fax # 231-947-6258

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

FAMILY COMPOSITION

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Name:		Home Telephone Number:
Unit Address:	City, State, ZIP Code:	Work Telephone Number:
Mailing Address:	City, State, ZIP Code:	Message Telephone Number:

List yourself and all other persons who will live in the unit:

Name	Social Security # (if no SS# use Alien Registration Number)	Relationship to Head of Household	Student? Yes/No	Birth Date	Age	Sex M/F	Disabled? Yes/No	Hispanic or Latino? Yes/No	*Race Code #s	US Citizen? Yes/No
		Head of Household								

***Race Code #'s (enter one or more):**

11 – White; 12 – Black/African American; 13 – Asian; 14 – American Indian or Alaska Native; 15 – Native Hawaiian or Other Pacific Islander; 16 – American Indian or Alaska Native AND White; 17 – Asian AND White; 18 – Black or African American AND White; 19 – American Indian or Alaska Native AND Black or African American; 20 – Other Multi-Racial

If there are new births, please send a copy of proof of birth and social security card. Head of Household — Please complete the following section (for statistical purposes only):

Enter Code #

- Marital Status
1. Married
2. Single
3. Widowed
4. Divorced
5. Separated

I certify that only the people listed above will occupy the unit.

Signature of Head of Household

Date

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?

No Yes [List specific accommodation(s) required]

After completing this form, please return to:

HomeStretch
400 Boardman Ave., Suite 10
Traverse City, MI 49684
Phone 231-947-6001
Fax: 231-922-4636

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

CHECKLIST

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked **YES**. Provide address, phone number, fax number, and additional information for **all yes** answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

NOTE: MSHDA has cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. MSHDA will receive information on wages, unemployment compensation and other income information through a computer matching operation.

Household Member Name:	Head of Household:	
	Address:	City:

Each item must be fully completed. Please print clearly using black or blue ink.

Section A – Income

	Yes	No	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. If yes, describe _____.
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I earned \$_____ in the last 12 months. I have _____ job(s) and receive money/wages. (List separately).
Name of Employer: 1) _____ 2) _____			
Date of Hire: _____			
Date of Termination: _____			
Street Address: _____			
City, State, ZIP: _____			
E-mail address: _____			
Contact Person: _____			
Telephone: _____			
Fax#: _____			
List Pretax Deductions (HB programs only): _____			
Work Number Code: _____			
If more than two jobs provide additional information on a separate sheet.			
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive tips. If yes, in the amount of \$_____ per week.
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed. If yes, I have been unemployed since _____ (date).
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits since _____ (date). I <input type="checkbox"/> will <input type="checkbox"/> will not receive an extension.
A-6	<input type="checkbox"/>	<input type="checkbox"/>	I am disabled and have a new job or wage increase in the last 12 months.
If yes, New job date: _____ Wage increase date: _____			
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation. If yes, Amount \$_____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive military active duty allotments. If yes, Amount \$_____
A-9	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration benefits. If yes, Amount \$_____ VA File # _____
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security. If yes, Amount \$_____
A-11	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI). Federal Amount \$_____ State Amount \$_____
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions. If yes, how many? _____
Source Name: _____ Contact Person: _____			
Street Address: _____ Telephone: _____			
City, State, ZIP: _____ Fax#: _____			
E-mail address: _____ Account #: _____			
Amount: \$_____ per _____			
If received from more than one source, provide additional information on a separate sheet.			
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security .
If yes, from how many sources? _____ (List each source separately. Provide additional information on separate sheet).			
Source Name: _____ Contact Person: _____			
Street Address: _____ Telephone: _____			
City, State, ZIP: _____ Fax#: _____			
E-mail address: _____ Account #: _____			

CHECKLIST (continued)

	Yes	No	
A-14	<input type="checkbox"/>	<input type="checkbox"/>	I receive Food Assistance Program benefits from the Department of Human Services (DHS). <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> DHS Caseworker Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ </div> <div style="width: 35%;"> Amount: \$ _____ DHS Case #: _____ Telephone: _____ Fax #: _____ </div> </div>
A-15	<input type="checkbox"/>	<input type="checkbox"/>	I receive a CASH Public Assistance grant (FIP, SDA, RAP). <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> DHS Caseworker Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ </div> <div style="width: 35%;"> DHS Case #: _____ Telephone: _____ Fax #: _____ </div> </div>
A-16	<input type="checkbox"/>	<input type="checkbox"/>	I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)
A-17	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> If yes, from how many persons do you receive support? _____ If yes, is child support paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____ </div> <div style="width: 35%;"> From how many Friend of the Court(s) do you receive support? _____ Contact Person: _____ Telephone: _____ Fax#: _____ PIN#: _____ </div> </div>
A-18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> If yes, from how many persons do you receive alimony? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____ </div> <div style="width: 35%;"> From how many Friend of the Court(s) do you receive alimony? _____ Contact Person: _____ Telephone: _____ Fax#: _____ PIN#: _____ </div> </div>
A-19	<input type="checkbox"/>	<input type="checkbox"/>	I receive adoption assistance payments. If yes, how many sources? _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> Source Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____ </div> <div style="width: 35%;"> Contact Person: _____ Telephone: _____ Fax#: _____ </div> </div>
A-20	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> Source Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____ </div> <div style="width: 35%;"> Contact Person: _____ Telephone: _____ Fax#: _____ Account #: _____ </div> </div>
A-21	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from insurance policies. If yes, how many sources? _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> Source Name: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Amount: \$ _____ per _____ </div> <div style="width: 35%;"> Contact Person: _____ Telephone: _____ Fax#: _____ Account #: _____ </div> </div>

If received from more than one source provide additional information on a separate sheet.

CHECKLIST (continued)

Yes ☐ **No** ☐

A-22 ☐ ☐ I receive periodic payments from lottery winnings.

Source Name: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____
 Amount: \$ _____ per _____

If received from more than one source, provide additional information on a separate sheet.

A-23 ☐ ☐ I am a full-time student.

Name of School: _____ Contact Person: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____
 E-mail address: _____ Number of Credit Hours Enrolled: _____

If attending more than one school, provide additional information on a separate sheet.

A-24 ☐ ☐ I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? _____ (List each source separately)

Source Name: _____
 Street Address: _____ Telephone: _____
 City, State, ZIP: _____ Fax#: _____

If received from more than one source provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

Yes ☐ **No** ☐

A-25 ☐ ☐ I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-26 ☐ ☐ I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

Section B – Assets

Yes ☐ **No** ☐

B-1 ☐ ☐ I have the following accounts ☐ Savings ☐ Checking ☐ IRA's or Keogh ☐ Other _____
 [check which one(s)]:

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)

Name of bank: ¹⁾ _____ ²⁾ _____
 Street Address: _____
 City, State, ZIP: _____
 E-mail address: _____
 Contact Person: _____
 Telephone: _____
 Fax#: _____
 Account Number: _____

If more than two financial institutions, provide additional information on a separate sheet.

B-2 ☐ ☐ I own **additional** real estate. Describe: _____

B-3 ☐ ☐ I have a land contract(s). Describe: _____

CHECKLIST (continued)

Yes ☐ **No** ☐

B-4 ☐ ☐ I own a mobile home. Describe: _____

B-5 ☐ ☐ I receive income from rental of real estate or personal property. Describe: _____

B-6 ☐ ☐ I receive income from Indian Trust Land. Describe: _____

B-7 ☐ ☐ I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.)
Describe: _____

B-8 ☐ ☐ I have Treasury Bills, Stocks or Bonds. Check which one(s): Treasury Bills Stocks Bonds
How many do you have? _____ (List each separately)
Name of each source: ¹⁾ _____ ²⁾ _____
Street Address: _____
City, State, ZIP: _____
E-mail address: _____
Contact Person: _____
Telephone: _____
Fax#: _____
Account #: _____

If more than two, provide additional information on a separate sheet.

B-9 ☐ ☐ I have a life insurance policy **with a cash surrender value**.
Source Name: _____ Policy #: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax#: _____

If received from more than one source provide additional information on a separate sheet.

B-10 ☐ ☐ I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.
List items: _____ Sale amount \$ _____

B-11 ☐ ☐ I have income/assets from sources **other** than those listed above. Describe: _____

Source Name: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax#: _____

If received from more than one source, provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

Yes ☐ **No** ☐

B-12 ☐ ☐ I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)

Name of bank: ¹⁾ _____ ²⁾ _____
Street Address: _____
City, State, ZIP: _____
E-mail address: _____
Contact Person: _____
Telephone: _____
Fax#: _____
Account Number: _____

If more than two financial institutions, provide additional information on a separate sheet.

CHECKLIST (continued)

Section C – Rental Rehabilitation

☐ NA for Homebuyer Programs

Yes No

C-1 ☐ ☐ I am disabled and receive Supplemental Security Income (SSI).

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household.

Yes No

C-2 ☐ ☐ I have a family member(s) under age 6 who has an *identified* environmental intervention blood lead level (EIBLL). List their names: _____

Please return to:

Certification:

I certify to the best of my knowledge that all statements are true. I understand that providing false information will result in denial or termination of benefits.

Signature

Date

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 517.373.1974.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

DECLARATION OF SECTION 214 STATUS

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

1. ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
2. ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
3. ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
 - a. ☐ Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
 - b. ☐ Permanent residence under §249 of INA, see instruction #3; or
 - c. ☐ Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
 - d. ☐ Parole status under §212(d)(5) of the INA, see instruction #5; or
 - e. ☐ Threat to life or freedom under §243(h) of the INA, see instruction #6; or
 - f. ☐ Amnesty under §245A of the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.

List all Family Members:

Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)

First, Middle Initial, Last Name (Head of Household)	Signature of Head of Household	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date

Return completed form to:

HomeStretch

400 Boardman Ave., Suite 10

Traverse City, MI 49684

Phone 231-947-6001

Fax: 231-947-922-4636

FOR MSHDA USE ONLY

Enter USCIS/SAVE Primary Verification #:

Date: _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

Instructions to Grantee: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach USCIS document(s) evidencing eligible immigration status. Sign and date.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

VERIFICATION OF EARNINGS

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Section A	
County:	Name of person holding the job:
Name of Head of Household:	Social Security Number of person holding the job:
Address:	Do you receive tips? Yes No If so, how much per week? \$ NOTE: If tips are received directly, a notarized statement must be provided.
City, State, ZIP Code:	
You are authorized to release information requested by MSHDA.	
_____ Signature of person holding the job	_____ Date
STOP HERE Please complete Section A and return to address below.	

Section B - To be completed by Employer:					
<i>Please provide the information requested so we can quickly determine eligibility.</i>					
Please complete and return as soon as possible or within 14 days.					
Employee's name as it appears on your records:			Employee's title, position or work:		
Are earnings from a Title IV work-study program? Yes No			Are earnings from a Title IV or Title V Program? Yes No		
Are earnings from an economic or self-sufficiency job training program? Yes No					
Original date of employment:		Date rehired or recalled to work:		Termination date:	
Current average number of hours per week:	Straight time hours:	Overtime hours (if applicable):	Overtime is paid at the rate of: \$		
If seasonal or occasional employment, give lay-off periods:					
Current rate of pay: \$	Per:	Effective date:	New rate of pay: \$	Per:	Effective date:
Amount of tips, incentive pay, bonus, or commissions:	\$	Per (weekly, bi-monthly):		Retirement benefits available? Yes No	
Health benefits available? Yes No	Amount deducted for medical/hospital insurance:		\$	Per (weekly, bi-monthly):	
Firm or employer name:			Telephone number: ()		Fax number: ()
Business address:		City, State, ZIP:		E-mail address:	
<p>I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.</p>					
_____ Signature of employer or authorized representative			_____ Date		
_____ Typed or printed name of person filling out this form			_____ Typed or printed title of person filling out this form		

Please return completed form to:

HomeStretch
400 Boardman Ave., Suite 300
Traverse City, MI 49684
Phone 231-947-6001
ion@homestretchhousing.org

MSHDA GRANTEE USE ONLY					
\$	X	(hrs)	X	(wks)	= (Total)
\$	X	(hrs)	X	(wks)	= (Total)
\$	X	(wks)	=	(Total)	
\$	X	(wks)	=	(Total)	
\$	X	(months)	=	(Total)	
\$	X	(months)	=	(Total)	

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

VERIFICATION OF RESOURCES

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

SECTION A

Please complete Section A and return to address below. MSHDA will forward to your Financial Institution.

Head of Household	Account Holder Name:	Account Holder Social Security No.:
Account Holder Address:	City, State, ZIP Code:	County:

I have assets such as checking, savings or credit union accounts, stocks or bonds, mutual funds, etc.

By my signature below, I authorize my bank or financial institution to release the information requested in Section B.

Signature of Account Holder

Date Signed

STOP HERE *Please complete Section A and return to address below.*

SECTION B - To be completed by Bank or Financial Institution:

Please provide the information requested by the Michigan State Housing Development Authority (MSHDA) so we can quickly determine eligibility. It is necessary to verify resources held presently or within the past year (including closed accounts) for the person named above, either individually or jointly with another person(s).

Please complete and return as soon as possible or within 14 days.

Bank Name:	Phone:	
Bank Address:	FAX:	
City:	State:	ZIP Code:

Account History: (Accounts held including checking or draft, savings or share, Certificate of Deposit, IRA/Keogh, Prepaid Burial, mutual funds, etc.)

Type of Accounts Held	Account Number	Date of Last Withdrawal	Amount of Last Withdrawal	Present Balance	Average Balance (Past 6 months) Checking Only	Interest Rate %	Early Withdrawal Penalty Amount
Checking							

For each joint account, list the account number and person(s) on the account:

I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.

Bank or Financial Institution Signature

Date Signed

Typed or printed name of person filling out this form

Typed or printed title of person filling out this form

MSHDA USE ONLY

Present Balance (6-month average for checking accounts)	Percentage Rate	Annual Income
\$ _____	X _____ % = \$ _____	
\$ _____	X _____ % = \$ _____	
\$ _____	X _____ % = \$ _____	
\$ _____ (Minus Penalty = Cash Value)	X _____ % = \$ _____	
\$ _____ (\$ _____ \$ _____)	X _____ % = \$ _____	
\$ _____ (\$ _____ \$ _____)	X _____ % = \$ _____	

Return completed form to:

Homestretch Nonprofit Housing Corp
400 Boardman Ave., Suite 10
Traverse City, MI 49684
231-947-6001
jon@homestretchhousing.org

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 517.373.1974.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Request for Copy of Tax Return

- **Do not sign this form unless all applicable lines have been completed.**
- **Request may be rejected if the form is incomplete or illegible.**
- **For more information about Form 4506, visit www.irs.gov/form4506.**

OMB No. 1545-0429

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use **Get Transcript** to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.**1b** First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**2a** If a joint return, enter spouse's name shown on tax return.**2b** Second social security number or individual taxpayer identification number if joint tax return**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)**4** Previous address shown on the last return filed if different from line 3 (see instructions)**5** If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.**Caution:** If the tax return is being sent to the third party, ensure that lines 5 through 7 are completed before signing. (see instructions).

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ► _____

Note: If the copies must be certified for court or administrative proceedings, check here ☐**7 Year or period requested.** Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions).

____/____/____ ____/____/____ ____/____/____ ____/____/____
____/____/____ ____/____/____ ____/____/____ ____/____/____

8 Fee. There is a \$43 fee for each return requested. **Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.**

a Cost for each return \$ _____
b Number of returns requested on line 7 \$ _____
c Total cost. Multiply line 8a by line 8b \$ _____

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☐**Caution:** Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)

Date

Print/Type name

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

Print/Type name

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506 and its instructions, go to www.irs.gov/form4506.

General Instructions

Caution: Do not sign this form unless all applicable lines, including lines 5 through 7, have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Mail to:

Internal Revenue Service
RAIVS Team
Stop 6716 AUSC
Austin, TX 73301

Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999

Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Chart for all other returns

For returns not in Form 1040 series, if the address on the return was in:

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Mail to:

Internal Revenue Service
RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506.

Line 7. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 return, or 03/31/2017 for a first quarter Form 941 return.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5 through 7, are completed before signing.



CAUTION

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5a. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224.

Do not send the form to this address. Instead, see *Where to file* on this page.