



Rental Application Instructions

There are five 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

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 #4)

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.

Once you have all the necessary paperwork fully completed, mail or bring to the HomeStretch office, along with a \$20 non-refundable application fee, 3 months statements of all bank accounts, 3 months pay stubs, and proof of all additional income. 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: 231-947-6001



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

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

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).

Michigan State Housing Development Authority
CHECKLIST MSHDA PROGRAMS

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name:	Unit Number:
-------	--------------

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.) _____
5			I am self-employed or operate my own business. (List the types of jobs you do.) _____
6			I earn income from periodic, temporary, seasonal or contractual employment /work.
7			I receive Social Security or Rail Road Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHS for the State-paid portion of a SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider. _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance. (does not include food stamps or Medicaid)
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

	Yes	No	COMPLETE EACH ITEM:
26			I receive periodic payments from insurance policies or any type of settlement, if yes, how many policies or settlements? _____
27			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
28			I receive other recurring or periodic income not listed above. Describe _____
29			I receive student financial assistance. (does not include student loans)
CHILD SUPPORT			
30			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to DHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.
32			I anticipate filing a claim for child support within the next twelve months.
ASSETS (Include all assets held or owned either in or outside of the United States)			
33			I have a savings account(s) at: _____ (List name(s) of institution)
34			I have a checking account(s) at: _____ (List name(s) of institution)
35			I have certificates of deposit at: _____ (List name(s) of institution)
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or other agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____
37			I have cash held in my home or in a safety deposit box.
38			I have savings bonds. If yes, how many? _____
39			I have Treasury Bills. If yes, how many? _____
40			I have stocks.
41			I have bonds
42			I have mutual funds or securities.
43			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
44			I have time certificate(s) at: _____ (List name(s) of institution)
45			I own real estate and/or receive income from the rental of real estate. If yes, how many properties? _____
46			I own a mobile home.
47			I have land contracts. If yes, how many? _____
48			I hold a mortgage or deed of trust.
49			I have revocable trusts. If yes, how many trusts? _____
50			I have whole life or universal life insurance policy(ies). If yes, Somehow many policies? _____
51			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
52			I have lump sum receipts or one-time receipts.
53			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.

	Yes	No	COMPLETE EACH ITEM:
54			I have joint ownership on one or more of the above assets.
55			I have income/assets from sources other than those listed above. (Describe) _____
56			A member of my household is under the age of 18 and has assets. (Describe) _____
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
58			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
59			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
60			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
61			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
62			The Department of Human Services (DHS) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays <input type="checkbox"/> full <input type="checkbox"/> partial.
63			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
64			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.
OTHER ITEMS			
65			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)
DISPOSAL / DIVESTITURE OF ASSETS (all tenants and prospective residents in all types of projects must complete the section below)			
66			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s):</p> <p>_____</p> <p>_____</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date

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

FOR MSHDA USE ONLY

Enter USCIS/SAVE Primary Verification #:

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).