

IMPORTANT – PLEASE READ AS CHANGES HAVE BEEN MADE TO THE ENCLOSED PACKET AND TO THE LIST OF REQUIRED DOCUMENTATION

PLEASE MAKE SURE ALL REQUIRED DOCUMENTATION IS SUBMITTED WITH YOUR ANNUAL RECERTIFICATION PACKET. ALSO, BE SURE TO READ THE PACKET, MAKING SURE EACH LINE IN THE PACKET IS COMPLETED CORRECTLY. FINALLY, MAKE SURE THE PACKET IS SIGNED AND DATED.

1. Make sure every page of the Family Summary Packet is **completed in full (no blanks)** and signed by all adult household members. (Include income & asset information regarding all adults when completing the packet).
2. Make sure any forms included in your packet are completed and returned.
3. If someone in your household has turned 18 years of age since your last Annual Recertification, you must also bring their Driver's License or State ID to the office for us to copy. They will also be required to sign a Citizenship Declaration form, a Criminal History Consent form and a Sex Offender Background Check Consent form.

SUBMIT COPIES OF THE FOLLOWING DOCUMENTS WITH YOUR PACKET (if it pertains to you):

1. 2 most recent consecutive pay stubs.
2. Current Social Security Award letter(s).
3. Copies of 2 months pension or retirement check stubs or current award letter.
4. Copies of 2 months Unemployment Check Stubs or current award/denial letter.
5. Current class schedule and Financial Aid Award letter for all college students.
6. Log for last two months of earnings and expenses if self-employed
7. Supporting Documentation for any claimed medical expenses. (receipts/bills).
8. Documentation showing **current cash value** on any Whole Life Insurance Policy.
9. Documentation showing **current cash value** of any assets.

Thank you for your cooperation.



CITY OF ANN ARBOR, MICHIGAN

727 Miller Avenue, Ann Arbor, MI 48103

Phone (734) 794-6720

Fax (734) 994-0781

<http://www.a2gov.org/housingcommission>

ANN ARBOR HOUSING COMMISSION

FAMILY SUMMARY SHEET

Please complete the application completely. You must list every member residing in your household. You must report any asset, income, expense, disability, and student status for all household members. Any item marked **Yes**, you must provide documentation of that item. You must provide proof of **all assets**. You must provide verification for **Adult Students** who have attended school within the last 12 months.

Full Name	Relationship	Student (Yes/No)	Birth Date	Social Security Number
	Head of Household			

When the family's unit is approved and the HAP contract executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program. The family must: Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition. Disclose and verify social security numbers and sign and submit consent forms for obtaining information. Supply any information requested by the Housing Authority to verify that the family is living in the unit or information related to family absence from the unit. Promptly notify the Housing Authority in writing when the family is away from the unit for an extended period of time in accordance with Housing Authority policies.

Primary Phone Number: _____ Email Address: _____

Current Address: _____ Mailing Address: _____

Occupancy Specialist: _____



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REPORTING CHANGES [24 CFR 882.212 (b), 887.357]

The family is required to report, IN WRITING, all changes in family composition, income, and assets within 10 days of the date of the change. This includes additions due to birth, adoption and court-awarded custody. Failure to report any changes in writing in 10 days may result in termination from the Section 8 program.

INFO TO OWNERS [24 CFR 982.307(b), 982.54 (d) (7)]

The Housing Authority (HA) is required to provide prospective owners with the address of the applicant and the names and addresses of the current and previous landlord if known. The Housing Commission will make an exception to this requirement if the family’s whereabouts must be protected due to domestic abuse or witness protection.

The information will be provided in writing. Information provided will cover the last five years unless otherwise requested. The HA will provide documented information regarding tenancy history for the past as many years as may be known to the Commission to prospective landlords upon written request from the landlord. The Housing Commission will provide the following information based on documentation in its possession:

- ❖ Eviction history
- ❖ Damage to rental units
- ❖ Drug Trafficking by family members

VERIFICATION OF DISABILITY [24 CFR 100.202(c)]

The Housing Authority (HA) must annually verify the existence of a disability in order to allow certain income disallowances, deductions from income, and reasonable accommodations. The PHA is not permitted to inquire about the nature or extent of a person’s disability.

PAYMENT STANDARD EXCEPTION [24 CFR § 982.505(d)]

One of the purposes of an exception payment standard is to ensure that a family with a person with disabilities can rent a unit that meets the disabled person’s needs. As a reasonable accommodation, a higher payment standards must be requested by the family and subsequently approved by the PHA.

PORTABILITY

Portability is the ability of a family to move from one HA’s jurisdiction to another. Contact your specialist if you want to move. Your specialist will assist you in completing a Request for Portability. Once you have ported to another area the Receiving HA may administer the voucher and bill the Initial HA, or issue a voucher to the family and absorb the family into the program.

INCREASE IN RENT TO OWNER [24 CFR 982.308(g)(4)]

Where the owner is changing the amount of the rent to owner, the owner must notify the PHA at least 60 days before any such changes go into effect. **Provide a copy of your lease renewal if your rent has increased.**

I have read and understand the above policies.

Signature of Head of Household

Date

Signature of Other Adult Household Member

Date

Signature of Other Adult Household Member

Date

ELIGIBILITY VERIFICATION CHECKLIST

I (or a minor dependent in my household) have the following assets:

Yes No **Checking Account(s)**

Yes No Interest on Checking: Annual Interest Received: \$ _____

How many checking accounts do you have? _____

Person with account: _____

Person with account: _____

Account #: _____

Account #: _____

Company: _____

Company: _____

Yes No **Savings Account(s)**

Yes No Interest on Savings : Annual Interest Received: \$ _____

How many savings accounts do you have? _____

Person with account: _____

Person with account: _____

Account #: _____

Account #: _____

Company: _____

Company: _____

Yes No **Prepaid Debit Card(s)** (Card that is used for deposit of unemployment, Social Security/SSI, Friend of the Court, Employment- NOT used with a checking or savings account listed above)

Card Name: _____ Deposits are from: _____

Yes No **Time Certificates** Value: \$ _____ Investment Co.: _____

Yes No **Cash on Hand** Amount: \$ _____

Yes No **Certificates of Deposit** Value: \$ _____ Investment Co.: _____

Yes No **IRA's or Keogh Account** Value: \$ _____ Investment Co.: _____

Yes No **Money Market Funds** Value: \$ _____ Investment Co.: _____

Yes No **Treasury Bills** Value: \$ _____ Investment Co.: _____

Yes No **Stocks/Bonds** Value: \$ _____ Investment Co.: _____

Yes No **Whole Life Insurance Policy** Cash Surrender Value: \$ _____

Investment Company: _____

Yes No **Personal Property held for investment purposes** Value: \$ _____

Yes No **Annuity/Trust Funds** Value: \$ _____ Investment Co.: _____

Yes No **Pension/Retirement Account** Value: \$ _____ Investment Co.: _____

Yes No **Real Estate (home/rental property/mobile home/land).** Value: \$ _____

Yes No **I have disposed of assets/property for less than fair market value in the last 2 years.** Value: \$ _____ Date of Disposal: _____

I (or a minor dependent in my household) receive income from the following sources:

Yes No **Wages/Salaries** (Employment/Job)

Yes No **Self-employment/Ownership of a business** (if yes, provide original income taxes)

Yes No **Babysitting/Hairstylist/Nails/Home Help Care/Lawn Care/Odd Jobs**

Yes No **Pension/Retirement Funds**

Yes No **Workers' Compensation or Strike Benefits**

Yes No **Did you file income taxes within the last 12 months?**

Please give the name, address and phone # of each income provider or current copy of income statement.

Name of person with income _____ Name of person with income _____

Company _____ Company _____

Address _____ Address _____

City/State _____ Phone _____ City/State _____ Phone _____

- Yes No **Cash Assistance/FIP** from Dept. Health & Human Services Case
 Yes No **Food Stamps/FAP** from Dept. Health & Human Services Case

Please give your case number and your caseworker's name with the Department of Human Services (DHHS).

Name of person receiving assistance Location (City)DHS Office Case Number

Name of person receiving assistance Location (City)DHS Office Case Number

- Yes No **Supplemental Security Income (SSI)**
Name person receiving benefit: _____
- Yes No **Quarterly SSI Check (\$42 quarterly check)**
Name person receiving benefit: _____
- Yes No **Social Security (SS)**
Name person receiving benefit: _____
- Yes No **Disability/Death Benefits**
Name person receiving benefit: _____
- Yes No **Veteran's Administration/GI Bill benefits (Circle One or Both)**
Name person receiving benefit: _____
- Yes No **Military Pay**
Name person receiving benefit: _____
- Yes No **Unemployment Compensation**
Name person receiving benefit: _____

Yes No **Alimony Case #** _____

Yes No **Child Support** (Provide a 12-month printout for all cases)

Yes No **Child Support Arrears** (Provide a 12 month printout for all cases)

Please give case numbers and names of persons who are supposed to pay child support to you. If your case is not on file with the Washtenaw County Friend of the Court, please give the name and address of your child support enforcement agency. (This information must be given even if you have not received any payments).

County/State _____ County/State _____

Case # _____ Case # _____

Case # _____ Case # _____

- Yes No **Support from persons not residing in the unit. If yes see below:**
 Monetary gifts \$ _____ **Bill paying \$** _____ **Food \$** _____ **Rent \$** _____

Please give the name and address of the person of who you receive support from.

Amount of Support received from this person: \$ _____ monthly.

Name Address, City, State, Zip Phone Number

- Yes No **Lottery Winnings**
- Yes No **Payments received under the table** for services rendered or employment
- Yes No **Foster Care Subsidy**
- Yes No **Adoption Subsidy**
- Yes No **Other Income Not Listed:** _____
- Yes No **Are YOU or an ADULT household member a Registered Lifetime Sex Offender in any state? If yes, where:** _____

I have the following Out of Pocket Expenses:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Childcare for work (not paid by the State of MI or employer) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Childcare for school (not paid by the State of MI or employer) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Handicap/Auxiliary Apparatus (elderly/disabled households only) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical Insurance Premiums (elderly/disabled households only) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prescription/Medical Bills (elderly/disabled households only) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medicare/Medicaid Premiums (elderly/disabled households only) |

Please give the name, address and phone number of your provider for childcare, medical or prescriptions.

Name of person w/ expense _____	Name of person with expense _____
Company _____	Company _____
Address _____	Address _____
City/State _____ Phone _____	City/State _____ Phone _____

-
-
- Yes No **Are you or a family member disabled? Who:** _____
- Yes No **Do you required a reasonable accommodation for your disability?**
If yes, what is your accommodation? _____
-

List names, addresses and phone #'s of your physician/s to verify your disability and accommodation

Name of person with disability _____	Name of person with disability _____
Physician _____	Physician _____
Address _____	Address _____
City/State _____ Phone _____	City/State _____ Phone _____

-
-
- Yes No **Are you or any family member attending college or a technical school?**
Who: _____

Please provide the name and address for the school:

Name: _____

Address: _____

I/we certify that, to the best of my knowledge, all statements are true and that when circumstances change; I/we will notify the Ann Arbor Housing Commission to determine my continued eligibility for a federally funded housing program in accordance with the regulations of the Department of Housing & Urban Development. I/we understand that I must provide third party verification of each item marked as "Yes".

_____	_____	_____
Head of Household Print Name	Signature	Date
_____	_____	_____
Co Head/Spouse Print Name	Signature	Date
_____	_____	_____
Other Adult Print Name	Signature	Date
_____	_____	_____
Other Adult Print Name	Signature	Date
_____	_____	_____
Other Adult Print Name	Signature	Date



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EARNED INCOME DISALLOWANCE ELIGIBILITY

A disabled member can work and the PHA will not count the income from employment for 12 months.

EID requires the PHA who calculates your income to ignore 100 percent of any increase in income from work for up to 12 months. After those 12 months, up to 50 percent of any income increase from work will be ignored for another 12 months. EID is a one-time benefit during the participation of the Housing Choice Voucher Program (Section 8).

Are YOU or an ADULT household member disabled?	<input type="checkbox"/>
<u>If NO, please DO NOT complete this form- Just sign and date the bottom.</u>	
Did you experience an increase in income from new employment?	<input type="checkbox"/>
Date of new employment (mm/dd/yyyy)	<input type="text"/>
Was this member unemployed for the last 12 months or longer?	<input type="checkbox"/>
Did this member earn less than \$3,625 for the year?	<input type="checkbox"/>
Did this member earn less than 10 hours @ minimum wage x 50 weeks during the previous 12 months?	<input type="checkbox"/>
Did this member have increased earnings during participation in any economic self-sufficiency or job training programs?	<input type="checkbox"/>
Within the past six months has this member received cash assistance or benefits through TANF?	<input type="checkbox"/>

I certify to the best of my knowledge all statements are true and that when circumstances change, I will notify the Ann Arbor Housing Commission to determine my continued eligibility for the federally funded housing program in accordance with the regulations of the Department of Housing & Urban Development.

_____	_____	_____
Head of Household Print Name	Signature	Date
_____	_____	_____
Co Head/Spouse Print Name	Signature	Date
_____	_____	_____
Other Adult Print Name	Signature	Date
_____	_____	_____
Other Adult Print Name	Signature	Date
_____	_____	_____
Other Adult Print Name	Signature	Date



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CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Ann Arbor Housing Commission any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance und the Section 8, Rental Rehabilitation, Low-income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization for the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD and/or the manager to release information from my file about my rental history to HUD, credit bureaus, collection agencies or future landlord(s). This includes records on my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquires that may be requested include but are not limited to:

- | | |
|--|-----------------------------------|
| Identity & Marital Status | Student Status |
| Medical & Childcare Allowances | Employment, Income and Assets |
| Residences and Rental Activity | Credit and Criminal Activity |
| Previous Landlords (including Public Housing Agencies) | Social Security Administration |
| Courts and Post Offices | Medical and Child Care Providers |
| Schools and Colleges | Pharmacies |
| Law Enforcement Agencies | Veterans Administration |
| Support and Alimony Providers | Retirement Systems |
| Past and Present Employers | Banks and Financial Institutions |
| State Unemployment Agencies | Credit Providers & Credit Bureaus |
| | Utility Companies |

CONDITIONS:

I agree that a photocopy of the authorization may be used for the purpose sated above. The original of this authorization is on file at the Ann Arbor Housing Commission. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
Head of Household	Print Name	Date

Social Security Number - Head of Household		
_____	_____	_____
Other Adult	Other Adult	Date
_____	_____	_____
Other Adult	Other Adult	Date
_____	_____	_____
Other Adult	Other Adult	Date

NOTE: This general consent may not be used to request a copy of tax return. If a copy of a tax return is needed, IRS 4506, request for a copy of a tax form must be prepared separately.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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



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ANN ARBOR HOUSING COMMISSION

CERTIFICATION OF ASSETS OVER OR UNDER \$5000.00

Please check *Section (A)* if you have no assets or if you are self-certifying your assets are less than \$5000.
Please check *Section (B)* if you are certifying that you have assets over \$5000.00.

Section A:

I/We have No Assets or : I/We certify that I/We have no assets greater than \$5000.00 in any account.

The combined **value of the assets** of all members of this household totals \$_____.

Total all Bank accounts, amounts on your pre-paid debit card, etc.

For the next twelve months, **the income from these assets** (for example interest, dividends, etc.) is anticipated to be \$_____.

Section B:

I /We certify that I/We have selected Section (B) with the understanding that I/We have assets greater than \$5000.00, I/We have marked the boxes below that equal the greater than \$5000.00 of all assets combined, for all household members. (If you have checked this section, you are required to provide this office with verification of all assets).

- Amounts in savings and checking accounts. (All pages of the bank statement)
- Pre-Paid Debit card
- Stocks, bonds, savings certificates, money market funds and other investment accounts.
- Equity in real property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the assets *and* reasonable costs (such as broker fees) that would be incurred in selling the assets.
- The cash value of trusts that may be withdrawn by the family.
- IRA, Keogh and similar retirement savings accounts, even though withdrawal would result in a penalty. (Annual or most recent statement of the account.)
- Some contributions to company retirement/pension funds.
- Assets, which although owned by more than one person, allow unrestricted access by the applicant.
- Lump sum receipts such as inheritances, capital gains, lottery winnings, insurance settlements, and other claims.
- Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
- Cash value of Whole Life insurance policies. (Copies of the annual policy statement.)

➤ ***Please initial here:*** _____ I/We certify that I/We have not disposed of any assets for less than fair market value during two years preceding certification or recertification.

➤ ***Please initial here:*** _____ I/We certify that I have reported any and all of the assets available to me and/or any member of my household. I/We understand that failure to report these items and to provide the necessary verification can result in my household receiving benefits for which we are not entitled and may result in the housing assistance for my family being terminated or delayed.

WARNING: Section 1001 of the Title 18 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.

Head of Household Print Name

Signature

Date

Other Adult Print Name

Signature

Date

Other Adult Print Name

Signature

Date

Other Adult Print Name

Signature

Date

Request for Transcript 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-T, visit www.irs.gov/form4506t.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

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)	
5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5a, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter

	/		/		/		/		/	
--	---	--	---	--	---	--	---	--	---	--

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 information 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-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> 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-T. See instructions.	Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	Date

Sign Here

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5a) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T 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 transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, 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	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. 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, include it on this line.

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. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

Line 6. Enter only one tax form number per request.

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



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

Corporations. Generally, Form 4506-T 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-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

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-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

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 tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. 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-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 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-T 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.

Ann Arbor Housing Commission

STATE LIFE TIME SEX OFFENDER HISTORY INFORMATION CONSENT FORM

Annual Recertification/Reexamination – HUD recommends that at annual recertification or reexamination, PHAs ask whether the tenant or any member of the tenant’s household is subject to a State lifetime sex offender registration program in any state. PHAs should verify this information using the Dru Sjodin National Sex Offender Database and/or other official federal, state, and local resources and document this information in the same manner as at admission. If the recertification screening reveals that the tenant has falsified information or otherwise failed to disclose criminal history on his/her application and/or recertification forms, PHA should pursue eviction or termination of assistance.

Notwithstanding the above, if the tenant or a member of the tenant’s household, regardless of the date of admission, engages in criminal activity (including sex offenses) while living in HUD-assisted housing, the PHA should pursue eviction or termination of assistance to the extent allowed by HUD requirements, the lease, and state or local law.

As a resident of HCV/LIHTC/Public Housing, I understand that it is policy of the AAHC to secure lifetime sex offender history information as part of the annual household recertification screening process for every household member 18 years of age and older.

_____	_____	_____
Last Name (PRINT)	First Name (PRINT)	MI
_____	_____	
Previous Name(s) (Birth, Maiden or Aliases)		
_____	_____	_____
Date of Birth	Race	Sex

Please list all states you have previously lived in: _____

I understand that the above information is necessary to obtain sex offender history information. I authorized the Ann Arbor Housing Commission to use the above information for the sole purpose of obtaining a sex offender history file search.

_____	_____
Signature	Date

<u>Office Use Only</u>	
Date Record Requested/Received: _____	Staff completing background check: _____
Decision (circle one): _____	Date of Decision: _____
Date Record Destroyed: _____	

Use of Marijuana in Federally Subsidized Housing Programs in the State of Michigan

The State of Michigan recently legalized recreational use of marijuana after several years of legal use of medical marijuana. Many tenants who live in housing owned and managed by the Ann Arbor Housing Commission (AAHC) and households with vouchers through the Ann Arbor Housing Commission, have asked how the State of Michigan's Law impacts their ability to use marijuana in their federally-subsidized apartment or house.

The federal government has issued several notices regarding the use of marijuana & medical marijuana in federally subsidized housing programs. These notices apply to all households who receive a rent subsidy through the Ann Arbor Housing Commission. If you would like to see the notices, you can go to HUD's website at www.HUD.gov and search for documents pertaining to marijuana.

The federal government (which includes HUD) has adopted the Controlled Substance Act (CSA), 21 U.S.C. Section 801 et seq, which categorizes marijuana as a Schedule 1 substance and therefore the manufacture, distribution, or possession of marijuana is a federal criminal offense. This applies to all forms of marijuana, and it includes medical marijuana.

According to the Quality Housing and Work Responsibility Act of 1998 (QHWRA), 42 U.S.C. Section 13622, owners of federally assisted housing are **required** by QHWRA to deny admission to any household with a member who the owner determines is, at the time of application for admission, illegally using a controlled substance.

In addition, the owner of a federally subsidized housing program has the **option** of terminating a tenant for the illegal use of a controlled substance, or whose illegal use of a controlled substance is interfering with the health, safety, or right to peaceful enjoyment of the premises by other residents. In other words, the AAHC has the option to terminate a tenant who is already in the program for using a controlled substance, on a case-by-case basis.

HUD also issued a notice at the request of the Office of Fair Housing and Equal Opportunity (FHEO) to provide guidance for residents who request a reasonable accommodation under federal or state nondiscrimination laws to use medical marijuana. HUD determined that federally subsidized housing owners "may **not** permit medical marijuana as a reasonable accommodation because 1) persons who are currently using drugs, including medical marijuana, are categorically disqualified from protection under the disability definition provisions of Section 504 of the Rehabilitation Act and the American Disabilities Act; and 2) such accommodations are not reasonable under the Fair Housing Act because they would constitute a fundamental alteration in the nature of a PHA or owner's operations."

Consequently, the AAHC will deny all requests for a reasonable accommodation to use marijuana or medical marijuana in an AAHC-owned apartment or for the voucher program.



The AAHC Family Self-Sufficiency Program can help you realize your dreams!!

The AAHC can help you with our free comprehensive services, resources, referrals and options to enhance your quality of life. Looking for resources? Save money when your rent increases. Use your Voucher to Purchase a Home or Further your Education!

The basic steps to participant in the FSS programs and how you can earn an escrow (savings) account are as follows:

1. You must be a current participant of the AAHC housing programs.
2. Complete the applications enclosed and return it to us. You may also print an application off the AAHC website, www.a2gov.org/housingcommission.
3. If you are still interested we will meet to establish a document your goals, sign your FSS contract of participation, and provide information to help you achieve your goals.
4. Once you either begin working or your current earned income increased, you begin earning escrow, which is a savings account that you will receive upon successful completion of the FSS program. Every time your housing assistance payment decreased due to earned income, the difference in new housing assistance payment paid is set aside by AAHC in an escrow account that earns interest – which is the money you receive tax free upon successful completion of your goals.

This program is voluntary and does not affect your eligibility for continued assistance under the housing program.

We now have FSS participants who are building escrow accounts that are over \$5,000! Our graduates from the FSS program have used their escrow accounts as a down payment for home purchases, to purchase a vehicle, to pay off debts, and to increase their personal savings account.

Call 734-794-6720 ext. 47209 or 47207 today... you could be our next successful graduate! We look forward to hearing from you.

