

# BAY CITY HOUSING COMMISSION

315 14<sup>th</sup> Street



Bay City, MI 48708

**Thank you for your interest in the Bay City Housing Commission affordable housing program. Please complete the attached application and return it to our office at 315 14<sup>th</sup> St., Bay City, MI 48708. NO FAXED OR EMAILED APPLICATIONS ARE ACCEPTED.**

Your application will be date stamped upon receipt and completion of all forms.

**You are required to submit the following documents WITH the application:**

- ☐ Valid Michigan driver's license or ID (front and back) **for each family member 18 and over** with name matching Social Security card and birth certificate unless legal name change has taken place via marriage, divorce, etc. - documentation required
- ☐ Social Security card **for all family members** with name matching birth certificate and valid Michigan driver's license or ID unless legal name change has taken place via marriage, divorce, etc.
- ☐ Official county-issued birth certificate **for all family members** (Affidavit of Parentage, Certificate of Live Birth from hospital or Baptism certificates are not acceptable)
- ☐ Proof of Income **for all family members** (4 of your most recent pay stubs, current year print out of monthly Social Security benefits, DHS benefits, Friend of the Court benefits, Pension, etc.) Bank statements are not acceptable.

Included in the screening process is a criminal history and LEIN check, current and prior landlord rental history and may include any other pertinent information needed to determine your eligibility.

If you are seeking scattered site family housing, your name will be placed on a waiting list for the appropriate bedroom size according to the date and time of your application. You will be notified when your name is near the top of the waiting list to see if you are still interested in housing with us. You may be asked to update your application with your most current information.

**It is your responsibility to contact our office with any changes to your address, phone number or income so that you remain on the waiting list as a current applicant.**

MEMBER AGENCY OF THE NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS

Administration (989) 892-9581

Fax (989) 892-5818

TDD (800) 545-1833 ext 561





## BAY CITY HOUSING COMMISSION

### Application Process at a Glance



Since 1950, we have been enhancing the quality of life in our community through the provision and improvement of decent, safe, affordable housing programs that meet the needs of our citizens.

#### STEP 1: Application Completion and Submission

Applications are available at the Central Office or online at: [www.baycityhousing.com](http://www.baycityhousing.com). Apartments may be viewed by making an appointment at each property where you have an interest.

#### STEP 2: Pre-Application Review and Approval; then Placed on Wait List.

Applications that comply with our initial background reviews will be placed on the Wait List and move to the next step. Applicants that do not yet meet the minimum suitability qualifications will receive written notice and notice of right to an Informal hearing with BCHC officials.

#### STEP 3: Full Application Review of Program Eligibility and Rent Determination

Applications are reviewed for program eligibility and rent calculation based on applicant's adjusted gross household income.

#### STEP 4: Final Application Compliance Review and Approval

Applications reviewed by program auditors for compliance with HUD guidelines.

#### STEP 5: Lease Signing and Move-In

Applicants meet with managers to review and sign final lease documents and schedule move-in date.

### Frequently Asked Questions:

#### What properties are available?

The Bay City Housing Commission has two distinctly different portfolios of rental property. We have four high-rise buildings in downtown Bay City, MI. Two of the buildings, **Pine Towers** and **Maplewood Manor** are typically one bedroom apartments reserved for households aged 62+ or persons with disabilities. **Smith Manor** and **Maloney Manor** are mostly one bedroom apartments open to age 50+ households and persons with disabilities. Our "Scattered Site Public Housing" portfolio are 1-5 bedroom single-family houses and duplex units located throughout Bay City for families 18+ years old.

#### What is the application fee?

There is no application fee.

#### Is there a waiting list?

Yes. There are two Wait Lists. One for our public housing family scattered site properties and another for our multifamily high rise properties. When an application is approved in Step 2 it is placed on the Waiting List for the properties selected by the applicant in the application. Apartments are offered to approved applicants in the order the application was placed on the wait list. The length of time an applicant is held on the wait list may also depend on the unit size needed. In our scattered sites, we have 1-5 bedroom units and each has a group of applicants waiting for a unit to come available.

#### How long does it take to process my application?

Our approval process, from application to move-in, is typically 21-75 days, depending on the type of unit being requested and its availability. The total elapsed time is also dependent on an applicant's eligibility for any local preferences, the volume of applications we are processing and the time it takes to receive all the third-party verifications that are required to document eligibility. Depending on the availability of apartments, it could take longer to work through the waiting list.

#### How much is the rent?

Rent is calculated for each tenant and is based on the 30% of the tenant's adjusted gross income for the household.

#### What information is needed with the application?

A list of required documentation will be provided with the full application. The documents needed will include such things as: income verifications, medical expense verifications, income tax statements, and social security and state-issued photo ID.

#### Who pays utilities?

In our high rise building all utilities are included in the rent payment. In the public housing scattered site portfolio of single-family houses and duplex units, utilities are paid by the tenant. However, tenants receive a "utility allowance" that reduces the monthly tenant rent as an offset.

**For More Information Call: (989) 892-9581**

Bay City Housing Commission 315 14th Street Bay City, MI 48708

Revised 08/27/2019



BAY CITY HOUSING COMMISSION  
LEASE APPLICATION



**Please complete the number of bedrooms**

\_\_\_ Scattered Sites      \_\_\_ # of Bedrooms

**Head of Household:** \_\_\_\_\_  
List prior/maiden name(s): \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Driver's Lic. #: \_\_\_\_\_  
or Mich ID#: \_\_\_\_\_

**Other Adult:** \_\_\_\_\_  
List prior/maiden name(s): \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Driver's Lic. #: \_\_\_\_\_  
or Mich ID#: \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Present City/State/ZIP:** \_\_\_\_\_

*If renting*, name and **full** address of your Landlord: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ How long have you lived here? \_\_\_\_\_ Are you related to landlord? \_\_\_\_\_

Have you or any other household member lived in any other states besides Michigan?: ☐ Yes ☐ No

If yes, list all States: \_\_\_\_\_

**Household Information:** Complete the following information for each household member that will occupy the unit:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number
Will you or anyone in your household require a live-in care attendant? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____					

**Are you claiming a "Preference"?** *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

- ☐ Displaced by Government Action or ☐ Displaced by Presidentially Declared Disaster.  
☐ Working Families (> 20 Hours) living in Bay City or ☐ Working Families (> 20 Hours) living in Bay County  
☐ Elderly, near-elderly, disabled. (Pine Towers and Maplewood Manor are elderly only buildings)  
☐ Adult w/member enrolled in employment training program, working 30+ hours a week or attending school on full time basis;  
☐ Elderly families and families whose head or spouse is receiving income based on an inability to work.  
☐ Other or Local Preference: \_\_\_\_\_

**What type of housing are you seeking?**

1st Choice: ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR Other \_\_\_\_\_

2nd Choice: ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR Other \_\_\_\_\_

Do you require a Barrier Free unit? ☐ Yes ☐ No

Would you or anyone in your household benefit from a special needs unit? (Mobility, vision, or hearing impairment)  
☐ Yes ☐ No

*Note: Federal regulations require the housing commission to place your family in a housing unit that is appropriate for the size of your household.*

**Employer/Head of Household:** \_\_\_\_\_

Hourly Rate of Pay/# of Hrs. per Week: \$ \_\_\_\_\_ Present Position: \_\_\_\_\_

**Employer/Other Adult(s):** \_\_\_\_\_

Hourly Rate of Pay/# of Hrs. per Week: \$ \_\_\_\_\_ Present Position: \_\_\_\_\_

**Household Data:** Is any household member a full-time student? ☐ Yes ☐ No *If yes, who?* \_\_\_\_\_

Has any household member ever lived in public housing? ☐ Yes ☐ No. *If yes, when/where?:* \_\_\_\_\_

Is any household member a former resident of the Bay City Housing Commission? ☐ Yes ☐ No

*If yes, when/where?:* \_\_\_\_\_

Has any household member ever filed an application with BCHC before? ☐ Yes ☐ No *If yes, when?* \_\_\_\_\_

Who referred you to the Bay City Housing Commission? \_\_\_\_\_

How long have you lived in Bay County? \_\_\_\_\_

# of vehicles in household: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

Is any household member 62 or older, handicapped or disabled? ☐ Yes ☐ No

Does any household member receive Social Security benefits? ☐ Yes ☐ No *If yes, monthly benefit:* \$ \_\_\_\_\_

Does any household member receive Supplemental Security Income (SSI) benefits? ☐ Yes ☐ No

*If yes, monthly benefit:* \$ \_\_\_\_\_

Does any household member receive State Disability Assistance (SDA) ☐ Yes ☐ No

*If yes, monthly benefit:* \$ \_\_\_\_\_

Does any household member have a legal guardian, payee representative or conservator? ☐ Yes ☐ No

*If yes?* Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**Pet Information:** Do you own a pet: ☐ Yes ☐ No *If yes, what type of pet (dog/cat/fish)?:* \_\_\_\_\_  
Pet weight: \_\_\_\_\_ How long have you owned this pet?: \_\_\_\_\_ Breed of pet: \_\_\_\_\_  
Has your pet ever bitten or hurt anyone?: \_\_\_\_\_ *If yes, please describe:* \_\_\_\_\_  
Has your pet lived in rental housing before?: ☐ Yes ☐ No *If yes, where?:* \_\_\_\_\_

**Background:** Please be advised that criminal background screening is conducted on all applications.  
Applications rejected on the basis of criminal history are subject to appeal.

Are you or any household member registered as a lifetime sex offender? ☐ Yes ☐ No  
*If yes, who?* \_\_\_\_\_ *Where?* \_\_\_\_\_

☐ Please check the box if you have read and understand this disclosure

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.



Head of Household Signature

Date:

**Please complete, sign and date the application and attach all of the following forms:**

You will also need to provide the housing commission with copies of Social Security cards, Driver's License or State I.D. Card and Birth Certificates for each member of your household plus all requested income verification documents such as check stubs and income tax returns.

Please sign the enclosed "authorization for the Release of Information" (authorization to check for any criminal history and previous landlords).

\*\*\*\*\*

The list of forms below will be completed at the "eligibility" step of the application process:

- Required EIV Reports (Existing Tenant Search)
- Eligibility Income and Expense Checklist
- Notice and Consent for the Release of Information (form HUD-9886)
- Supplement to Application for Federally Assisted Housing (Form HUD-92006)
- Race and Ethnic Data Reporting Form (Form HUD-27061-H)
- Declaration of Section 214 Status Notice
- Debts Owed to Public Housing and Urban Development (Form HUD 52675)
- Applicant/Tenant Certification & Privacy Act Notice
- Rental Housing Integrity Improvement Project (RHIIP) Enterprise Income Verification (EIV) and You Notice
- BCHC Local Preference Form
- Acknowledgement of Receipt Forms (for all additional required informational forms)
- Other \_\_\_\_\_

BAY CITY  
HOUSING COMMISSION

315 14<sup>th</sup> Street



Bay City, MI 48708

**RENTAL HISTORY FORM**

**A MINIMUM OF THREE YEARS OF RENTAL HISTORY IS NEEDED.**

Previous Address \_\_\_\_\_  
\_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ Are you related to the landlord? \_\_\_\_\_  
(If yes, how are you relate) \_\_\_\_\_

-----

Previous Address \_\_\_\_\_  
\_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ Are you related to the landlord? \_\_\_\_\_  
(If yes, how are you relate) \_\_\_\_\_

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Previous Address \_\_\_\_\_  
\_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

Monthly Rent Payment \$ \_\_\_\_\_ Are you related to the landlord? \_\_\_\_\_  
(If yes, how are you relate) \_\_\_\_\_

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Bay City, MI 48708

## AUTHORIZATION for Release of Information

### CONSENT

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

### INFORMATION COVERED

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

Identity and Marital Status  
Medical and Child Care Allowances  
Residences and Rental Activity

Employment, Income and Assets  
Credit and Criminal Activity  
State Sex Offender Registry

### GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

Previous Landlords  
(including Public Housing Agencies)  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Banks and other Financial Institutions

Past and Present Employers  
Welfare Agencies  
State Unemployment Agencies  
Social Security Administration  
Support and Alimony Providers

Utility Companies  
Credit Providers and Credit Bureaus  
Retirement Systems  
Veterans Administration  
Medical and Child Care Providers

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office. I understand I have the right to review my file and correct any information that I can prove is incorrect.

### SIGNATURES:

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

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

**NOTE:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

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