

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, Submission and placed on Waiting List

Applications are available in person at the Main Office and each high rise or you can print an application from our website online at: www.baycityhousing.com. Apartments may be viewed by making an appointment at each property where you have an interest.

STEP 2: Application Review and Approval

Applications that comply with our initial background reviews and landlord references will 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 Bay City, MI.

Maplewood Manor is mostly one-bedroom apartments reserved for households aged 62+ or persons aged 50 and above with disabilities.

Pine Towers, Smith Manor and Maloney Manor are mostly one-bedroom apartments open to households aged 62+, aged 50 + with disabilities or aged 49 to 18 working or on assistance.

The **Scattered Site Public Housing** portfolio are 1 to 5 bedroom single-family houses and duplex units located throughout Bay City for families 18 years older and above.

What is the application fee? There is no application fee.

Is there a waiting list?

Yes. The public housing family scattered site properties has a waiting list for each bedroom size. The multifamily high-rise properties have their own waiting list at each property. You may request to be added to more than one waiting list. After submission of an application, it is placed on the waiting list that was selected by the applicant as long as it has met the criteria of the portfolio. 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 to 5 bedroom units and each bedroom size has its list of applicants waiting for a unit to come available.

How long does it take to process my application?

Our approval process depends 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 30% of the tenant's adjusted gross income for the household.

What information is needed with the application?

A list of required documentation is at the end of the application along with required documents needed, such things as: income verifications (pay stubs, Social Security benefit letters), medical expense verifications (if apply), income tax statements, social security cards and state-issued photo ID.

Who pays for utilities?

In our high rise building all utilities are included in the rent payment. If you have an a/c, deep freezer, or other appliance that does not come with the apartment, there is an additional charge. In the public housing scattered site portfolio of single-family houses and duplex units, the tenant pays utilities. However, tenants receive a "utility allowance" that reduces the monthly tenant rent as an offset.

PLEASE CALL THE PROPERTY DIRECT FOR MORE INFORMATION:

Maloney Manor (989) 414-6686 Smith Manor (989) 252-7875 Pine Towers (989) 607-0136

Maplewood Manor (989) 607-0137 Family Scattered Sites (989) 892-9581

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

Revised 04/24/2024



BAY CITY HOUSING COMMISSION
LEASE APPLICATION



Select your property preference(s) by placing a check next to each property's name:

_____ Maplewood Manor _____ Maloney Manor _____ Pine Towers _____ Smith Manor
_____ Scattered Sites Family Housing _____ No. of Bedrooms Needed

PERSONAL INFORMATION:

Head of Household: _____	Date of Birth:	_____
List prior name(s): _____	Driver's Lic. #:	_____
Social Security #: _____	or Mich ID#:	_____
Email Address: _____	Telephone #:	_____

Other Adult: _____	Date of Birth:	_____
List prior name(s): _____	Driver's Lic. #:	_____
Social Security #: _____	or Mich ID#:	_____
Email Address: _____	Telephone #:	_____

Present Address: _____

If renting, Name of your Current Landlord: _____

Address of your Current Landlord: _____ Telephone #: _____

Monthly Rent Payment \$ _____ How long have you lived here? _____ How 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, starting with yourself.

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
- Displaced by Presidentially Declared Disaster.
- Families living and/or working in Bay City or Bay County.
- Adult w/member enrolled in employment training program, working or attending school on full time basis.
- Elderly families and families whose head or spouse are receiving income based on an inability to work.
- Local Preference: _____
- Elderly (62+), Near Elderly (50+), persons with a disability or 18+ persons.
- FOR MAPLEWOOD MANOR ONLY - Elderly (62+), 50+ persons with a disability

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 Name & Address/Head of Household: _____

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

Employer Name & Address/Other Adult(s): _____

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

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: _____

Household Data: Is any household member 62 or older, handicapped or disabled? Yes No

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: _____

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.

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 copies of Social Security cards, Driver's License or State I.D. Cards and Birth Certificates for each member of your household, along with all requested income verification documents such as check stubs and benefit printouts (Social Security, etc.)

It is also your responsibility to contact the property office you applied at to update your address and phone number. This keeps you on the waiting list as a current applicant.

- Authorization for Release of Information (authorization to check for any criminal history and previous landlords)
- Supplement to Application for Federally Assisted Housing (Form HUD-92006)
- Other _____

Additional Rental History Form and/or Personal References

A minimum of three (3) years of rental history OR five (5) personal references OR a combination of both is needed.

RENTAL HISTORY:

Address (street, city, state, zip) _____

Landlord's name _____

Landlord's address (street, city, state, zip) _____

Landlord's phone number _____ Dates you live here? (month/year to month/year) _____

Are you related to the landlord? _____ If yes, how are you related? _____

Address (street, city, state, zip) _____

Landlord's name _____

Landlord's address (street, city, state, zip) _____

Landlord's phone number _____ Dates you live here? (month/year to month/year) _____

Are you related to the landlord? _____ If yes, how are you related? _____

Address (street, city, state, zip) _____

Landlord's name _____

Landlord's address (street, city, state, zip) _____

Landlord's phone number _____ Dates you live here? (month/year to month/year) _____

Are you related to the landlord? _____ If yes, how are you related? _____

PERSONAL REFERENCES:

Name _____ Phone Number _____

Address (street, city, state, zip) _____

Relationship _____ How long have you known the reference? _____

Name _____ Phone Number _____

Address (street, city, state, zip) _____

Relationship _____ How long have you known the reference? _____

Name _____ Phone Number _____

Address (street, city, state, zip) _____

Relationship _____ How long have you known the reference? _____

Name _____ Phone Number _____

Address (street, city, state, zip) _____

Relationship _____ How long have you known the reference? _____

Name _____ Phone Number _____

Address (street, city, state, zip) _____

Relationship _____ How long have you known the reference? _____

Bay City Housing Commission

Local Preference

If you are applying for Family, Scattered Site Housing or Maplewood Manor, please complete each section as it applies to your application.

FAMILY SCATTERED SITE HOUSING

The Bay City Housing Commission recognizes a Local Preference for the Family Scattered Site Housing applicants as opposed to a Federal Preference which follows date and time of application only. This means our waiting list gives priority to applicants living in Bay City or Bay County or working in Bay City or Bay County.

_____ **I am currently working or completely disabled, which is a local preference.**

(initials) Working applicant families will be screened prior to non-working applicant families.

_____ **I am currently a Bay City / Bay County Resident, which is a local preference.**

(initials) Bay City/Bay County applicant families will be screened prior to non-Bay City/Bay County applicant families.

MAPLEWOOD MANOR SENIOR HIGH RISE HOUSING

The Bay City Housing Commission recognizes a Preference for Maplewood Manor Senior High Rise applicants. This means that our waiting list for Maplewood Manor is only for persons 50 years old with a disability OR 62 years of age or older.

_____ **I am 50 years old with a disability.**

(initials)

_____ **I am 62 years old or older.**

(initials)

CITIZEN / NON-CITIZEN DECLARATION

INSTRUCTIONS: Complete this Declaration for each member of the household

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO
HEAD OF HOUSEHOLD _____

DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance.
This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner/agent if and when received)

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3

DECLARATION

I, _____ hereby declare, under
penalty of perjury, that I am _____
(print or type first name, middle initial, last name)

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
 - (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided (*Note: Proof of identity is not required for minors*)
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e., a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

Check here if adult signed for a child,



2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:
If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

c. One of the following documents:

- 1. Form I-551, Permanent Resident Card.
- 2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
- 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- 4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- 5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child.



EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check here if adult signed for a child.

3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child.



Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property _____ Project No. _____ Address of Property _____

Name of Owner/Managing Agent _____ Type of Assistance or Program Title: _____

Name of Head of Household _____ Name of Household Member _____

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Non-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature _____

Date _____

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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.

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Signature of Applicant

Date

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

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

TENANT RELEASE AND CONSENT

I/We _____ the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to personal identity, student status, employment, income assets, medical, or childcare allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|-------------------------------|--------------------------------|--------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | Educational Institutions | Retirement Systems |
| State Unemployment Agencies | Social Security Administration | Medical and Childcare |
| Banks and other Financial | Previous Landlords (including | Providers |
| Institutions | Public Housing Agencies) | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years or age and older must sign this form.**

SIGNATURES

_____ Signature of Applicant / Resident	_____ Printed Applicant / Resident Name	_____ Date
_____ Signature of Co-Applicant / Resident	_____ Printed Co-Applicant / Resident Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Signature of Adult Member	_____ Printed Adult Member Name	_____ Date
_____ Apartment Community Name	_____ Contact	_____ Phone Number

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 A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

BAY CITY HOUSING COMMISSION

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **SECTION 8/ RAD/ NEW CONSTRUCTION/ PUBLIC HOUSING** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **SECTION 8/ RAD/ NEW CONSTRUCTION/ PUBLIC HOUSING**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **SECTION 8/ RAD/ NEW CONSTRUCTION/ PUBLIC HOUSING**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **SECTION 8/ RAD/ NEW CONSTRUCTION/ PUBLIC HOUSING** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Bay City Housing Commission may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If **Bay City Housing Commission** chooses to remove the abuser or perpetrator, **Bay City Housing Commission** may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, **Bay City Housing Commission** must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, **Bay City Housing Commission** must follow Federal, State, and local eviction procedures. In order to divide a lease, **Bay City Housing Commission** may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, **Bay City Housing Commission** may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, **Bay City Housing Commission** may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form or may accept another written or oral request.

- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Bay City Housing Commission will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

Bay City Housing Commission emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

Bay City Housing Commission can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from **Bay City Housing Commission** must be in writing, and **Bay City Housing Commission** must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to

provide the documentation. **Bay City Housing Commission** may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to **Bay City Housing Commission** as documentation. It is your choice which of the following to submit if **Bay City Housing Commission** asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, **Bay City Housing Commission** does not have to provide you with the protections contained in this notice.

If **Bay City Housing Commission** receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), **Bay City Housing Commission** has the right to request that you provide third-party

documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

Bay City Housing Commission must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

Bay City Housing Commission must not allow any individual administering assistance or other services on behalf of **Bay City Housing Commission** (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

Bay City Housing Commission must not enter your information into any shared database or disclose your information to any other entity or individual. **Bay City Housing Commission**, however, may disclose the information provided if:

- You give written permission to **Bay City Housing Commission** to release the information on a time limited basis.
- **Bay City Housing Commission** needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires **Bay City Housing Commission** or your landlord to release the information.

VAWA does not limit **Bay City Housing Commission**'s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, **Bay City Housing Commission** cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if **Bay City Housing Commission** can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If **Bay City Housing Commission** can demonstrate the above, **Bay City Housing Commission** should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Multifamily Housing Compliant assistance, if needed, by contacting or filing a complaint with Multifamily Housing Complaint line at 1-800-685-8470 or the Detroit Field Office McNamara Federal Building 477 Michigan Avenue, Floor 16 & 17, Detroit, MI 48226 or call 313-226-7900

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2014/10/20/2014-24284/violence-against-women-act>.

Additionally, **Bay City Housing Commission** must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **SECTION 8/ RAD/ NEW CONSTRUCTION/ PUBLIC HOUSING Bay City Housing Commission 989-892-9581**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Bay Area Women's Center 3411 E. Midland Rd, Bay City, MI 48706 989-686-4551**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **National Sexual Assault Hotline 1-800-656-4673**

Victims of stalking seeking help may contact **1-855-484-2246**.

Attachment:

Certification form HUD-5382 [form approved for this program to be included]

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286

Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

1. **Date the written request is received by victim:** _____
2. **Name of victim:** _____
3. **Your name (if different from victim’s):** _____
4. **Name(s) of other family member(s) listed on the lease:** _____
5. **Residence of victim:** _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.