

Thank you for your interest in Ottawa County and Allegan County Supportive Housing Programs!

To qualify, all applicants must meet program requirements, eligibility qualifications and income guidelines.

In Ottawa County, income-based rent requires verification of disability. A portion of these units are reserved for those that are also homeless. Allegan County requires verification of homelessness, being at risk of becoming homeless OR verification of permanent disability to qualify. Preference is given to those who live or work in the county for which they are applying.

Applicants will not be eligible if they have a criminal history that requires any of the following:

Registration on the Public Sex Offender Registry (PSOR); Felony convictions involving crimes of physical violence to persons or property; any Felony convictions within 7 years or any Misdemeanor convictions within the past 5 years. In cases where an applicant has non-violent felony and/or non-violent misdemeanor convictions, he or she must demonstrate successful community participation/integration over the preceding 7 or 5 years respectively.

Eligible applicants will be placed on the waiting list for housing; however, being on the waiting list does not guarantee that housing will be granted to an applicant. If you have any questions regarding the application process or the forms to be completed, please contact our office at 616-395-9311; 269-218-0930 x103 (Lindsey Ajega) or x113 (Amy Moorman); TTY users dial: 711 or 800-649-3777 or you may submit any questions to [hhi@heritagehomesinc.org](mailto:hhi@heritagehomesinc.org)

We hope we can be of service to you in the near future.

Sincerely,  
HHI Management Company

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**The following items are REQUIRED to apply for housing:**  
**(Please submit ALL of the following items when you submit your application for housing)**

- ☐ **Application Packet** - *Packet Includes: Initial Application, Authorization to Release Information & Criminal History Consent forms. All forms must be completed and signed by household members age 17+ \*\*Original Forms Required!\*\**
- ☐ **Income Documentation** - *Examples include: recent employment check stub, un-employment print-out, social security, SSI, or SSDI print-out, child support order, cash assistance, or any other type of income you have listed on the application (You may submit copies of your income. Originals will not be returned to you)*
- ☐ **Copy of driver's license or state IDs** - *required for all household members age 17+*
- ☐ **Copy of birth certificates** - *required for everyone in the household*
- ☐ **Copy of social security cards** - *required for everyone in the household*
- ☐ **Disability Verification** - *Management will not accept this form if it is not signed by your Medical Doctor (MD), Doctor of Osteopathy (DO), Psychiatrist, Physicians Assistant (PA), Licensed Social Worker, Nurse Practitioner (NP). No other form or verification will be accepted.*
- ☐ **Homeless Verification** - *if applicable - MUST be completed and signed by a shelter official or other agency that provides services or temporary housing. No other form or verification will be accepted.*
- ☐ **Excepted PBV Verification** - *if applicable (Otsego Only) - MUST be completed and signed by an agency who provides supportive services. No other form or verification will be accepted.*

**HOW TO SUBMIT YOUR APPLICATION:**

Complete and return the **ORIGINAL FORMS** along with all other requested information listed above to:  
**HHI Management Company 400 - 136th Avenue, Bldg 200, Ste 205, Holland MI 49424**

**Management will not accept incomplete applications.**  
**Please DO NOT fax your application.**

## Ottawa County & Allegan County Supportive Housing—Recertification Questionnaire

### HOUSEHOLD INFORMATION—List Head of Household first, then list all members currently living in the apartment.

First & Last Name Please print clearly!!	Relationship to Head of Household	Male or Female	Social Security Number Please print clearly!!	Age	Date of Birth Month/Day/Year
1.	Head of Household		____ - ____ - _____		/ /
2.			____ - ____ - _____		/ /
3.			____ - ____ - _____		/ /
4.			____ - ____ - _____		/ /
5.			____ - ____ - _____		/ /
6.			____ - ____ - _____		/ /

### CONTACT INFORMATION – please include a current mailing address and working phone number

**Current Address:** include city, state, zip code: \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\_\_\_ YES \_\_\_ NO **Are you working with any Case Manager, Service Provider or Agency?**

If YES, Agency Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_

\_\_\_ YES \_\_\_ NO **Do you have a Legal guardian or payee/conservator?**

If YES, Name & Contact Phone #: \_\_\_\_\_

### EMERGENCY CONTACT—List someone that is **NOT** already on this application.

**Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**City, State, zip:** \_\_\_\_\_ **2nd Phone Number:** \_\_\_\_\_

### RENTAL HISTORY—Circle YES or NO to EACH QUESTION. Use the space provided for necessary explanations.

YES NO **1. Do you expect any changes to the household (add anyone or remove anyone) within the next 12 months?**  
If YES, please list their name & relationship to you: \_\_\_\_\_

YES NO **2. Are any of the Household Members that are listed on the 1st page Emancipated Minors?**  
If YES, please list their names: \_\_\_\_\_

YES NO N/A—No child(ren) **2a. Do you have full custody of your child(ren)?**

YES NO N/A—No child(ren) **3b. If NO, will child(ren) reside with you 50% or more of the time?**  
(Must provide documentation of amount of time child(ren) will reside with you)

**RENTAL HISTORY (CONTINUED)**—Circle **YES** or **NO** to **EACH QUESTION**. Use the space provided for necessary explanations.

- YESNO

4. Are there any absent household members who, under normal circumstances, would be living with you?  
*Example: away at school, active military duty, marital separation that has not yet begun legal process for permanent separation etc...*  
Explain: \_\_\_\_\_
- YESNO

5. Are you legally married but you and your spouse **WILL NOT** be living together?  
*\*This information is needed for income/asset verification purposes only*
- YESNO

6. Does your household have or anticipate having any pets other than those used as service animals?  
Type of Pet (dog or cat) \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

**INCOME & ASSET INFORMATION**—List **ALL INCOME** that is **currently received or expected to be received** for the **ENTIRE** household.  
*Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is un-earned (such as a grant or benefit) it must be counted for ALL household members—including minors.*

☐ Please check this box **ONLY** if your **ENTIRE HOUSEHOLD** has **NO INCOME** of any kind (zero income)

- YESNO

7. Is there any specific **ADULT** household member with no income?  
If YES, please list all household adults that have **NO INCOME** of ANY KIND: \_\_\_\_\_
- YESNO

8. Is there Employment Wages or Salaries? If YES, please list all wage or salary amounts below

Name of person with income	Name of employer / Phone #	Hourly Wage	Hours worked per week:
Name of person with income	Name of employer / Phone #	Hourly Wage	Hours worked per week:
Name of person with income	Name of employer / Phone #	Hourly Wage	Hours worked per week:

**Please list ALL OTHER INCOME or BENEFITS received.**  
**Examples of Income To Be Listed:** Social Security, SSI, Disability Benefits, Un-Employment, Self-Employment, Public Assistance (cash, FIP, FAP, SDA), Armed Forces or Military Pay, Severance Packages, Settlement, Workman’s Compensation, Gift Payments from anyone outside of the household, Pensions, Veterans Benefits, Retirement Benefit, Annuities, Interest Income, Alimony, Child Support, Lottery Winnings, Inheritance, Rental Properties, or **ANY Funds/Money/Benefits received by ANY household member from ANY source not listed above.**

Name of person with income	Source of Income	Amount Received	Amount is received every: <i>(please circle)</i> Week / 2-weeks / Month / Yr
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**Please list ALL OTHER INCOME or BENEFITS received.**

**Examples of Income To Be Listed:** Social Security, SSI, Disability Benefits, Un-Employment, Self-Employment, Public Assistance (cash, FIP, FAP, SDA), Armed Forces or Military Pay, Severance Packages, Settlement, Workman's Compensation, Gift Payments from anyone outside of the household, Pensions, Veterans Benefits, Retirement Benefit, Annuities, Interest Income, Alimony, Child Support, Lottery Winnings, Inheritance, Rental Properties, or **ANY Funds/Money/Benefits received by ANY household member from ANY source not listed above.**

Name of person with income	Source of Income	Amount Received	Amount is received every: (please circle) Week / 2-weeks / Month / Yr
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**YES NO N/A-No Child(ren) 16. Do you receive Child Support or Alimony?**

16a. Child: \_\_\_\_\_ Amount Ordered: \_\_\_\_\_  
 16b. Child: \_\_\_\_\_ Amount Ordered: \_\_\_\_\_  
 16c. Child: \_\_\_\_\_ Amount Ordered: \_\_\_\_\_

**16d. How is the support received?**

Please check appropriate... ☐ Child Support Enforcement Agency (FOC) ☐ Directly from individual  
☐ DHS ☐ Other: \_\_\_\_\_

**YES NO 18. Does any minor in the household have unearned income or receive benefits (SSI, SSA, etc.)?**

18a. Name of household member: \_\_\_\_\_  
 18b. Type of Benefit: \_\_\_\_\_ Amount Received: \_\_\_\_\_

**YES NO 19. Does anyone in the household expect any changes in income (increase or decrease) in within the next 12 months?**  
 If YES, please explain: \_\_\_\_\_

**YES NO 20a. Is anyone in the household (including minors) currently a student?**

**YES NO 20b. Does anyone in the household (including minors) expect to be a student in the next 12 months?**

**YES NO 20c. Has anyone in the household (including minors) been a student within the past 12 months?**  
 If YES to 20a.—20c. Please provide information below:

**20d. Name of household member:** \_\_\_\_\_

**\*School name and contact information:** \_\_\_\_\_

**20e. Name of household member:** \_\_\_\_\_

**\*School name and contact information:** \_\_\_\_\_

**YES NO 21. Does any household member receive grants, scholarships or gifts (such as cash, food or supplies) to assist with the costs of higher education?**

**21a. Name of household member:** \_\_\_\_\_

**21b. Name of Program/Explanation:** \_\_\_\_\_

**ENTER ADDITIONAL INCOME INFORMATION ON A SEPARATE SHEET OF PAPER**

You will be required to provide the appropriate documentation for any/all income your household receives. This will include: recent check stub, social security print out, documentation of ordered child support amounts etc...

Does **ANYONE** in the household (Including Minors) have:

YES NO 22. Do you have a Checking Account, Savings Account or Debit Card Account?

Name on Account	Name of Bank	Approx. Value
Name on Account	Name of Bank	Approx. Value

YES NO 23. Do you have any Savings Bonds, Checking Accounts or Savings Account for YOUR CHILDREN or DEPENDENTS?

Name on Account	Name of Bank	Approx. Value
Name on Account	Name of Bank	Approx. Value

YES NO 24. Does anyone in the household have any of the following: CD's, Money Market Accts, Treasury Bills, IRAs, Keogh or other Retirement Accounts, Stocks, Bonds, Trust Funds, Whole Life Insurance Policies, Real Estate, Rental Property, Land Contracts, Contracts for Deeds or other Real Estate Holdings *If YES, please list below:*

Name of person with income / Asset	Type of Asset Held:	Current Value:	Amount Received from Asset: \$ _____ Per (please circle) Week / 2-weeks / Month / Yr
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YES NO 25. Do you have any personal property held as an investment? Approx. Value: \_\_\_\_\_  
*INCLUDES: coin/stamp collection, collector or show cars, antiques*  
*DOES NOT INCLUDE: belongings such as your car, furniture or clothing*

YES NO 26. Do you have a safe deposit box, or cash on hand over \$500? Approx. Value: \_\_\_\_\_

YES NO 27. Has anyone in the household disposed of or given away any assets for LESS than fair market value within the past 2 years? If YES, please explain: \_\_\_\_\_

SIGNATURE CLAUSE—ALL HOUSEHOLD MEMBERS AGE 17 or OLDER MUST SIGN BELOW:

By signing below, I understand that HHI Management Company is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my ability. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have HHI Management Company verify the information contained in this application for the purpose of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers and account numbers (where applicable) and any other information required for expediting this process. I understand that my occupancy is contingent on meeting HHI Management Company's resident selection criteria and the Housing Credit Program requirements.

\_\_\_\_\_  
Signature of Head of Household / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household Adult / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household Adult / Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Household Adult / Legal Guardian

\_\_\_\_\_  
Date





## HHI Management Company

400 136th Avenue—Building 200, Suite 205 Holland MI 49424  
Ph: 616-395-9311 TTY: 616-395-9316 Toll Free: 1-888-596-8288  
HHI@heritagehomesinc.org

### Rental History / Previous Residences

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

*List all previous addresses where you have lived, rented, owned or stayed temporarily. List as much information as possible.*

Previous Address: \_\_\_\_\_ Apartment Complex: \_\_\_\_\_  
City, State, Zip-Code: \_\_\_\_\_ OR your landlord's name: \_\_\_\_\_  
Did You... please circle one below: Landlord's Phone #: \_\_\_\_\_  
Rent Own Stay Temp Stay with Family / Friends Dates of Residency: from \_\_\_\_\_ to \_\_\_\_\_  
Are you related to this landlord? YES NO If YES, how are you related? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Previous Address: \_\_\_\_\_ Apartment Complex: \_\_\_\_\_  
City, State, Zip-Code: \_\_\_\_\_ OR your landlord's name: \_\_\_\_\_  
Did You... please circle one below: Landlord's Phone #: \_\_\_\_\_  
Rent Own Stay Temp Stay with Family / Friends Dates of Residency: from \_\_\_\_\_ to \_\_\_\_\_  
Are you related to this landlord? YES NO If YES, how are you related? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Previous Address: \_\_\_\_\_ Apartment Complex: \_\_\_\_\_  
City, State, Zip-Code: \_\_\_\_\_ OR your landlord's name: \_\_\_\_\_  
Did You... please circle one below: Landlord's Phone #: \_\_\_\_\_  
Rent Own Stay Temp Stay with Family / Friends Dates of Residency: from \_\_\_\_\_ to \_\_\_\_\_  
Are you related to this landlord? YES NO If YES, how are you related? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_





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City, State, Zip-Code: \_\_\_\_\_ OR your landlord's name: \_\_\_\_\_  
Did You... *please circle one below:* \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_  
Rent Own Stay Temp Stay with Family / Friends Dates of Residency: *from* \_\_\_\_\_ *to* \_\_\_\_\_  
Are you related to this landlord? YES NO If YES, how are you related? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

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Rent Own Stay Temp Stay with Family / Friends Dates of Residency: *from* \_\_\_\_\_ *to* \_\_\_\_\_  
Are you related to this landlord? YES NO If YES, how are you related? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

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# Authorization to Release Information

HHI Management Company  
400 136<sup>th</sup> Avenue – Building 200, Suite 205  
Holland, MI 49424

## Part 1 - Read the following statement, and sign below — To be completed by applicants age 17 or older

I authorize HHI Management Company to provide all necessary information and documentation to my Service Provider (name of Service Provider Agency and/or Individual) \_\_\_\_\_, and/or to Community Management Associates, Inc. (CMA), and/or to Community Housing Advocates (CHA), and/or to MSHDA agents and/or to the Department of Human Services (DHS) for the purpose of providing housing, rental assistance, general rental and account history, shelter verifications and case management services to me. I also authorize HHI Management Company to obtain information from the above mentioned agency/individual(s) regarding the supportive services and case management they provide to me, as it relates to obtaining and remaining in the Ottawa and/or Allegan County Supportive Housing. I understand that HHI Management Company will be in contact with and may share information with the agency/individual(s) mentioned above.

I understand that any information obtained by HHI Management Company will be available to the above mentioned agency/individual(s) for the purpose of providing supportive services, case management and housing, while I am applying for residency, and if I become a tenant, without further notice or authorization, but will not be released or disclosed by HHI Management Company to any other agency or used for another purpose without my consent, except as required or permitted by law.

I understand that HHI Management Company is not responsible or liable for how the above indicated agency/individual(s) use this information, and I agree to hold HHI Management Company harmless and release any potential responsibility or liability for misuse of information by the above indicated agency/individual(s). I may revoke this Authorization at any time by sending a written request to HHI Management Company.

A copy of this Authorization may be accepted as an original. This Authorization will expire on \_\_\_\_/\_\_\_\_/20\_\_\_\_ or one year from signature date

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

## Part 2 - Read the following statement, and sign below — To be completed by applicants age 17 or older

I authorize HHI Management Company to obtain information and verifications regarding the following applicable information:

Vehicle Records; Licensing Records; Past and Present Employment and/or Income Records; Bank Accounts;  
Stock Holdings and any other asset balances or information; Past and Present Landlord References;  
Civil and Criminal Information; Credit Reports

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., HHI Management Company is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. Subsequent consumer reports may be obtained and utilized under this authorization. I also understand that financial records involving my apartment application will be available to HHI Management Company without further notice or authorization, but will not be disclosed or released by HHI Management Company to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Title 18, Section 101 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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for







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I understand that any information obtained by HHI Management Company will be available to the above mentioned agency/individual(s) for the purpose of providing supportive services, case management and housing, while I am applying for residency, and if I become a tenant, without further notice or authorization, but will not be released or disclosed by HHI Management Company to any other agency or used for another purpose without my consent, except as required or permitted by law.

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness \_\_\_\_\_

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Witness \_\_\_\_\_

Date \_\_\_\_\_

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*To be completed by applicants age 17 or older*

HHI Management Company requires criminal background and sex offender registration status reports on all adult household members applying for housing as part of the pre-occupancy screening process using the information provided below.

**PLEASE PRINT CLEARLY!**

Last Name	Legal First Name	Full Middle Name
<b>Maiden Name or Names Previously Used</b>		
<b>Date of Birth</b>	<b>Race</b>	<b>Sex</b>

Have you lived in Michigan CONTINUOUSLY for the last 10 years? \_\_\_\_YES \_\_\_\_NO

What states have you lived in within the last 10 YEARS?		

I understand that the above information is required by the Central Records Division of the Michigan State Police Department, Lansing, Michigan to determine my eligibility for residency. I certify that the above information is true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection of my application, or termination of my lease.

I authorize HHI Management Company to utilize the above information for the sole purpose of obtaining a conviction-only criminal history file search for the state of Michigan and all other states I have lived in as an adult. I understand I may be responsible to provide HHI Management Company with conviction-only criminal history information from all other states, in which I have lived in as an adult.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to HHI Management Company.

A copy of this Authorization may be accepted as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*To be completed by applicants age 17 or older*

HHI Management Company requires criminal background and sex offender registration status reports on all adult household members applying for housing as part of the pre-occupancy screening process using the information provided below.

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I understand that the above information is required by the Central Records Division of the Michigan State Police Department, Lansing, Michigan to determine my eligibility for residency. I certify that the above information is true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection of my application, or termination of my lease.

I authorize HHI Management Company to utilize the above information for the sole purpose of obtaining a conviction-only criminal history file search for the state of Michigan and all other states I have lived in as an adult. I understand I may be responsible to provide HHI Management Company with conviction-only criminal history information from all other states, in which I have lived in as an adult.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to HHI Management Company.

A copy of this Authorization may be accepted as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Authorization to Release Information to Service Provider

HHI Management Company  
400 136<sup>th</sup> Avenue – Building 200, Suite 205  
Holland, MI 49424

## To be completed by applicant

HHI Management Company requires your permission to speak to anyone regarding your housing status, or the status of your application. Without your permission (this form), we are not able to release ANY information to those persons not listed on the application.

Please list any individual persons or agencies which you would like for us to be able to communicate with—this can include any Service Provider or Case Manager you are currently working with, any family member or friend you are receiving assistance from, etc...

**This Authorization can be changed (persons/agencies added or removed) at any time.**

1. I authorize HHI Management Company to release or disclose the information described in Paragraph 2 (below) to the following individuals, entities or "Service Provider(s)":

(a) \_\_\_\_\_  
(Name of Service Provider, Agency and/or individual)

(b) \_\_\_\_\_  
(Name of Service Provider, Agency and/or individual)

(c) \_\_\_\_\_  
(Name of Service Provider, Agency and/or individual)

(d) \_\_\_\_\_  
(Name of Service Provider, Agency and/or individual)

2. The information that I authorize HHI Management Company to release or disclose is as follows: any and all information relating to my lease with HHI Management Company, including but not limited to: (a) rental payments; (b) security deposits; (c) utility allowances; (d) lease violations and complaints; (e) property inspections and housekeeping.

3. I understand that the information will be released or disclosed by HHI Management Company to the Service Provider without further notice to me. I also understand that HHI Management Company will not release or disclose the information described in Paragraph 2 to any other individual or entity, without my written consent, except as required or permitted by law.

4. I agree that HHI Management Company is not responsible or liable for how the Service Provider uses the information released or disclosed by HHI Management Company. I agree to hold harmless and release HHI Management Company from any potential responsibility or liability for misuse of the information by the Service Provider.

5. I also authorize the Service Provider to communicate with and provide information to HHI Management Company regarding the supportive services and case management services that they provide to me.

6. I understand that I may revoke this Authorization at any time by sending written notice to HHI Management Company at the address set forth above.

7. I have been provided a copy of this Authorization. I also acknowledge that HHI Management Company may use a copy of this Authorization in place of the original.

This Authorization will expire on \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_ or one year from the signature date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Part 1

### APPLICANT—PLEASE COMPLETE Part 1 OF THIS FORM ONLY

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

By signing below, I give my permission for the verifying agency to release information to HHI Management Company

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 2

### REMAINDER OF THIS FORM TO BE COMPLETED BY VERIFYING AGENCY

Verification to be completed by a shelter agency, police official, or other agency which provides services or temporary housing.

This applicant has applied for a supportive housing program indicating they are homeless. Federal regulations require the verification of housing status. Please answer the following questions and return form to HHI Management Company so that we are able to determine the applicant's eligibility.

Verifying Agency: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### 1. Does this family / individual lack a fixed, regular and adequate night-time residence? ☐ YES ☐ NO

☐ Yes ☐ No Applicant is sleeping in places not meant for human habitation—such as car, park, sidewalk, abandoned building, etc..  
Where: \_\_\_\_\_

☐ Yes ☐ No Applicant is sleeping in an emergency shelter. Shelter Name: \_\_\_\_\_

☐ Yes ☐ No Applicant is living in transitional or supportive housing for homeless persons, but whom originally came from the streets or an emergency shelter. Where: \_\_\_\_\_

☐ Yes ☐ No Applicant is sleeping/living in any of the above listed places, but is spending a short time (up to, but not more than 30 consecutive days) in a hospital or other institution. Where: \_\_\_\_\_

☐ Yes ☐ No Applicant is being evicted within a week from a private dwelling unit, and no subsequent residence has been identified and the person lacks the resources and supportive networks needed to obtain housing. Eviction Date: \_\_\_\_\_

☐ Yes ☐ No Applicant is being discharged within a week from an institute in which the person has been a resident for more than 30 consecutive days, and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing. Discharge Date: \_\_\_\_\_

### 2. If this family / individual is not currently homeless, are they AT RISK of being homeless? ☐ YES ☐ NO

If YES for AT RISK, Clarification / Explanation is **REQUIRED**: \_\_\_\_\_

### 3. Is this family/individual currently participating in supportive services through your agency? ☐ YES ☐ NO

Qualifying services may include, but are not limited to: transportation for medical appointments or grocery shopping; supervision of medication, treatment of drug rehabilitation; treatment of alcohol addiction; training in housekeeping and homemaking activities; family budgeting; child care; parenting skills; computer lab; and work skills development and job training.

By signing below, I certify that the above information is correct

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTICE TO ALL APPLICANTS: Options for Applicants with Disabilities

This property is managed by **HHI Management Company**. We encourage and support the nation's affirmative housing program in which there are no barriers obtaining housing because of race, color, religion, age, marital status, public assistance recipient status, source of lawful income, weight, height, gender, national origin, familial status, disability, or because they receive Section 8 assistance. In addition, we have a legal obligation to provide "reasonable accommodations" to applicants if they or any household members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

**A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include:**

- Making alterations to a unit so it could be used by a family member with a wheelchair
- Install strobe-type flashing light smoke detectors in an apartment for a family with a hearing impaired member
- Permitting a family to have a seeing eye dog to assist a vision impaired family member in a development where dogs are not usually permitted
- Make large type documents or a reader available to a vision impaired applicant during the application process
- Make a sign language interpreter available to a hearing impaired applicant during the application process
- Make a sign language interpreter available to a hearing impaired applicant during the interview
- Permitting an outside area agency to assist an applicant with a disability to meet the Property's applicant screening criteria

An applicant household that has a member with a disability must still be able to meet essential obligations of tenancy—they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc... but there is no requirement that they be able to do these things without assistance.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at anytime in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

☐ **NO, there are no specific accommodations I would like to address at this time.**

☐ **YES, I would like to address specific accommodations, and have completed the SPECIAL UNIT QUESTIONNAIRE on the reverse side of this page.**

Applicant / Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Explained by: \_\_\_\_\_ Date: \_\_\_\_\_



## SPECIAL UNIT REQUIREMENT QUESTIONNAIRE

This is to be administered to everyone applying for housing with **HHI Management Company**

This will be used to determine whether an applicant needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need these features.

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**1. Do you, or does anyone in your household require (please check all that apply):**

- ☐ A separate bedroom      ☐ A barrier-free apartment      ☐ Ground-Level Apartment  
☐ Unit for visual-impaired      ☐ Unit for hearing-impaired  
☐ Physical modifications to a typical apartment

**2. If you checked any of the above, please explain what you will need to accommodate your situation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Can you, and all of your household members, go up and down stairs unassisted?**      ☐ YES      ☐ NO

If NO, please indicated how we should accommodate your household: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**4. Will you, or any of your household members, require a live-in aid to assist you?**      ☐ YES      ☐ NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. Name of the household member who needs the features identified above:** \_\_\_\_\_

**6. Who should be contacted to verify the need for the features you have identified above?**

Doctors Name: \_\_\_\_\_

Name of office: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

VERIFICATION OF DISABILITY

Date:	Client's Name:	SS#: XXX-XX-
Client's Birthdate:	Address:	City/State/Zip Code/MSHDA County:

The United States Housing Act of 1937, as amended, authorizes special considerations in Federally Funded Housing to a person who is permanently disabled.

Definition of "Permanently Disabled"

- be unable to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment which can be expected to last for a continuous period of not less than twelve (12) months; or
- in the case of an individual who is 55 years of age and is blind, be unable by reason of blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time; or
- be a disabled person which is defined as a person having a physical or mental impairment which;
  - is expected to be of a continuous and indefinite duration; and
  - substantially impedes the ability to live independently, and
  - is of such a nature that such ability could be improved by more suitable housing conditions; or
- be developmentally disabled which means a severe, chronic disability of a person which
  - is attributable to a mental or physical impairment or combination of mental and physical impairments; and
  - is manifested before a person is twenty-two; and
  - is likely to continue indefinitely; and
  - results in substantial functional limitation in three or more of the following areas of major life activity: self-care, reception and Version: expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency, and reflects the person's need for a combination and sequence of special inter-disciplinary, or generic care, treatment, or other services which are life-long or of extended duration and are individually planned and coordinated.

Criteria for Reasonable Accommodation

Americans with Disability Act (ADA) definition:

Having a physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of such impairment; or being regarded as having such impairment.

In order to determine eligibility for a program funded under the 1937 Housing Act, the Michigan State Housing and Development Authority (MSHDA) must verify the family's disability. Attached is a release and authorization signed by the applicant/participant authorizing this PHA to obtain the requested information. This information will be held in confidence for use only in determining eligibility and/or continued participation in a housing assistance program. We ask for your cooperation in returning this completed form in the enclosed self-addressed envelope within ten business days so we may complete eligibility determination.

**The following section to be completed by a knowledgeable medical professional:**

**CERTIFICATION OF DISABILITY**

I hereby certify, under penalty of perjury, that the following individual: \_\_\_\_\_ ☐ Is - ☐ Is not - disabled/handicapped as defined above.

If the above referenced individual is disabled/handicapped, please indicate approximate probable duration:

☐ Less Than One Year - ☐ One Year - ☐ Five Years - ☐ Permanent - ☐ Other: \_\_\_\_\_

Signature _____	Date _____
Printed Name _____	Professional Title _____
Address _____	Telephone Number _____

Please complete this form and return within 10 business days to:

HHI Management  
400 136 Ave., Bldg. 200, Ste 205  
Holland, MI 49424  
(Fax) 616-395-9315



## Disclosure Regarding Real Estate Agency Relationships - Lease Transactions

Before you disclose confidential information to a real estate licensee regarding a real estate transaction, you should understand what type of agency relationship you have with that licensee. A real estate transaction includes the lease of any real estate consisting of not less than 1 or not more than 4 residential dwelling units.

- (1) An agent providing services under any service provision agreement owes, at a minimum, the following *duties* to the client:
  - (a) The exercise of reasonable care and skill in representing the client and carrying out the responsibilities of the agency relationship.
  - (b) The performance of the terms of the service provision agreement.
  - (c) Loyalty to the interest of the client.
  - (d) Compliance with the laws, rules, and regulations of this state and any applicable federal statutes or regulations.
  - (e) Referral of the client to other licensed professionals for expert advice related to material matters that are not within the expertise of the licensed agent. **A real estate licensee does not act as an attorney, tax advisor, surveyor, appraiser, environmental expert, or structural or mechanical engineer and you should contact professionals on these matters.**
  - (f) An accounting in a timely manner of all money and property received by the agent in which the client has or may have an interest.
  - (g) Confidentiality of all information obtained within the course of the agency relationship, unless disclosed with the client's permission or as provided by law, including the duty not to disclose confidential information to any licensee who is not an agent of the client.
- (2) A real estate broker or real estate salesperson acting pursuant to a service provision agreement shall provide the following *services* to his or her client:
  - (a) When the real estate broker or real estate salesperson is representing a lessor, the marketing of the client's property in the manner agreed upon in the service provision agreement.
  - (b) Acceptance of delivery and presentation of offers and counteroffers to lease the client's property or the property the client seeks to lease.
  - (c) Assistance in developing, communicating, negotiating, and presenting offers, counteroffers, and related documents or notices until a lease agreement is executed by all parties and all contingencies are satisfied or waived.

Michigan law requires real estate licensees who are acting as agents of landlords or tenants to advise the potential landlords or tenants with whom they work of the nature of their agency relationship.

### LANDLORD'S AGENTS

A landlord's agent, under a listing agreement with the landlord, acts solely on behalf of the landlord. A landlord can authorize a landlord's agent to work with subagents, tenant's agents and/or transaction coordinators. A subagent of the landlord is one who has agreed to work with the listing agent, and who, like the listing agent, acts solely on behalf of the landlord. Landlord's agents and their subagents will disclose to the landlord known information about the tenant which may be used to the benefit of the landlord.

Individual services may be waived by the landlord through execution of a limited service agreement. Only those services set forth in paragraph (2)(b) and (c) above may be waived by the execution of a limited service agreement.



**TENANT'S AGENTS**

A tenant's agent, under a tenant's agency agreement with the tenant, acts solely on behalf of the tenant. A subagent of the tenant is one who has agreed to work with the tenant's agent with who, like the tenant's agent, acts solely on behalf of the tenant. Tenant's agents and their subagents will disclose to the tenant known information about the landlord which may be used to benefit the tenant.

Individual services may be waived by the tenant through execution of a limited service agreement. Only those services set forth in paragraph (2)(b) and (c) above may be waived by the execution of a limited service agreement.

**DUAL AGENTS**

A real estate licensee can be the agent of both the landlord and the tenant in a transaction, but only with the knowledge and informed consent, in writing, of both the landlord and the tenant.

In such a dual agency situation, the licensee will not be able to disclose all known information to either the landlord or the tenant. As a dual agent, the licensee will not be able to provide the full range of fiduciary duties to the landlord or the tenant.

The obligations of a dual agent are subject to any specific provisions set forth in any agreement between the dual agent, the landlord and the tenant.

**TRANSACTION COORDINATOR**

A transaction coordinator is a licensee who is not acting as an agent of either the landlord or the tenant, yet is providing services to complete a real estate transaction. The transaction coordinator is not an agent for either party and therefore owes no fiduciary duty to either party.

**DESIGNATED AGENCY**

A tenant or landlord with a designated agency agreement is represented only by agents specifically named in the agreement. Any agents of the firm not named in the agreement do not represent the tenant or landlord. The named "designated" agent acts solely on behalf of his or her client and may only share confidential information about the client with the agent's supervisory broker who is also named in the agreement. Other agents in the firm have no duties to the tenant or landlord and may act solely on behalf of another party in the transaction.

**LICENSEE DISCLOSURE (Check one)**

I hereby disclose that the agency status of the licensee named below is:

- ☒ Landlord's agent
- ☐ Landlord's agent - limited service agreement
- ☐ Tenant's agent
- ☐ Tenant's agent - limited service agreement
- ☐ Dual agent
- ☐ Transaction coordinator (A licensee who is not acting as an agent of either the landlord or the tenant.)
- ☐ None of the above

**AFFILIATED LICENSEE DISCLOSURE (Check one)**

- ☐ Check here if acting as a designated agent. Only the licensee's broker and a named supervisor broker have the same agency relationship as the licensee named below. If the other party in a transaction is represented by an affiliated licensee, then the licensee's broker and all named supervisory brokers shall be considered disclosed consensual dual agents.
- ☒ Check here if not acting as a designated agent. All affiliated licensees have the same agency relationship as the licensee named below.

Further, this form was provided to the tenant or landlord before disclosure of any confidential information.

\_\_\_\_\_  
Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensee

\_\_\_\_\_  
Date

#### ACKNOWLEDGMENT

By signing below, the parties acknowledge that they have received and read the information in this agency disclosure statement and acknowledge that this form was provided to them before the disclosure of any confidential information. **THIS IS NOT A CONTRACT.**

The undersigned \_\_\_\_\_ **DOES** \_\_\_\_\_ **DOES NOT** have an agency relationship with any other real estate licensee. If another agency relationship exists, the undersigned is represented as \_\_\_\_\_ **LANDLORD** \_\_\_\_\_ **TENANT**.

\_\_\_\_\_  
Potential ☐ Tenant ☐ Landlord (check one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Potential ☐ Tenant ☐ Landlord (check one)

\_\_\_\_\_  
Date