EST. 2024

DR. VIOLET T. LEWIS VILLAGE

Managed by Presbyterian Villages of Michigan

Dr. Violet T. Lewis Village

AFFORDABLE APARTMENT LIVING FOR ADULTS 55+

Thank you for your interest in Dr. Violet T. Lewis Village! We're glad you're considering making our community your home, and our team is here to help you every step of the way.

INCOME REQUIREMENTS

Minimum monthly household income

One-bedroom	**$2,210/month**
Two-bedroom	**$2,300/month**

Maximum income limits and current rents are listed on the following pages.

VISIT US

Walk-ins welcome

Appointments encouraged

Mon.–Wed. & Fri.	**8:30 AM – 5:00 PM**
Thursday	**8:30 AM – 7:00 PM**

Stop by during business hours to tour, ask questions or drop off your application. To be seen promptly, call 313-270-9150 to schedule an appointment.

WHAT TO BRING WITH YOUR APPLICATION

To keep your application moving, please include copies of the following for **each household member**:

- [ ] Driver's license or State ID
- [ ] Birth certificate
- [ ] Social Security card

Applications without these documents cannot be processed and will be returned so they can be completed.

Questions? We're happy to help. Call **313-270-9150**

EQUAL HOUSING OPPORTUNITY

Thank you for your interest in our newest community, Dr. Violet T. Lewis Village Apartments.

Dr. Violet T. Lewis Village Apartments is a Tax Credit Community. This means the property operates under the Low-Income Housing Tax Credit (LIHTC) program, which was created to help provide high-quality, affordable housing for individuals and families with low to moderate income.

The LIHTC program is not Section 8 and does not reduce your rent based on your income. Instead, this program allows property owners to offer apartments at rates that are more affordable than typical market rents for qualifying households. The community **does** accept Housing Choice Vouchers.

KEY FACTS ABOUT LIHTC HOUSING

- LIHTC housing is not subsidized and does not offer rental assistance.
- Rents are affordable but are not income-based.
- Households must meet specific income eligibility limits based on household size.
- Residents complete annual recertifications to confirm continued eligibility.
- LIHTC Student Rule: In most cases, households made up entirely of full-time students do not qualify for LIHTC housing, with limited exceptions.

AGE ELIGIBILITY REQUIREMENTS

- The head of household must be at least 55 years of age or older.
- All other household members must be at least 50 years of age.

ADDITIONAL COMMUNITY REQUIREMENTS

- Pets are accepted. Pet policy is enforced, and a pet deposit is required.
- Residents are responsible for paying for their own gas and electricity.
- SMOKE FREE COMMUNITY – Smoking allowed in designated areas only.

CURRENT MAXIMUM HOUSEHOLD INCOME LIMITS

1-person household	**$44,040**
2-person household	**$50,340**
3-person household	**$56,640**
4-person household	**$62,880**

CURRENT RENTAL RATES

One-Bedroom	**$844–$937**
Two-Bedroom	**$1,097**

DR.VIOLET T. LEWIS VILLAGE



GUEST CARD

Property Name_____ Date_____

Name_____ ☐ Phone Call

Address_____ ☐ Walk-In

City, State_____ Zip_____ ☐ Appt. Set

Home Phone (____)_____ Business Phone (____)_____

Employed by_____ Position_____

Type of Apartment Needed_____ When_____

For_____ people. Pets? ☐ No ☐ Yes Description_____

Where did you FIRST hear about our apartments?

☐ Newspaper_____ ☐ Resident_____

☐ Signs/Drive By ☐ Locator_____

☐ Apartment Guide_____ ☐ Yellow pages

☐ Real Estate Agency_____ ☐ Other_____

For Office Use Staff Person_____

Apartment Size Needed_____ Comments_____

Apartment # Shown____ ☐ Vacant ☐ Model or Reason Not Shown_____

Why Are They Moving_____

Features Like Most_____

Objections_____

Apartment and Concession Offered (If any)_____

☐Application completed, signed and dated ☐3rd Party Release Forms signed and dated

Reason Not Leased_____

Follow-Up
Thank-you Note Sent (date)_____
Telephone (date and time)_____

Results_____

EST. 2024

DR. VIOLET T. LEWIS VILLAGE

Managed by Presbyterian Villages of Michigan

Now Leasing!

New, Affordable, Quality Homes for Seniors in Detroit



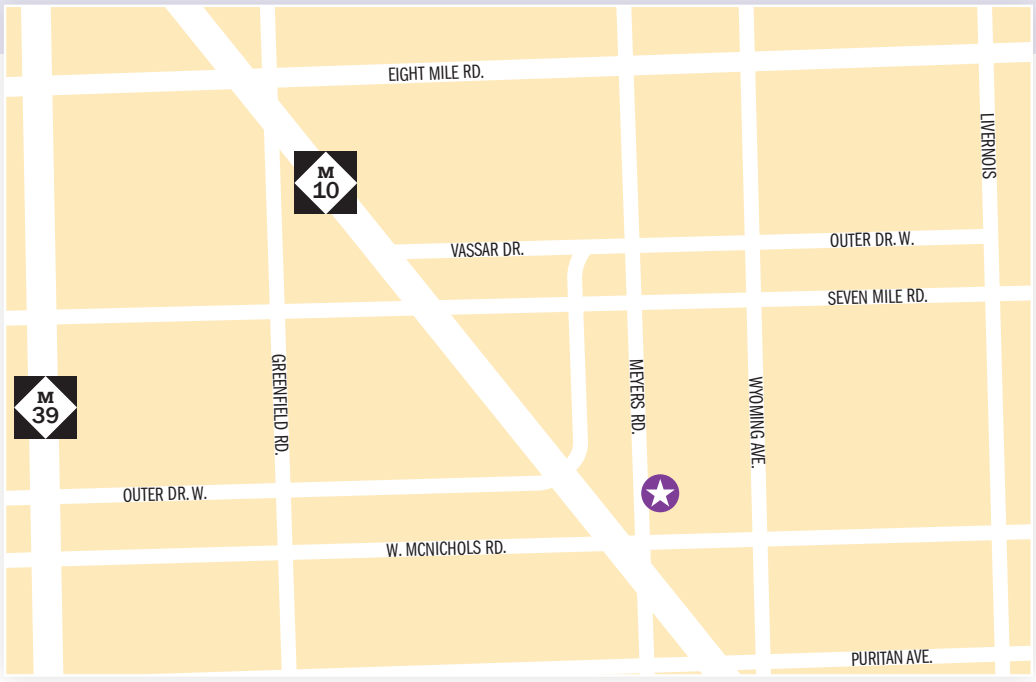


Call today
313-270-9150
drviolettlewisvillage.org

The Dr. Violet T. Lewis Village East Building

Newly-constructed apartments on a three-building, 105-home campus featuring adaptive reuse of two historic buildings alongside the new structure. A community of affordable homes in the city of Detroit for income-qualified residents age 55 and older. Honoring the legacy of the Lewis Business College, Michigan's only Historically Black College and University (HBCU).

- Studio, 1- & 2-bedroom apartments
- 4-story building with elevators
- Ample parking
- Controlled access to building
- Water, sewer, trash included
- Community rooms with kitchenette
- Library and Computer Room
- Fitness Room
- Activities Room
- Community laundry facilities



Conveniently located in the community—close to churches, schools, universities, activity center, health care, shopping and more!

Dr. Violet T. Lewis Village



North Building
17370 Meyers Rd.



South Building
17340 Meyers Rd.



East Building
17334 Meyers Rd.

Detroit, MI 48235
Phone: 313-270-9150

EST. 2024

DR. VIOLET T. LEWIS VILLAGE

Managed by Presbyterian Villages of Michigan

17370 Meyers Road, Detroit, MI 48235 313-270-9150 www.drviolettlewisvillage.org

This Senior Living Community will provide equal housing opportunity to all persons regardless of race, color, religion, sex, sexual orientation, gender identity, disability, familial status, or national origin.

Affordable Housing: *Dr. Violet T. Lewis Village is for those who are 55 years of age or older and who meet income guidelines and qualifications.*

8/26

The Dr. Violet T. Lewis Village Campus

Leased and managed by Presbyterian Villages of Michigan

A vibrant community preserving the legacy of the Lewis Business College, Michigan's only HBCU. The three-building campus features adaptive reuse of two historic college buildings with a newly-constructed 4-story building, creating quality, affordable homes for income-qualified residents age 55 and older.

- Studio, 1- & 2-bedroom apartments
- 2-, 3- & 4-story buildings with elevators
- Ample parking
- Controlled access to building
- Water, sewer and trash included
- Resident storage space for select units
- Community rooms with kitchenette
- Library and Computer Room
- Fitness Room
- Activities Room
- Community laundry facilities



Floorplans



Unit A



Unit B

Leasing Now

East Building

17334 Meyers Rd., Detroit, MI 48235

	2026 Rates
1-bedroom	$844-$937
2-bedroom, 1-bath	$1,097



Ask about availability

North Building

17370 Meyers Rd., Detroit, MI 48235

	2026 Rates
1-bedroom	$844-$937
2-bedroom, 2-bath	$782-$1,230



Ask about availability

South Building

17340 Meyers Rd., Detroit, MI 48235

	2026 Rates
Studios	$839
1-bedroom	$466-$1,095

DR. VIOLET T. LEWIS VILLAGE

EST. 2024

Managed by Presbyterian Villages of Michigan

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Affordable Housing: *Dr. Violet T. Lewis Village is for those who are 55 years of age or older and who meet income guidelines and qualifications.*

8/26

LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

All co-applicants, age 18 or older, including spouse, should complete a separate application.

Date Received: _____ Time Received: _____am/pm Staff Initials: _____

	Dr. Violet T. Lewis 17370 Meyers Road	
Phone: (313) 270-9150	Detroit, MI 48235	**Fax:**

We are pleased to consider your family as future residents of our rental community. The information you provide below will assist us in determining your eligibility. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law. **Please answer all questions.**
Write N/A if a particular question is not applicable. Do no leave any questions blank or unanswered. THANK YOU!

HOUSEHOLD COMPOSITION AND STATUS:

*List the Head of Household (applicant) and **all** other persons who will be living in your unit. State the relationship of each family member to the Head. Choose only one member to be Head of Household. List all members you anticipate to live with you at least 50% of the time in the next 12 months including anyone who is not currently a household member but is anticipated to become one in the next 12 months. Include any temporally absent family members.*

Household Member's Full Name (first and last)	**Relationship to Head** S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child U=Unborn child L=Live-In Attendant	**Date of Birth**	**Marital Status** M=Married D=Divorced SP=Separated S=Single W=Widowed	**Social Security Number**	**Student** Y or N	If "yes" **Parttime** (PT) or **Fulltime** (FT)*
	Head					

*A household member should be considered a full-time (FT) or part-time (PT) student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. Please include all school-age children, even if home-schooled as FT students.

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

Revised as of 8-22-2025

CONTACT INFORMATION :

Head of Household Current Address:

Phone Number:

Email Address:

Additional Household Member Information:

Name:

Phone:

Current Address:

Email Address:

Name:

Phone:

Current Address:

Email Address:

Name:

Phone:

Current Address:

Email Address:

1. COMPLETE THE FOLLOWING SECTION ONLY IF ALL HOUSEHOLD MEMEMBERS ARE FULL TIME STUDENTS:
   a. Is at least one student receiving assistance under Title IV of the Social Security Act? (AFDC/TANF) Yes or No
   b. Does at least one student participate in a program receiving assistance under the Training Act, Workforce Investment Act or under other similar federal, state, or local laws? Yes or No
   c. Are the full-time students married and entitled to file a joint tax return? Yes or No
   d. Is the household comprised entirely of a single parent with child(ren) and the parent is not a dependent of another individual and the child(ren) are not dependents of someone other than a parent? Yes or No
   e. Was at least one student previously under the care and placement responsibility of the State agency responsible for administering foster care? Yes or No

2. If you are divorced or separated, please provide date effective: _____
   (If divorced, please provide a full copy of divorce decree. Mark 'NA' if not applicable)
3. Do you expect any changes in the household in the next 12 months? Yes or No
   If yes, please describe:_____
   When will this occur?_____
   (If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members under age 18 claiming emancipation (yourself included)? Yes or No
   If yes, please provide documentation to validate emancipation.

CURRENT EMPLOYMENT INFORMATION (Do not report self-employment in this box):

Company Name:_____ Title:_____

Address:_____ Date of Hire:_____

City/State/Zip:_____ Monthly Gross Wage: $_____

Phone:_____ Fax:_____ Supervisor:_____

ADDITIONAL CURRENT EMPLOYER INFORMATION: (Mark 'N/A' if not applicable)

Company Name:_____ Title:_____

Address:_____ Date of Hire:_____

City/State/Zip:_____ Monthly Gross Wage: $_____

Phone:_____ Fax:_____ Supervisor:_____

PREVIOUS EMPLOYMENT INFORMATION:

Company Name:_____ Title:_____

Address:_____ Date Left:_____

City/State/Zip:_____ Monthly Gross Wage: $_____

Phone:_____ Fax:_____ Supervisor:_____

OTHER INCOME INFORMATION:

Identify each source of income currently received or anticipated to be received in the next 12 months.	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. **Adoption Assistance**	Yes or No	$_____
2. **Disability/Worker's Compensation/Severance Pay**	Yes or No	$_____
3. **Lottery Winnings Paid Periodically**	Yes or No	$_____
4. **Military Pay**	Yes or No	$_____
5. **Retirement Income**	Yes or No	$_____
6. **Educational Financial Assistance**	Yes or No	$_____
7. **Recurring Gift/Contribution**	Yes or No	$_____
8. **Child Support/Alimony/Family Maintenance**	Yes or No	$_____
9. **Rental Income**	Yes or No	$_____
10. **Self-Employment**	Yes or No	$_____
11. **Not Employed**	Yes or No	$_____
12. **Zero Income (No income from any source)**	Yes or No	$_____
13. **Social Security/SSI Benefits (Disability)**	Yes or No	$_____
14. **Trust Income**	Yes or No	$_____
15. **Unemployment Compensation**	Yes or No	$_____
16. **VA Benefits**	Yes or No	$_____
17. **Public Assistance (AFDC/TANF/W-2) / Welfare**	Yes or No	$_____
18. **Any other income not listed above**	Yes or No	$_____

ASSET INFORMATION: ***List all assets for this household member. Complete one for <u>every</u> household member.***			
	Name of Financial Institution(s)	Circle One	Amount
1. Bonds	_____ _____	Yes or No	$_____ $_____
2. CD/Money Markets	_____ _____	Yes or No	$_____ $_____
3. Treasury Bill	_____ _____	Yes or No	$_____
4. Checking	_____ _____	Yes or No	$_____ $_____
5. Savings	_____ _____	Yes or No	$_____ $_____
6. Digital Wallet Services (e.g.PayPal, Venmo, CashApp, Apple Pay, etc.)	_____ _____	Yes or No	$_____ $_____
7. Land Contract/Deed of Trust	_____ _____	Yes or No	$_____ $_____
8. Lottery Winnings (Lump Sum)	_____ _____	Yes or No	$_____ $_____
9. Real Estate	_____ _____	Yes or No	$_____ $_____
10. Cash on Hand	_____ _____	Yes or No	$_____ $_____
11. Safety Deposit Box	_____ _____	Yes or No	$_____ $_____
12. Personal Property Held as an Investment		Yes or No	$_____ $_____
13. Stocks/Mutual Funds	_____ _____	Yes or No	$_____ $_____
14. Trusts	_____ _____	Yes or No	$_____ $_____
15. Universal Life Insurance	_____ _____	Yes or No	$_____ $_____
16. Whole Life Insurance	_____ _____	Yes or No	$_____ $_____
17. Crypto/Digital Currency (e.g. Bitcoin, Dogecoin, Ethereum, etc.)	_____ _____	Yes or No	$_____ $_____
18. Other Non-Necessary Personal Property (rec. vehicles, boats, certain jewelry, collectibles, etc.)	_____ _____	Yes or No	$_____ $_____
19 Other Assets not listed above	_____ _____	Yes or No	$_____ $_____

1. Do all combined assets of the entire household exceed $51,600? Yes or No

2. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than $1,000 less than Fair Market Value? Yes or No
   If yes, please completed the following:

   Asset Disposed:_____
   Date Disposed:_____
   Amount Disposed:_____

   Was the disposal of this asset due to (circle as appropriate):

Bankruptcy	Yes	No
Foreclosure	Yes	No
Marital Separation	Yes	No
Divorce	Yes	No

3. Have you given any gifts of money totaling more than $1,000 in the past two (2) years? Yes or No

   Gifted To:_____
   Date Gifted:_____
   Amount Gifted:_____

RESIDENTIAL HISTORY: ***Please provide 3 years of housing history***

Current Address:_____ ____Own ____Rent ____Other_____

City/State/Zip:_____ Date Moved In: _____

Landlord Name/Mortgage Company:_____ Rent/Mortgage: $_____

Phone:_____ Reason for leaving:_____

Previous Address:_____ ____Own ____Rent ____Other_____

City/State/Zip:_____ Date Moved In: _____

Landlord Name/Mortgage Company:_____ Rent/Mortgage: $_____

Phone:_____ Reason for leaving:_____

1. Have you ever been evicted from tenancy? Yes or No
   If yes, please list date:_____

2. Have you ever filed for bankruptcy? Yes or No
   If yes, please list date:_____

3. Will this be your only place of residence? Yes or No
   If no, please explain:_____

4. Will you have 50% or more physical custody of all minor members in household? Yes or No
   If no, please explain:_____

5. Will you be receiving rental assistance while living at this community? Yes or No
   If yes, please list source of assistance:_____

   a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? Yes or No
      If yes, please explain:_____





7. Do you own any pets that would be moving with you into the community? Yes or No
   If yes, please list types:_____

OTHER INFORMATION:

Type of Vehicle:_____(car, truck, etc..) License Plate #_____

Make/Model:_____ Year: _____ Color:_____

Type of Vehicle:_____(car, truck, etc..) License Plate #_____

Make/Model:_____ Year: _____ Color:_____

EMERGENCY INFORMATION: ***In case of emergency, notify...***

Name:_____ Phone #1_____

Phone #2_____

Address:_____ Relationship: _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

Under penalty of perjury, I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

_____ _____

Applicant's Signature **Date**

FAMILY COMPOSITION CERTIFICATION

Please list YOURSELF, ALL DEPENDENTS AND PERSONS LIVING WITH YOU.

*All Household members must have a Social Security Number

Name: _____ **Address:** _____ **Unit:** _____

Name **Last First MI**	**Relationship to Head of Household**	**Sex**	**Birthdate**	**Place of Birth City, State**	**Social Security Number**	**Occupation**	**Annual Income**

I/We certify that the information given above is an accurate account of our household composition and our total household income for the next twelve months. I/We understand that false information will place me/us in violation of the terms of the Occupancy Agreement and render me/us liable for prosecution. _____Initial _____Initial

_____ _____ _____

Date Home# Work#

_____ _____

Emergency Contact Name Phone#

_____ _____

Resident's Signature/Printed Name Spouse/Co-Resident's Signature/Printed Name

EQUAL HOUSING OPPORTUNITY

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)

Dr. Violet T. Lewis — 17370 Meyers Raod, Detroit, MI 48235

Name of Property | **Project No.** | **Address of Property**

Presbyterian Villages of Michigan — HUD/LIHTC

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	
Not-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 incompliance 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 no require any special protection.

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

1. **HUD-9887/A Fact Sheet describing the necessary verifications**
2. **Form HUD-9887 (to be signed by the Applicant or Tenant)**
3. **Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
4. **Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

   Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

   Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet**: Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
HUD 477 Michigan Avenue, 16th Floor Detroit, MI 48226	Dr. Violet T. Lewis 17370 Meyers Road Detroit, MI 48235	MSHDA 735 E. Michigan Avenue., PO Box 30044 Lansing, MI 48909

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verity salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

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

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section

221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Agencies To Provide Information

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

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barters Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:
HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

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

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
   a. The HUD-9887/A Fact Sheet.
   b. Form HUD-9887.
   c. Form HUD-9887-A.
   d . Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
   a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
   b. If they have a disability that prevents them from reading and/ or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
   • HUD's requirements concerning the release of information, and
   • Other customer protections.
2. Sign on the last page that:
   • you have read this form, or
   • the Owner or a third party of your choice has explained it to you, and
   • you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

_____

Name of Applicant or Tenant (Print)

_____

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

_____

Name of Project Owner or his/her representative

_____

Title

_____

Signature & Date

cc:Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

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

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

MSHDA INCOME & ASSETS CHECKLIST

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

Household Member Name:	Unit Number:
Development Name: Dr. Violet T. Lewis	

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: ☐Full-time ☐Part-time ☐Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips, or bonuses. List the businesses or companies that pay you: _____
5			I am self-employed or operate my own business. List the types of jobs you do: _____
6			I earn income as a day laborer, seasonal worker, gig worker, or independent contractor.
7			I receive Social Security or Railroad Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHHS for the State-paid portion of an SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds, 401(k), IRA, or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider: _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance (does not include food stamps or Medicaid).
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from a trust, annuity, or inheritance. If yes, from how many sources?__
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery, casino or online gaming, or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active-duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

	Yes	No	COMPLETE EACH ITEM:			
26			I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies or settlements? _____ From what Sources? _____			
27			I receive long term care insurance payments that exceed $180/day or $67,000 annually.			
28			I receive other recurring or periodic income not listed above. Describe: _____			
29			I receive student financial assistance (does not include student loans).			
CHILD SUPPORT						
30			I receive child support. If yes, from how many parents do you receive support? ____ If yes, what State is the case through? ____ If yes, is child support paid directly to DHS? ☐ Yes ☐ No			
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.			
32			I anticipate filing a claim for child support within the next twelve months.			
ASSETS **(Include all assets held or owned either in or outside of the United States)**					Cash Value*	Interest Rate**
33			I have a savings account(s) at: _____ (List name(s) of institution)		$	
34			I have a checking account(s) at: _____ (List name(s) of institution)		$	
35			I have certificates of deposit at: _____ (List name(s) of institution)		$	
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or another agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____		$	
37			I have a Venmo, PayPal, Cash App, or another peer-to-peer payment app. If yes, how many and through which services? _____		$	
38			I have Cryptocurrency (such as Bitcoin, Ethereum, etc.)		$	
39			I have cash held in my home or in a safety deposit box.		$	
40			I have savings bonds. If yes, how many? _____		$	
41			I have Treasury Bills. If yes, how many? _____		$	
42			I have stocks, bonds, mutual funds, or securities.		$	
43			I own a house or mobile home.	(**Section 8 PBRA Programs only:** Is the home suitable for occupancy? ☐ Yes ☐ No)	$	
44			I own real estate or land and receive income from the rental of the real estate. If yes, how many properties? _____		$	
45			I have land contracts. If yes, how many? _____		$	
46			I hold a mortgage or deed of trust.		$	
47			I have revocable trusts. If yes, how many trusts? _____		$	
48			I have whole life or universal life insurance policy(ies). If yes, how many policies? _____		$	
49			I have non-necessary personal property held for investment purposes (gems, jewelry, collections, etc.).		$	
50			I have lump sum receipts or one-time receipts.		$	

	Yes	No	COMPLETE EACH ITEM:		
51			I have assets from sources other than those listed above. Describe: _____	$	
52			A member of my household is under the age of 18 and has assets. Describe: _____	$	
53			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.		
54			I have joint ownership on one or more of the above assets.		
ALLOWANCES / DEDUCTIONS **(Complete the items below for Section 8, Section 236, and Moderate Projects Only)**					
55			I am Elderly (age 62 or older), Handicapped or Disabled and **pay Medicare premiums.**		
56			I am Elderly (age 62 or older), Handicapped or Disabled and **pay medical insurance premiums, other than Medicare.**		
57			I am Elderly (age 62 or older), Handicapped or Disabled and **pay medical or prescription or chore provider expenses which are not reimbursed by insurance.**		
58			I am Elderly (age 62 or older), Handicapped or Disabled and **pay long term care insurance premiums.**		
59			I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education.		
60			The Department of Health and Human Services (DHHS) pays childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, DHHS pays □ full □partial.		
61			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.		
62			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.		
OTHER ITEMS					
63			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)		
SPECIAL CONSIDERATION OF ASSETS					
64			**Section 8 PBRA Programs only:** My household's assets exceed $100,000+		
65			I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. Initial the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____ _____ *Assets include cash (totaling in excess of $999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.*		

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

_____ _____

Applicant / Tenant Signature Date

TO BE COMPLETED BY OWNER/MANAGEMENT AGENT

Household Asset(s) Verification vs. Self-Certification:

☐ **Move-In/Initial Certification – All household assets must be 3rd party verified.**

☐ **1st Year Annual Recertification – Year: _____ Asset Threshold: $_____**
(can be found on huduser.org)

☐ **2nd Year Annual Recertification – Year: _____ Asset Threshold: $_____**
(can be found on huduser.org)

☐ **3rd Year Annual Recertification – All household assets must be 3rd party verified.**

The cycle will now repeat, with 3rd party verifications of assets occurring every three (3) years.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

****Apply the Passbook Savings Rate individually to assets that *DO NOT* have a determinable interest rate, only if the household's total cash value of assets exceeds the Asset Threshold for the calendar year.**

Current Passbook Savings Rate: _____% (can be found on huduser.org)

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

_____ _____

Owner/Management Signature Date

MARITAL STATUS AFFIDAVIT

(To be completed by all applicants)

Applicant/Tenant: _____**Unit #:** _____

I certify that:

[ ] I have *never been* married. (If checked, stop here and sign and date bottom of form.)
[ ] I am divorced
[ ] I am separated
[ ] I am widowed
[ ] I am estranged. (If checked, please answer estranged status questions below.)

from my spouse(s) whose name(s) is/are: _____
Date of divorce(s)/separation(s)/etc. _____

Check this box if you are ESTRANGED from your spouse and initial:

[ ] I am estranged from my spouse (not yet legally separated or divorced). They will not be contributing financially and will not be living in the apartment at any time during my tenancy. Initial here: _____

Check A or B:

A. [ ] I am not and will not be receiving any form of spousal contributions to my household.
B. [ ] I am or do anticipate receiving spousal contributions to my household

Spousal contribution in the amount of $_____ per month will be received during the next 12-month period (verification is required). I will immediately notify the office of any change in this amount.

Answer the following:

I have been awarded income such as alimony, child support, or survivor benefits
[ ] YES [ ] NO

I am in possession of and am providing copies of legal documents to verify divorce, separation, etc.
[ ] YES [ ] NO If no**,** please state why:
_____

The following legal actions have been made to attempt to collect payments owed to me:
_____
_____

_____ _____
Signature of Applicant Date

These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

SELF – AFFIDAVIT OF NON-EMPLOYMENT

(A separate form to be completed by each non-employed adult member of the household)

Dr. Violet T. Lewis
17370 Meyers Road
Phone: (313) 270-9150 Detroit, MI 48235 **Fax:** (000) 000-0000

Applicant Name: _____ **SSN:** _____

Address: _____ **Phone:** _____

City, State, Zip: _____

The apartment community you are applying for provides affordable housing under Section 42 of the Internal Revenue Code. Households applying for occupancy are required to disclose their employment status and future intentions for purposes of determining income eligibility.

Who should complete this form: If you are age 18 or older or an emancipated minor and you are not employed, this form must be completed.

We are required to inform you that intentionally supplying false information is punishable under the Statute of Frauds.

The US Government requires the following:

- All questions must be answered YES, NO or,
- If a question does not apply, put N/A.
- If uncertain, use best available information.
- Use of "White out" and pencil is prohibited.
- If information must be changed, strike through & initial change.
- Signature and date of person completing this form is required.

Choose the appropriate numbered statement below:

_____ 1. I am not currently employed and have no intention of becoming employed in the next 12 months.
(List reason): _____.
Please check one of the following:
(a)_____I am currently receiving unemployment benefits.
(b)_____I am **not** currently receiving but **do anticipate** receiving unemployment benefits.
(c)_____I am **not** currently receiving and **do not anticipate** receiving unemployment benefits.

_____ 2. I am not currently employed but I anticipate becoming employed in the next 12 months. Select one below:

- I have accepted a position with _____(employer) that will begin on _____ (date). I anticipate earning $_____ per hour working _____ hours per week. **(Attach offer letter. Management to submit Employment Verification (TPRO Form #10 to prospective employer)**
- I am not currently employed but based on my prior experience or background, I anticipate earning $_____ over the next 12 months. I anticipate earning $_____/hour working ____ hours per week. **(Attach support for this estimate such as previous year's tax return, previous job/salary history, or other.)**

_____ 3. Other (explain): _____

By my signature below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move in, I will notify management of any changes to these circumstances.

_____

Applicant Signature Date

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

ANNUAL STUDENT ELIGIBILITY CERTIFICATION

(For LIHTC and Bond-Financed Projects)

This form must be completed for all households in which any of the occupants are students, either full-time or part-time. All household members age 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and at least annually thereafter or whenever there is a change in student status during the entire compliance period of the project.

Household Name:	Unit Number:
Development Name: Dr. Violet T. Lewis	

	Name of Household Member	Currently a Student	If not currently a student, was the member a student at any time during the current calendar year?
Head		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
2		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
3		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
4		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
5		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A
6		☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A

A. ☐ At least one household member (_____) is currently a **non-student** and has not been (and will not be) a student during any part of any five different months of the calendar year.[i] A **Student Status Verification** form must be completed if this individual attended school at any time during the past twelve months.

B. ☐ Household contains all students but is qualified because the following occupant (_____) is currently a **part-time student** and this part-time student has not been (and will not be) a full-time student during any part of any five months (consecutive or different) of the calendar year. A **Student Status Verification form** is <u>required</u> for the part-time student.

C. ☐ Household contains all full-time students but is qualified because the household meets one or more of the exceptions provided in IRC Section 42 and listed below.

- At least one student is receiving assistance under Title IV of the Social Security Act (i.e., welfare, AFDC, TANF, etc.) ☐ Yes ☐ No Program:
- At least one student was previously under the care and placement responsibility of the state agency responsible for administering foster care. If yes, attach documentation of previous foster care participation. ☐ Yes ☐ No
- At least one student participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws (i.e., Housing Reconnect Program). If yes, attach documentation of current participation.

  ☐ Yes, Program Name: ☐ No
- At least one household member (who is not themselves a dependent of anyone) is a single parent with their own dependent child(ren) who are not dependent(s) of anyone else other than the other non-custodial parent. If yes, attach documentation such as a tax form or statement.

  ☐ Yes ☐ No Explanation:
- At least one student is married and entitled to file a joint tax return. If yes, attach a copy of the marriage license or the most recently filed tax return.

  ☐ Yes ☐ No Document Attached:

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____	_____	_____
Signature of Applicant/Resident	Printed Name of Applicant/Tenant	Date
_____	_____	_____
Signature of Applicant/Resident	Printed Name of Applicant/Tenant	Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

[i] *Note: The five months need not be consecutive. If the individual attended school full-time for even one day of a calendar month, that month counts toward the five months.*

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

ANNUAL HOME STUDENT ELIGIBILITY CERTIFICATION

Each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and annually during the entire Compliance Period of the project.

Household Member Name:	Unit Number:
Development Name: Dr. Violet T. Lewis	

This form is to be completed by each Applicant/Tenant

You have applied for (or currently reside in) a rental housing unit located in a development operating under the HOME Program. Provisions of this Program require verification of all income and assets, as well as other claims of eligibility including student status. The HOME program definition of a student is: All students enrolled either part-time or full-time at an institution of higher education. The law does not exempt part-time students.

Choose :

1. ☐ **I am NOT a student enrolled in an institution of higher education and do not plan to be a student enrolled in an institute of higher education at any time in the next 12 months.**

2. ☐ **I am a student or plan to be a student enrolled in an institution of higher education within the next 12 months and I meet the following exception/s:**

Exceptions	Mark either Yes or No to Each as it Applies to You:	
I am over the age of 24	☐Yes	☐No
I am a veteran of the US Military	☐Yes	☐No
I am married	☐Yes	☐No
I have one or more dependent children	☐Yes	☐No
I have a disability, as defined in Section 3(b)(3)(E) of the United States Housing Act of 1937 and was receiving assistance under Section 8 as of November, 30, 2005	☐Yes	☐No
I am under 24 and have documentation to support that I've been independent of my parents for at least 1 year	☐Yes	☐No
I am under 24, not independent of my parents & my parents are eligible based on their income	☐Yes	☐No

Any student who *does not meet* at least one of the exceptions listed above is *ineligible* to reside in a HOME unit.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I agree to notify management immediately of any changes in my student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant _____ Printed Name of Applicant/Tenant _____ Date _____