



EQUAL HOUSING OPPORTUNITY

Yes No

- A-8 I receive military active duty allotments. If yes, amount \$_____.
- A-9 I receive Veteran's Administration benefits. If yes, amount \$_____ VA File #_____.
- A-10 I receive Social Security. If yes, amount \$_____.
- A-11 I receive Supplementary Security Income (SSI).
 Federal Amount \$_____ State Amount \$_____
- A-12 I receive periodic payments from retirement funds or pensions.
 If yes, how many do you receive? _____
 Source Name _____ Contact _____
 Street Address _____ Tel. _____
 City, State, ZIP _____ FAX # _____
 Email Address _____ Amount \$_____ per _____
Please attach a separate sheet if received from more than one source.
- A-13 I receive disability or death benefits **other than social security**.
 If yes, from how many sources? _____ (List each source separately)
 Source Name _____ Contact _____
 Street Address _____ Tel. _____
 City, State, ZIP _____ FAX # _____
 Email Address _____ Acct. # _____
Please attach a separate sheet if received from more than one source.
- A-14 I receive Food Assistance Program benefits from the Department of Human Services (DHS).
 DHS Caseworker Name _____ Amount \$ _____
 Street Address _____ DHS Case # _____
 City, State, ZIP _____ Tel. _____
 Email Address _____ FAX # _____
- A-15 I receive a **CASH** Public Assistance grant (FIP, SDA, RAP).
 DHS Caseworker Name _____ Amount \$ _____
 Street Address _____ DHS Case # _____
 City, State, ZIP _____ Tel. _____
 Email Address _____ FAX # _____
- A-16 I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program).



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Yes No

A-17

I receive child support. If yes, from how many persons do you receive support? _____. From how many Friend of the Court(s) do you receive support? _____.

If yes, is child support paid directly to Department of Human Services (DHS)? Yes No

If not paid directly to DHS:

Friend of the Court Name _____

Street Address _____

City, State, ZIP _____

Email Address _____

Contact Person _____

Telephone _____

FAX # _____

Amount \$ _____ per _____ PIN # _____

Please attach a separate sheet if received from more than one source.

A-18

I receive alimony. If yes, from how many persons do you receive support? _____. From how many Friend of the Court(s) do you receive support? _____.

If yes, is alimony paid directly to Department of Human Services (DHS)? Yes No

If not paid directly to DHS:

Friend of the Court Name _____

Street Address _____

City, State, ZIP _____

Email Address _____

Contact Person _____

Telephone _____

FAX # _____

Amount \$ _____ per _____ PIN # _____

Please attach a separate sheet if received from more than one source.

A-19

I receive adoption assistance payments. If yes, how many sources? _____

Source Name _____ Contact _____

Street Address _____ Tel. _____

City, State, ZIP _____ FAX # _____

Email Address _____ Amount \$ _____ per _____

Please attach a separate sheet if received from more than one source.



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Yes No

A-20

I receive periodic payments from a trust, annuity or inheritance.

If yes, how many sources? _____

Source Name _____ Contact _____

Street Address _____ Tel. _____

City, State, ZIP _____ FAX # _____

Email Address _____ Amount \$ _____ per _____

Please attach a separate sheet if received from more than one source.

A-21

I receive periodic payments from insurance policies. If yes, how many sources? _____

Source Name _____ Contact _____

Street Address _____ Tel. _____

City, State, ZIP _____ FAX # _____

Email Address _____ Amount \$ _____ per _____

Please attach a separate sheet if received from more than one source.

A-22

I receive periodic payments from lottery winnings.

Source Name _____ Contact _____

Street Address _____ Tel. _____

City, State, ZIP _____ FAX # _____

Email Address _____ Amount \$ _____ per _____

A-23

I am a full-time student. Number of credit hours enrolled _____

Source Name _____ Contact _____

Street Address _____ Tel. _____

City, State, ZIP _____ FAX # _____

A-24

I receive **CASH** contributions or gifts including rent, groceries, car payment, or utility payments on an ongoing basis from persons not living with me. If yes, how many sources? _____

Source Name _____ Tel. _____

Street Address _____ FAX # _____

City, State, ZIP _____ Amount \$ _____ per _____

Email Address _____

Please attach a separate sheet if received from more than one source.



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Following section to be filled out on Head of Household's form only. LEAVE BLANK if you are not the Head of Household.

Yes No

A-25 I have a family member(s) age 17 or under who has **unearned** income.(Examples: Social Security, SSI) List their names and type(s) of income.

Name _____

Type _____ Amount _____

Name _____

Type _____ Amount _____

Name _____

Type _____ Amount _____

A-26 I have a family member(s) age 17 or under who has **earned** income. List each job separately.

Name _____

Amount _____

Name _____

Amount _____

Section B - Assets

B-1 I have the following accounts.

Savings Checking IRA's or Keogh Other

Name of Bank (1) _____

Street Address _____

City, State, ZIP _____

Email Address _____

Contact Person _____

Telephone _____

FAX # _____

Account # _____

Name of Bank (2) _____

Street Address _____

City, State, ZIP _____

Email Address _____

Contact Person _____

Telephone _____

FAX # _____

Account # _____

Please attach a separate sheet for additional financial institutions.



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	Yes	No	
B-2	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. Describe: _____ _____
B-3	<input type="checkbox"/>	<input type="checkbox"/>	I have a land contract(s). Describe: _____ _____
B-4	<input type="checkbox"/>	<input type="checkbox"/>	I own a mobile home. Describe: _____ _____
B-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive income form the rental of real estate or personal property. Describe: _____ _____
B-6	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from Indian Trust Land. Describe: _____ _____
B-7	<input type="checkbox"/>	<input type="checkbox"/>	I have personal property held for investment services gems, jewelry, coin or stamp collections, etc.). Describe: _____ _____
B-8	<input type="checkbox"/>	<input type="checkbox"/>	<p>I have Treasury Bills, Stocks or Bonds. Check which one(s).</p> <p><input type="checkbox"/> Treasury Bills <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds</p> <p>How many do you have? _____ (List each separately)</p> <p>Name of Source (1) _____</p> <p>Street Address _____</p> <p>City, State, ZIP _____</p> <p>Email Address _____</p> <p>Contact Person _____</p> <p>Telephone _____</p> <p>FAX # _____</p> <p>Account # _____</p> <p>Name of Source (2) _____</p> <p>Street Address _____</p> <p>City, State, ZIP _____</p> <p>Email Address _____</p> <p>Contact Person _____</p> <p>Telephone _____</p> <p>FAX # _____</p> <p>Account # _____</p>

Please attach a separate sheet for additional sources.



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Yes No

B-9 I have a life insurance policy **with a cash surrender value**.

Source Name _____ Contact _____

Street Address _____ Tel. _____

City, State, ZIP _____ FAX # _____

Email Address _____ Acct. # _____

B-10 I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. List Items: _____

_____ Sale amount \$ _____

B-11 I have income/assets from sources **other** than those listed above. Describe _____

Following section to be filled out on Head of Household's form only. LEAVE BLANK if you are not the Head of Household.

B-12 I have family member(s) age 17 or under who has assets (example: savings accounts, bonds)

Name _____ Type _____ Amount _____

Name _____ Type _____ Amount _____

Name _____ Type _____ Amount _____

Section C - Other

C-1 I am disabled and receive Supplemental Security Income (SSI).

C-2 I am disabled and do not receive SSI. If yes, my disability was verified by:

Licensed Health Care Provider _____

Street Address _____

City, State, ZIP _____

Policy # _____

Telephone _____

FAX # _____

Email Address _____

Following section to be filled out on Head of Household's form only. LEAVE BLANK if you are not the Head of Household.

C-3 I have family member(s) age 6 or under who has an identified environmental intervention blood lead level (EIBLL). List their names: _____



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Certification:

I certify to the best of my knowledge that all statement are true. I understand that providing false information will result in denial or termination of benefits.

Signature

Date

Please return completed application and supporting documentation to:

Hometown Housing Partnership, Inc.

210 Abbot Rd., Ste. 32

East Lansing, MI 48823

For Purposed of the U.S. Department of Housing and Urban Development reporting requirements, Racial or Ethnic Group is to be reported by household or individual. (Please circle household or individual)

- _____ White
- _____ Black/African American
- _____ Asian
- _____ American Indian/Alaskan Native
- _____ Native Hawaiian/Other Pacific Islander
- _____ American Indian/Alaskan Native & White
- _____ Asian & White
- _____ Black/African American & White
- _____ American Indian/Alaskan Native & Black/African American
- _____ Other Multi Racial

Yes No

Check one -- Hispanic?

Signature of Applicant(s) _____

Hometown Housing Partnership, Inc. abides by Federal, State and local fair housing laws and ordinances which outlaw discrimination based upon race, religion, color, national origin, sex, marital status, age, height, weight, disability, familial status, sexual orientation or student status.

I understand that willfully submitting any false information in this statement may subject me (us) to criminal or civil action, and will also cause my (our) disqualification for benefits under HHP programs.