





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	<input type="checkbox"/>	<input type="checkbox"/>	I have a family member(s) age 17 or under who has <b>unearned</b> income.(Examples: Social Security, SSI) List their names and type(s) of income.
			Name _____
			Type _____ Amount _____
			Name _____
			Type _____ Amount _____
			Name _____
			Type _____ Amount _____
A-26	<input type="checkbox"/>	<input type="checkbox"/>	I have a family member(s) age 17 or under who has <b>earned</b> 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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B-2 Yes No I own real estate. Describe: \_\_\_\_\_

B-3 I have a land contract(s). Describe: \_\_\_\_\_

B-4 I own a mobile home. Describe: \_\_\_\_\_

B-5 I receive income form the rental of real estate or personal property. Describe: \_\_\_\_\_

B-6 I receive income from Indian Trust Land. Describe: \_\_\_\_\_

B-7 I have personal property held for investment services gems, jewelry, coin or stamp collections, etc.). Describe: \_\_\_\_\_

B-8 I have Treasury Bills, Stocks or Bonds. Check which one(s).

Treasury Bills Stocks Bonds

How many do you have? (List each separately)

Name of Source (1)

Street Address

City, State, ZIP

Email Address

Contact Person

Telephone

FAX #

Account #

Name of Source (2)

Street Address

City, State, ZIP

Email Address

Contact Person

Telephone

FAX #

Account #

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.**

**541 E. Grand River Ave.**

**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.