



**Project -Based Voucher Program Application
 (This is NOT an application for the Section 8/Housing Choice Voucher Program)**

DHC cannot process applications with missing or incomplete information

Name of Head of Household:					Social Security # :				
Address:				City:		State:	Zip Code:	Telephone:	
Family Member	Date of Birth	Sex M / F	Race *Code	U.S Citizen Yes / No	Family Member	Date Of Birth	Sex M / F	*Race Code	U.S Citizen Yes / No
1. (Head of Household)					4				
2.					5				
3.					6.				
*Race Code No. 1-White 2. Black/African American 3. American Indian or Native Indian 4. Asian 5. Native Hawaiian/Other Pacific Islander 6. Hispanic or Latino									

1. Have you been a victim of Domestic Violence? Yes No

3. Are you a Military Veteran? Yes No

4. Are you elderly, handicapped, or disabled? Yes No

I need help completing future paperwork with regards to my application. Yes No

If "Yes", I authorize _____ Telephone Number _____
 Name of Designee Name of Designed Representative

Residency Interest: You MUST select at least one of the following communities that you desire to reside at.

- 9100 on Gratiot, Detroit: 1 and 2 bedroom units (circle unit size preference)
- 8900 Gratiot, Detroit: 2 and 3 bedroom units (circle unit size preference)

Have you ever resided at any of the above locations? Yes No

I consent to release criminal conviction records including sexual offense and alcohol abuse pursuant to 24 CFR 982.307 and allow DHC to receive records from law enforcement agencies and use them in accordance with the U.S. Department of Housing and Urban Development regulations and DHC policy.

I certify I have not been evicted from any type of Section 8 Program or from Public or Indian Housing within the last five years due to drug-related criminal activity. I certify that no member of my household has been convicted of manufacturing or producing methamphetamine on the premises of assisted housing.

I certify that no member within my household has been evicted within the last year from federally-assisted housing for a different unit. I certify that all the information contained in this application is true and complete to the best of my knowledge. I understand that DHC will screen adult applicants for drug-related and violent criminal activity including sexual offense pursuant to 24 CFR 982.307 and DHC policy. 3/19

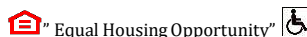
 Signature of Head of Household

 Date

Send Complete Application to: Detroit Housing Commission Post Office Box7549 Detroit, MI 48207

OR E-mail to waitlist@dhcmi.org (Subject Line: Project Based Voucher Application)

For Office Use Only:
 Date Application Received: _____ Date Added to system _____ Staff Name _____



DHC will provide a reasonable accommodation to a qualified individual with a disability by providing modifications, alterations or adaptation in policy, procedures, practices. Please advise us if you require a reasonable accommodation.