

DETROIT HOUSING COMMISSION

Asset Management Department (Public Housing Program)-Main Office
 1301 East Jefferson, Detroit MI 48207
 313-877-8000, TTY/TDD 800-222-3679



RIVERBEND TOWERS

PRELIMINARY APPLICATION

FOR DHC USE ONLY:
AFFIX DATE AND TIME STAMP HERE:

Please answer all questions and provide verifications listed on attached coversheet. This information is needed to determine your eligibility for waitlist placement. Incomplete applications will not be processed. If DHC does not receive requested information and you do not request an extension, your application will be denied for failure to provide information with no further notice from DHC.

NOTE: USE LEGAL NAMES ONLY. PRINT IN BLUE OR BLACK INK; NO PENCIL.

Social Security Number/USCIS Number: _____

Head of Household Name: _____
LAST FIRST MI

Mailing Address: _____
NUMBER/STREET CITY STATE ZIP CODE COUNTY

Phone: _____ **Alt. Phone:** _____ **Email:** _____

Date of Birth: ____ / ____ / ____ **Sex/Gender:** Female Male Other
MONTH DAY YEAR

Race: (*check all that apply*): Black White American/Alaskan Native Asian or Pacific Islander

Ethnicity: Hispanic Non-Hispanic

Marital Status: Single Married Divorced/Separated Widowed Other

Household Members: Please provide the information of everyone, including yourself, who will live with you if DHC makes an offer of housing to your family. *If you need more space, please request an Additional Family Member Listing Form.*

Mem. #	Name (Last, First, MI)	Relationship to Head	SSN #/ USCIS #	Sex/ Gender	Disabled YES or NO	Monthly Income (Amount and Source)
1		Head of Household				
2						
3						
4						
ESTIMATED TOTAL ANNUAL INCOME: \$ _____						

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.



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Local Preferences:

The Detroit Housing Commission allows local preferences for families who meet certain criteria.

Please check YES or NO to each question:

1. Have you been displaced by a federally declared disaster occurring after July 01, 2005?
 YES NO
2. Is the head of household, spouse, or sole family member disabled?
 YES NO
3. Are you a victim of domestic violence, dating violence, sexual assault or stalking?
 YES NO
1. Is the head of household, spouse or sole family member 62 or older (Senior Designated sites only)?
 YES NO

Please answer the following questions:

1. Have you or anyone in your household been convicted of manufacturing or producing methamphetamines on the premises of federally assisted housing?
 YES NO
2. Are you or anyone in your household registered on a lifetime sex offender list under a State Sex Offender Registry?
 YES NO
3. Do you or anyone in your household owe a debt to DHC, or another federally assisted housing program provider?
 YES NO
4. Does your household need housing with any of the following features?
 YES NO

Check all that apply: Barrier-Free (ex. Hand Rails) Hearing Impaired Sight Impaired

I hereby certify by signing below that all information provided is complete and accurate. I further authorize the Detroit Housing Commission (DHC) to perform a credit check and criminal background check for me and household members age 18 and older listed on this application to determine our eligibility and suitability for housing at the Detroit Housing Commission. Additionally, I understand the Work Number and HUDs Public Housing and Assisted Housing (Section 8) databases will be checked for all household members listed on this application. I understand and acknowledge that it is my responsibility to notify the Detroit Housing Commission in writing within 10 business days of any changes in my household circumstances that might affect my placement on DHC's Public Housing Program waitlist (adding or removing household members from my application, change of address, and changes in income, etc.).

Head of Household Signature: _____ Date: _____

Co-Head/Spouse Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

DHC Representative Signature: _____ Date: _____

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