

## NSP2 HOUSING APPLICATION TURN-IN CHECKLIST

Applications will not be considered for review if all of the following checklist items have not been completed and provided to the City.

Please return the following items to the Engineering and Building Department inside City Hall located at 3131 Biddle, Wyandotte, Michigan.

☐

Completed application

-Please be sure all application pages and attached forms are filled out and all applicants sign final page.

☐

**Certified Check or Money Order** in the amount of \$35 made payable to "Lighthouse of Oakland County." We DO NOT except personal checks or cash. NON-REFUNDABLE.

☐

1040 form for income verification (2010)

Forms are required from the Applicant and all other household members above the age of 18 with an income

☐

Pay check stubs from the last 60 days AND/OR (if applicable)

☐

2011 Social Security Statement

☐

2011 Pension Statement

☐

Evidence showing acceptance of Alimony or Child Support

☐

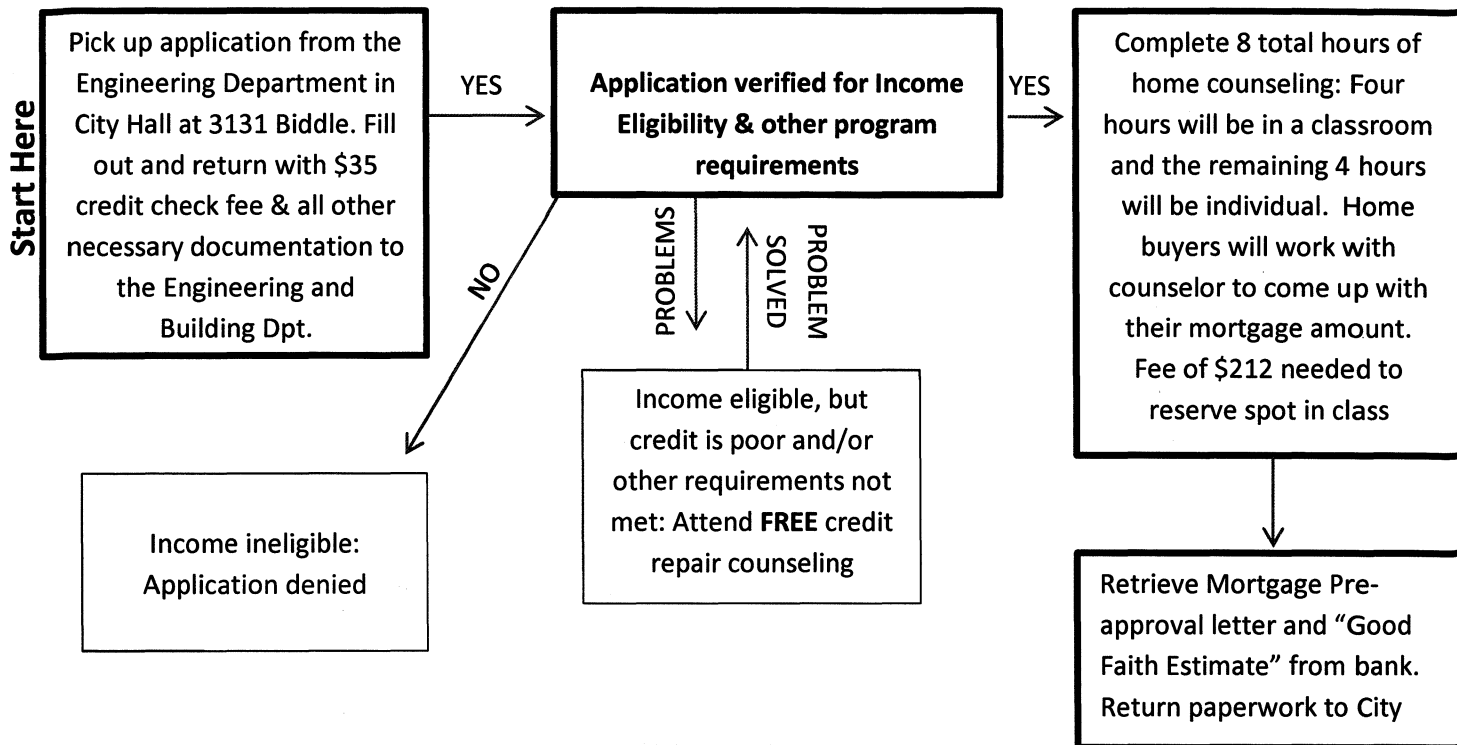
Or any other evidence to show other types of income

☐

Copy of Bank Statement for any all accounts of household members over 18 years of age

☐

All forms included in the MSHDA Checklist for Homebuyers Program Packet including supporting documentation for items in boxes checked "yes."



## Your roadmap to purchasing an NSP2 home



### City's Approved Counseling Agency:

Lighthouse of Oakland County  
 4615 Woodward Avenue  
 Pontiac, MI 48342  
 248-920-6000  
[www.lighthouseoakland.org](http://www.lighthouseoakland.org)



City of Wyandotte  
NSP2 Home Ownership Application

***Please complete, sign and return to the Building and Engineering Department at 3131 Biddle. Please include copies of the applicant's and co-applicant(s)'s 1040 tax form, pay check stubs for the past 60 days, credit report fee of \$35, and the signed credit report release form .***

General Applicant Information

Applicant's Name: \_\_\_\_\_ Gender \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Age: \_\_\_\_\_ Co-Applicant's Age: \_\_\_\_\_

Home Telephone #: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

***Please indicate the following regarding the household members. Check all that apply:***

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

Household Type:

- ☐ Single adult
- ☐ Female-headed single parent
- ☐ Male-headed single parent
- ☐ Married without children
- ☐ Married with children
- ☐ Two or more unrelated adults
- ☐ Other, please explain: \_\_\_\_\_

Total number of household members \_\_\_\_\_ Number of household members over age 18 \_\_\_\_\_

## Household Income Worksheet

**Employment Status (Circle one):**

Applicant: Employed / Unemployed Co-Applicant: Employed / Unemployed

**Please enter all regular monthly income for EVERY person over the age of 18 living in the house, in the appropriate columns below. Documentation will be requested at a later date to verify the information provided.**

Anticipated Household Income							
Family Members	Pay Type (Hourly or Salaried?)	Pay Prd (Weekly, Bi-Weekly, Semi-Monthly, Monthly)	Monthly Wages/ Salaries	Monthly Benefits/ Pensions	Monthly Public Assistance	Other Monthly Income Amount	Specify
Applicant							
Co-Applicant							
Person 1							
Person 2							
Person 3							
Person 4							
Monthly Totals			a.	b.	c.	d.	
Total Monthly Anticipated Income (add a, b, c, and d then enter the sum in e)						e.	
Total Annual Anticipated Income (multiply e by 12 and enter result in f)						f.	

**Please enter information about all assets, not including your house, in the table below**

Asset Income (anything that is not retirement or applicant's home)			
Family Member	Asset Description	Current Cash Value of Asset (if asset does not generate income)	Actual Annual Income from Asset (if asset generates income)
Net Cash Value of Assets (add all numbers in the column above g)		g.	
If g is more than \$5,000, multiply g by 0.02 and enter the result in h. Otherwise, leave h blank		h.	
Total Actual Income from Assets (add all numbers in the column above i)			i.

Total Annual Income	
Total Anticipated Annual Income from f	
Total Expected Asset Income from h	
Total Actual Income from Assets from i	
TOTAL ANNUAL INCOME (add f,h and i)	

**Please indicate employment information for applicable persons below**

	Employer	Contact Name	Fax Number &/or Email Address	Telephone
Applicant				(    )
Co-Applicant				(    )
Person 1				(    )
Person 2				(    )
Person 3				(    )
Person 4				(    )

Have you ever been prequalified for a mortgage? YES / NO

If YES, for what amount? \$ \_\_\_\_\_

Date of Preapproval Letter: \_\_\_\_\_

Have you ever had previous housing counseling? \_\_\_\_YES \_\_\_\_ NO

If yes, indicate the home-counseling service provider and the number of hours of home counseling completed:

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## **Housing Payment, Other expenses and Income Status**

Total number of people to be living in NSP2 home: \_\_\_\_\_

Current Housing Situation: ☐ Own  
☐ Living with Family  
☐ Rent  
☐ Homeless

Have you been a homeowner within the last 3 years? \_\_\_\_\_

Current Monthly Housing Payment: \$ \_\_\_\_\_

Current Annual Household Income  
(from Household Income Worksheet): \$ \_\_\_\_\_

Have you ever filed for bankruptcy? If yes, provide date: \_\_\_\_\_

Has a home you owned ever been foreclosed on? If yes, provide date of foreclosure: \_\_\_\_\_

***To determine eligibility, see chart below indicating household income levels and definitions of low- and moderate-income levels.***

**Income Status (check one):**

<b><u>2012 Area Median Income Limits: Wayne County, Michigan</u></b>							
Low-Income Limit (50% of the Area Median Income)							
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$22,900	\$26,150	\$29,400	\$32,650	\$35,300	\$37,900	\$40,500	\$43,100
Moderate-Income Limit (120% of the Area Median Income)							
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$54,850	\$62,700	\$70,500	\$78,350	\$84,650	\$90,900	\$97,150	\$103,450

☐ Low  
50% or less

☐ Moderate  
50-120%

☐ Above 120%  
(Does not meet income  
requirement for NSP2)

Amount spent per month on Child Care: \$ \_\_\_\_\_

Car 1 monthly payment \_\_\_\_\_ Car 1 insurance per month \_\_\_\_\_

Car 2 monthly payment \_\_\_\_\_ Car 2 insurance per month \_\_\_\_\_

Car 3 monthly payment \_\_\_\_\_ Car 3 insurance per month \_\_\_\_\_

Upon the execution of this NSP2 Home Ownership Application, I do hereby attest, represent and warrant that all information provided by the undersigned herein is true and accurate and that I have made no material omission of fact, whether intentionally or unintentionally, pertaining to my application. Furthermore, I acknowledge that any lie or other misrepresentation made by the undersigned at any time during the application process does hereby constitute a breach of Federal Fair Housing law potentially resulting in ejection from the City of Wyandotte's Neighborhood Stabilization Program 2 and/or criminal charges being brought against me.

_____	_____	_____
Printed name	Signature	Date
_____	_____	_____
Printed name	Signature	Date
_____	_____	_____
Printed name	Signature	Date

The City of Wyandotte follows the U.S. Department of Housing and Urban Development (HUD) Fair Housing guidelines.



**For Questions, please contact the Engineering and Building Department:**  
734-324-4532

**Home Counseling Agency contact information:**  
Lighthouse of Oakland County  
4615 Woodward Avenue  
Pontiac, MI 48342  
248-920-6000  
[www.lighthouseoakland.org](http://www.lighthouseoakland.org)

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

**MSHDA**  
EQUAL HOUSING OPPORTUNITY

**AUTHORIZATION FOR RELEASE OF INFORMATION  
AND PRIVACY ACT NOTICE**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.  
Failure to comply will result in denial of benefits.

The undersigned authorize the Michigan State Housing Development Authority (MSHDA) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or MSHDA Housing Resource Fund (HRF) Programs, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Human Services (DHS) programs. MSHDA may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to MSHDA on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

**PRIVACY ACT NOTICE STATEMENT:** THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST, AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

_____ Signature of Head of Household	_____ Social Security Number	_____ Date
_____ Signature of Spouse	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date

Return completed form to:

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).



## **MSHDA Checklist for Homebuyer Program**

### **DIRECTIONS:**

**Each adult** in the household must complete a MSHDA Checklist and supplemental forms. This is a critical document and all other forms and verifications must be dated on the same or later date as this Checklist.

If there are any "Yes" answers on the Checklist, provide verification, such as copies of bank statements, proof of pension, Social Security, other types of support, pay stubs, etc.

If you need additional forms for adults who will be living in the household, please make a copy of this packet or pick up an additional copy in the Engineering and Building department at City Hall in Wyandotte: 3131 Biddle Ave.

If a form does not apply to you, leave it blank. Please do not fold or bend papers.

Please answer the following questions:

Are you self employed or an independent contractor? (circle one)      YES      NO

**Do you receive income from:**

Dividends (circle one)      YES      NO

Taxable refunds, credits or offsets to state and local income taxes (circle one)      YES      NO

Business Income(circle one)      YES      NO

Capital Gains or losses(circle one)      YES      NO

Rental Real Estate, Royalties, Partnerships, S corporations, Trusts, etc. (circle one)      YES      NO

Farm Income (circle one)      YES      NO

**Please Note:**

**\*\*IF YOU REPLIED YES TO ANY OF THESE, PLEASE RETURN APPLICATION WITH COPIES OF TAX RETURNS FROM THE PREVIOUS 2 YEARS.**

**\*\*IF YOU ARE AN INDEPENDENT CONTRACTOR OR ARE SELF EMPLOYED PLEASE RETURN APPLICATIONS WITH 2 YEARS OF TAX RETURNS AND A 2 YEAR PROFIT-LOSS STATEMENT.**

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**  
**CHECKLIST FOR HOMEBUYER PROGRAM**

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked **YES**. Provide address, phone number, fax number, and additional information for **all yes** answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

**NOTE:** MSHDA has cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. MSHDA will receive information on wages, unemployment compensation and other income information through a computer matching operation.

Household Member Name:	Head of Household:	
	Address:	City:

**Each item must be fully completed. Please print clearly using black or blue ink.**

**Section A – Income**

	Yes	No	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. If yes, describe _____.
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I earned \$_____ in the last 12 months. I have _____ (enter #) job(s) and receive money/wages. (List each job separately)
			Name of Employer: <sup>1)</sup> _____ <sup>2)</sup> _____
			Street Address: _____
			City, State, ZIP: _____
			E-mail address: _____
			Contact Person: _____
			Telephone: _____
			Fax#: _____
			The Work Number _____
			Pay Code #: _____
			<b>If more than two jobs provide additional information on a separate sheet.</b>
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive tips. If yes, in the amount of \$_____ per week.
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed. If yes, I have been unemployed since _____ (date).
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits. If yes, I have been receiving benefits since _____ (date).
A-6			OMITTED INTENTIONALLY
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation. If yes, Amount \$_____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive military active duty allotments. If yes, Amount \$_____
A-9			OMITTED INTENTIONALLY
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security. If yes, Amount \$_____
A-11			OMITTED INTENTIONALLY
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions. If yes, how many? _____
			Source Name: _____ Contact Person: _____
			Street Address: _____ Telephone: _____
			City, State, ZIP: _____ Fax#: _____
			E-mail address: _____ Account #: _____
			Amount: \$_____ per _____
			<b>If received from more than one source, provide additional information on a separate sheet.</b>
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits <b>other than Social Security</b> . If yes, from how many sources? _____ (List each source separately)
			Source Name: _____ Contact Person: _____
			Street Address: _____ Telephone: _____
			City, State, ZIP: _____ Fax#: _____
			E-mail address: _____ Account #: _____
			<b>If received from more than one source provide additional information on a separate sheet.</b>

## CHECKLIST (continued)

Yes No

A-14 OMITTED INTENTIONALLY

A-15 OMITTED INTENTIONALLY

A-16 OMITTED INTENTIONALLY

A-17 OMITTED INTENTIONALLY

A-18 ☐ ☐ I receive alimony. From how many Friend of the Court(s) do you receive alimony? \_\_\_\_\_

If yes, from how many persons do you receive alimony? \_\_\_\_\_

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: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_ PIN#: \_\_\_\_\_

If received from more than one Friend of the Court, provide additional information on a separate sheet.

A-19 ☐ ☐ I receive adoption assistance payments. If yes, how many sources? \_\_\_\_\_

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

If received from more than one source provide additional information on a separate sheet.

A-20 ☐ ☐ I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? \_\_\_\_\_

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

If received from more than one source provide additional information on a separate sheet.

A-21 ☐ ☐ I receive periodic payments from insurance policies. If yes, how many sources? \_\_\_\_\_

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

If received from more than one source provide additional information on a separate sheet.

A-22 ☐ ☐ I receive periodic payments from lottery winnings.

Source Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

A-23 ☐ ☐ I am a full-time student.

Name of School: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Number of Credit Hours Enrolled: \_\_\_\_\_

If attending more than one school, provide additional information on a separate sheet.

A-24 OMITTED INTENTIONALLY

## CHECKLIST (continued)

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 OMITTED INTENTIONALLY  
A-26 OMITTED INTENTIONALLY

### Section B – Assets

Yes No  
B-1 ☐ ☐ I have the following accounts ☐ Savings ☐ Checking ☐ IRA's or Keogh ☐ Other \_\_\_\_\_  
[check which one(s)]:

How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately)

Name of bank: 1)	2)
Street Address:	
City, State, ZIP:	
E-mail address:	
Contact Person:	
Telephone:	
Fax#:	
Account Number:	

If more than two financial institutions, provide additional information on a separate sheet.

B-2 ☐ ☐ I own real estate. Describe: \_\_\_\_\_

B-3 OMITTED INTENTIONALLY

B-4 OMITTED INTENTIONALLY

B-5 ☐ ☐ I receive income from real estate (i.e., rental property, lands contract, etc.) or personal property. Describe: \_\_\_\_\_

B-6 OMITTED INTENTIONALLY

B-7 OMITTED INTENTIONALLY

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 each source: 1)	2)
Street Address:	
City, State, ZIP:	
E-mail address:	
Contact Person:	
Telephone:	
Fax#:	
Account #:	

If more than two, provide additional information on a separate sheet.

B-9 OMITTED INTENTIONALLY

B-10 OMITTED INTENTIONALLY

B-11 ☐ ☐ I have income/assets from sources **other** than those listed above. Describe: \_\_\_\_\_

Source Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax#: \_\_\_\_\_

If received from more than one source, provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

Yes No  
B-12 OMITTED INTENTIONALLY

## CHECKLIST (continued)

### Section C – Rental Rehabilitation

Yes No

C-1 OMITTED INTENTIONALLY

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household.

Yes No

C-2 OMITTED INTENTIONALLY

Please return to:

#### Certification:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**

**DECLARATION OF SECTION 214 STATUS**

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

1. ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
2. ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
3. ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
  - a. ☐ Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
  - b. ☐ Permanent residence under §249 of INA, see instruction #3; or
  - c. ☐ Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
  - d. ☐ Parole status under §212(d)(5) of the INA, see instruction #5; or
  - e. ☐ Threat to life or freedom under §243(h) of the INA, see instruction #6; or
  - f. ☐ Amnesty under §245A of the INA, see instruction #7.

*NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.*

List all Family Members:

**Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)**

_____ First, Middle Initial, Last Name (Head of Household)	_____ Signature of Head of Household	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date

Return completed form to:

FOR MSHDA USE ONLY	
Enter USCIS/SAVE Primary Verification #:	_____
Date:	_____

**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

**The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:**

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

**Instructions to Grantee:** Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

**Instructions to Family Member For Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach USCIS document(s) evidencing eligible immigration status. Sign and date.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).



# HOUSEHOLD INCOME VERIFICATION FORM FOR HOMEBUYER PROGRAM

(IRS 1040 method)

Date

Applicant   
Address

Household Size   
Income Limit

Income and Deductions projected over 12 months for each (non-student) household member

	Family member name:	a	b	c	d	Total
1	Wages and salary					\$0
2	Taxable interest					\$0
3	Dividend income					\$0
4	Taxable refunds/ credits/offsets of state/ local income taxes					\$0
5	Alimony received					\$0
6	Business income (or loss)					\$0
7	Capital gain (or loss)					\$0
8	Other gains (or losses)					\$0
9	Taxable amount of IRA distributions					\$0
10	Taxable amount of pensions and annuities					\$0
11	Rental real estate, royalties, partnerships, trusts, etc.					\$0
12	Farm income (or loss)					\$0
13	Unemployment compensation					\$0
14	Taxable amount of Social Security benefits					\$0
15	Other income					\$0
15A	<b>Total Income</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

DEDUCTIONS						
16	Educator Expenses					\$0
17	Business Expenses of Reservists, Performing Arts etc.					\$0
18	Health Savings Deductions					\$0
19	Moving Expenses					\$0
20	One-half self employment tax					\$0
21	Self-Employed SEP, Simple					\$0
22	Self-employed health insurance					\$0
23	Penalty on early withdrawal of savings					\$0
24	Alimony paid					\$0
25	IRA deduction					\$0
26	Student Loan interest deduction					\$0
27	Tuition and Fees Deduction					\$0
28	Domestic Production Activities deduction					\$0
29	<b>Add lines 16-28</b>					
30	<b>Adjusted Gross Income</b>					
	<b>Subtract Line 29 from line 15A</b>					

**TOTAL HOUSEHOLD ADJUSTED GROSS INCOME,**  
**Line 30 for HH members a thru d**

I/We certify that the above numbers accurately reports the income of all adult members in my/our household.

\_\_\_\_\_  
Signature (head of household)

\_\_\_\_\_  
Signature spouse of head of household (if applicable)

Form **4506-T**

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service**Request for Transcript of Tax Return**▶ **Do not sign this form unless all applicable lines have been completed.****Read the instructions on page 2.**▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

<b>6</b> <b>Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶	
<b>a</b> <b>Return Transcript</b> , which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .	<input type="checkbox"/>
<b>b</b> <b>Account Transcript</b> , which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .	<input type="checkbox"/>
<b>c</b> <b>Record of Account</b> , which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .	<input type="checkbox"/>
<b>7</b> <b>Verification of Nonfiling</b> , which is proof from the IRS that you <b>did not</b> file a return for the year. Most requests will be processed within 10 business days . . . . .	<input type="checkbox"/>
<b>8</b> <b>Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.</b> The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .	<input type="checkbox"/>

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.**9** **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

____/____/____	____/____/____	____/____/____	____/____/____
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**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ( )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

**Note.** You can also call 1-800-829-1040 to request a transcript or get more information.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501  978-247-9255
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362  770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888  559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999  816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**

**FAMILY COMPOSITION**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Name:		Home Telephone Number:
Unit Address:	City, State, ZIP Code:	Work Telephone Number:
Mailing Address:	City, State, ZIP Code:	Message Telephone Number:

List yourself and all other persons who will live in the unit:										
Name	Social Security # (if no SS# use Alien Registration Number)	Relationship to Head of Household	Student? Yes/No	Birth Date	Age	Sex M/F	Disabled? Yes/No	Hispanic or Latino? Yes/No	*Race Code #s	US Citizen? Yes/No
		Head of Household								

**\*Race Code #s (enter one or more):**  
 11 – White; 12 – Black/African American; 13 – Asian; 14 – American Indian or Alaska Native; 15 – Native Hawaiian or Other Pacific Islander; 16 – American Indian or Alaska Native AND White; 17 – Asian AND White; 18 – Black or African American AND White; 19 – American Indian or Alaska Native AND Black or African American; 20 – Other Multi-Racial

If there are new births, please send a copy of proof of birth and social security card. Head of Household — Please complete the following section (for statistical purposes only):

Enter Code #	Marital Status
	1. Married
	2. Single
	3. Widowed
	4. Divorced
	5. Separated

I certify that only the people listed above will occupy the unit.

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?

☐ No ☐ Yes [List specific accommodation(s) required]

After completing this form, please return to:

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

## VERIFICATION OF RESOURCES

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

### SECTION A

Please complete Section A and return to address below. MSHDA will forward to your Financial Institution.

Head of Household	Account Holder Name:	Account Holder Social Security No.:
Account Holder Address:	City, State, ZIP Code:	County:

I have assets such as checking, savings or credit union accounts, stocks or bonds, mutual funds, etc.

By my signature below, I authorize my bank or financial institution to release the information requested in Section B.

Signature of Account Holder

Date Signed

**STOP HERE** Please complete Section A and return to address below.

### SECTION B - To be completed by Bank or Financial Institution:

Please provide the information requested by the Michigan State Housing Development Authority (MSHDA) so we can quickly determine eligibility. It is necessary to verify resources held presently or within the past year (including closed accounts) for the person named above, either individually or jointly with another person(s).

Please complete and return as soon as possible or within 14 days.

Bank Name:	Phone:	
Bank Address:	FAX:	
City:	State:	ZIP Code:

Account History: (Accounts held including checking or draft, savings or share, Certificate of Deposit, IRA/Keogh, Prepaid Burial, mutual funds, etc.)

Type of Accounts Held	Account Number	Date of Last Withdrawal	Amount of Last Withdrawal	Present Balance	Average Balance (Past 6 months) <b>Checking Only</b>	Interest Rate %	Early Withdrawal Penalty Amount
Checking							

For each joint account, list the account number and person(s) on the account:

I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.

Bank or Financial Institution Signature

Date Signed

Typed or printed name of person filling out this form

Typed or printed title of person filling out this form

#### MSHDA USE ONLY

Present Balance (6-month average for checking accounts)	Percentage Rate	Annual Income
\$ _____	X _____ % = \$ _____	
\$ _____	X _____ % = \$ _____	
\$ _____	X _____ % = \$ _____	
\$ _____ (Minus Penalty = Cash Value)	X _____ % = \$ _____	
\$ _____ (\$ _____ \$ _____)	X _____ % = \$ _____	
\$ _____ (\$ _____ \$ _____)	X _____ % = \$ _____	

Return completed form to:

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

# VERIFICATION OF EARNINGS

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

<b>Section A</b>	
County:	Name of person holding the job:
Name of Head of Household:	Social Security Number of person holding the job:
Address:	Do you receive tips? Yes No If so, how much per week? \$
City, State, ZIP Code:	<b>NOTE:</b> If tips are received directly, a notarized statement must be provided.
You are authorized to release information requested by MSHDA.	
<div style="display: flex; justify-content: space-between;"> <div>Signature of person holding the job</div> <div>Date</div> </div>	
<b>STOP HERE</b> Please complete Section A and return to address below.	

<b>Section B - To be completed by Employer:</b>					
Please provide the information requested so we can quickly determine eligibility.					
Please complete and return as soon as possible or within 14 days.					
Employee's name as it appears on your records:			Employee's title, position or work:		
Are earnings from a Title IV work-study program? Yes No			Are earnings from a Title IV or Title V Program? Yes No		
Are earnings from an economic or self-sufficiency job training program? Yes No					
Original date of employment:		Date rehired or recalled to work:		Termination date:	
Current average number of hours per week:	Straight time hours:		Overtime hours (if applicable):	Overtime is paid at the rate of: \$	
If seasonal or occasional employment, give lay-off periods:					
Current rate of pay: \$	Per:	Effective date:	New rate of pay: \$	Per:	Effective date:
Amount of tips, incentive pay, bonus, or commissions: \$		Per (weekly, bi-monthly):		Retirement benefits available? Yes No	
Health benefits available? Yes No		Amount deducted for medical/hospital insurance: \$		Per (weekly, bi-monthly):	
Firm or employer name:			Telephone number: ( )		Fax number: ( )
Business address:		City, State, ZIP:		E-mail address:	
<p>I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.</p>					
Signature of employer or authorized representative			Date		
Typed or printed name of person filling out this form			Typed or printed title of person filling out this form		

Please return completed form to:

MSHDA GRANTEE USE ONLY					
\$	X	(hrs)	X	(wks)	= (Total)
\$	X	(hrs)	X	(wks)	= (Total)
\$	X	(wks)			= (Total)
\$	X	(wks)			= (Total)
\$	X	(months)			= (Total)
\$	X	(months)			= (Total)

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

## SCHOOL VERIFICATION

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Head of Household Name:		County:
<b>Section A – to be completed by the Student:</b>		
<i>Please complete Section A and return to address below. MSHDA will forward to the your school.</i>		
Regulations require the Michigan State Housing Development Authority (MSHDA) to verify the student status of household family members 18 years of age or older for the purpose of determining the family's eligibility. All information will be held in confidence and will be used only for our Programs.		
Type or print Student's Name:	Social Security Number:	Student Number:
<b>I plan to attend:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
I grant MSHDA and/or its contracted agents permission to make inquiries regarding my student status and financial aid information. I understand that this information will be kept confidential and will be used only for Program purposes.		
<div style="display: flex; justify-content: space-between;"> <span><b>X</b></span> <span>Signature of Student _____</span> <span>Date _____</span> </div>		
<b>STOP HERE</b> <i>Please complete Section A and return to address below.</i>		

<b>Section B – to be completed by the Student's School:</b>			
Provide the information requested, as authorized above, so we can quickly determine eligibility. Please complete and return as soon as possible or within 14 days.			
Type or print Student's Name:		Student status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<input type="checkbox"/> Fall Year _____	<input type="checkbox"/> Winter Year _____	<input type="checkbox"/> Spring Year _____	<input type="checkbox"/> Summer Year _____
Student's course of study:		Date of enrollment:	Anticipated completion date:
Does the student pay for medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, \$		How often is it paid?	
Does the student receive an athletic scholarship? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, \$		How often is it paid?	
Title IV Work-Study participant? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, \$		How often is it paid?	
Pell Grant recipient? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, \$		How often is it paid?	
Other Grants/Scholarships? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, \$		How often is it paid?	
Name of School:			
School Address:			
Type or print name of Authorized Representative:		Telephone Number:	
Title of Authorized Representative:			
I certify that this student is enrolled in this school and understand that any action to deceive, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article, or valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.			
<div style="display: flex; justify-content: space-between;"> <span><b>X</b></span> <span>Authorized Representatives Signature _____</span> <span>Date _____</span> </div>			

**Return completed form to:**

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

## VERIFICATION OF PENSION OR OTHER INCOME

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

<b>Section A</b>		
County:		Name of Head of Household:
<b>Information for person receiving pension or other income:</b>		
Name:	Social security number:	ID#:
Address:	City, State, ZIP Code:	
I authorize the release of information concerning my pension or other income.		
Signature of person receiving pension or other income		Date
<b>STOP HERE</b> Please complete Section A and return to address below.		

<b>Section B - To be completed by office paying pension or other income:</b>			
Please provide the information requested so we can quickly determine eligibility.			
Please complete and return as soon as possible or within 14 days.			
Current gross monthly amount of Pension:		\$	per
Deductions for gross medical insurance premium:		\$	per
Other income, specify: _____			
Current gross monthly amount of other income (ie, recurring cash contributions):		\$	per
Other deductions, specify: _____		\$	per
Date of initial award:		_____	
Effective date of current amount:		_____	
Agency name:		Address:	
Name of person completing this form:		Telephone number: ( )	Fax number: ( )
Title:		E-mail address:	
Signature of person completing this form:			Date:

MSHDA USE ONLY			
\$	X	(wks) =	(Total)
\$	X	(months) =	(Total)
\$		(year) =	(Total)

Please return completed form to:

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).



**VERIFICATION OF MILITARY PAY**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

<b>Section A</b>		
County:	Name of Head of Household:	
<b>Information for person receiving military pay:</b>		
Name:	Social security number:	ID#:
Address:	City, State, ZIP Code:	
I authorize the release of information requested by MSHDA concerning my military pay.		
<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature of person receiving military pay		<div style="border-bottom: 1px solid black; width: 100%;"></div> Date
<b>STOP HERE</b> Please complete Section A and return to address below.		

<b>Section B - To be completed by military service agency:</b>																																									
<i>Please provide the information requested so we can quickly determine eligibility.</i>																																									
<b>Please complete and return as soon as possible or within 14 days.</b>																																									
<div style="margin-bottom: 10px;">           _____ years and _____ months of service for pay purposes.         </div> <table style="width: 100%; border: none;"> <tr> <td style="width: 55%;">Base pay and longevity pay:</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 15%; border-bottom: 1px solid black;"></td> <td style="width: 10%; text-align: center;">per</td> <td style="width: 10%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>Proficiency pay:</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">per</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Sea and foreign duty pay:</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">per</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Hostile fire pay:</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">per</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Subsistence allowance:</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">per</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Quarters allowance (government contribution only):</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">per</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Other, please explain: _____</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">per</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><b>Total amount received:</b></td> <td style="text-align: center;"><b>\$</b></td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">per</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		Base pay and longevity pay:	\$		per		Proficiency pay:	\$		per		Sea and foreign duty pay:	\$		per		Hostile fire pay:	\$		per		Subsistence allowance:	\$		per		Quarters allowance (government contribution only):	\$		per		Other, please explain: _____	\$		per		<b>Total amount received:</b>	<b>\$</b>		per	
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Name of person completing this form:	Telephone number: (    ) Fax number: (    )																																								
Title:	E-mail address:																																								
Signature of person completing this form:	Date:																																								

<b>MSHDA USE ONLY</b>
\$ _____ X _____ (months) = _____ (Total)

**Please return completed form to:**

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

## VERIFICATION OF SOCIAL SECURITY AND FEDERAL SUPPLEMENTAL SECURITY INCOME (SSI)

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

<b>Section A</b>	
<i>Please complete Section A and return to address below.</i>	
Name of Head of Household:	County:
Address:	City, State, ZIP Code:
Recipient Name:	Recipient Social Security Number:
<p><b>I am authorizing the Social Security Administration to release information, deemed necessary to complete my application for or continue my participation in Michigan State Housing Development Authority (MSHDA) programs.</b></p> <p style="text-align: center;"> <span style="margin-right: 100px;">_____</span> <span>_____</span> </p> <p style="text-align: center;"> <span style="margin-right: 100px;">Recipient Signature</span> <span>Date</span> </p>	
<b>STOP HERE</b> <i>Please complete Section A and return to address below.</i>	

<b>Section B - To be completed by Social Security Administration:</b>	
<i>Please provide the information requested below or attach a printout so we can quickly determine eligibility.</i>	
<b>Please complete and return as soon as possible or within 14 days.</b>	
<p>Recipient's name as it appears on your records: _____</p> <p>Gross Social Security amount: \$ _____</p> <p>Recipient Paid Medicare Deduction amount: \$ _____</p> <p>Federal Supplemental Security Income (SSI) amount: \$ _____</p> <p style="margin-top: 20px;"> <span style="margin-right: 100px;">_____</span> <span>_____</span> </p> <p style="margin-top: 10px;"> <span style="margin-right: 100px;">Typed or printed name of person filling out this form</span> <span>Typed or printed title of person filling out this form</span> </p> <p style="margin-top: 20px;"> <span style="margin-right: 100px;">_____</span> <span>_____</span> </p> <p style="margin-top: 10px;"> <span style="margin-right: 100px;">Signature</span> <span>Date</span> </p> <p style="margin-top: 20px;"> <span>_____</span> </p> <p style="margin-top: 10px;"> <span>Phone Number</span> </p>	

MSHDA USE ONLY				
\$ _____	X	_____	=	_____
Social Security amount		Months		Total
\$ _____	X	_____	=	_____
Federal SSI amount		Months		Total
\$ _____	X	_____	=	_____
Recipient Paid Medicare deduction		Months		Total

**Please return completed form to:**

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