



Negaunee Housing Commission

Lakeview Apartments

98 Croix Street

Negaunee, Michigan 49866

Phone: (906) 475-9107 Fax: (906) 475-6225

mmwaters@negauneehousing.org



Please complete the forms included in this packet and **return them to the Negaunee Housing Commission**. It is vital that the information you provide is complete and accurate. There are income / asset guidelines that must be met to qualify for housing at Lakeview Apartments. Applicant information will be verified by the Negaunee Housing Commission when the applicant approaches the top of the waiting list. The Negaunee Housing Commission will make any necessary copies of your records for you at the time your application is accepted.

Applicants MUST come to the Negaunee Housing Commission for an in-person meeting; please call our office to schedule a time.

Applicant names are placed on the waiting list according to the information you provide and the date and time the application is received.

All persons applying for housing at the Negaunee Housing Commission are required to provide the following information:

1. *Proof of social security and/or pension. (your current yearly benefit statement)*
2. *Proof of other income*
3. *Amount of food stamps*
4. *Amount of supplemental security income (SSI) received*
5. *Life insurance - company name(s) & policy number(s)*
6. *Emergency contact person(s).*
7. *Your mother's maiden name.*
8. *Copies of all records of assets, such as:*
 - a. *Checking account(s) - (statement from financial institution)*
 - b. *Savings account(s) - (statement from financial institution)*
 - c. *CD's - (statement from financial institution)*
 - d. *Home(s) - (tax roll)*
 - e. *Camp(s) - (tax roll)*
 - f. *Stock(s) - (statement of value)*
 - g. *Bond(s) - (statement of value)*
 - h. *Funeral contract (contract number, name of funeral home, & copy of contract)*
9. *A copy will be made of your:*
 - a. *Social security card.*
 - b. *Medicare / Medicaid card(s)*
 - c. *Birth certificate*
 - d. *Picture ID cards(s) such as:*
 - (1) *Driver's license*
 - (2) *Senior ID card*
 - (3) *Any other personal card with your picture on it.*

ADDITIONAL INFORMATION FOR APPLICANTS

(1) NO INCOMPLETE APPLICATION WILL BE PLACED ON THE WAITING LIST

- a. If any form or signature is missing from any document in this packet, the application will be marked “incomplete” and you will be contacted to provide the missing information, etc. as soon as possible.
- b. If any proof of income/ assets, medical deductions (if over 62 years), or identifying document copies are not provided, the application will be marked “incomplete”. THE COVER LETTER HAS A LIST OF REQUIRED DOCUMENTS. NO EXCEPTIONS.

(2) YOU MUST HAVE SOME FORM OF RESIDENCY BACKGROUND ON YOUR APPLICATION

- a. At LEAST three (3) previous landlords must be listed, including some mode of contact.
- b. If only an address of the rental is supplied, you will be contacted to provide a name and mode of contact for the landlord/ property manager.
- c. If you have NEVER rented before, please fill in the “Previous Landlord” section of the application (applicant packet, p.6) with details of residence (ex: “I owned my own home”, “Moving out of my [parent/guardian/etc.]’s house”).
- d. If you have lived in another state, please provide towns or addresses, not only state names.

(3) PURPOSELY FALSE OR MISLEADING INFORMATION WILL RESULT IN AUTOMATIC INELIGIBILITY

- a. It is immediate grounds for ineligibility if an applicant (or co-applicant) is found to have purposefully obstructed, misrepresented, omitted, or fabricated false or misleading information during the application process.
- b. If you have had any contact with police in ANY STATE (not including minor traffic violations) you MUST report it on your application.
- c. Extensive backgrounds will be done on ALL Applicants and Co-Applicants; it is better to have informed the Negaunee Housing Commission of what may be found than to have represented yourself falsely on your application.

(4) THE LAKEVIEW APARTMENTS ARE NOT FAMILY HOUSING

- a. Due to HUD regulations which state minors must have their own bedroom, and the fact that only one-bedroom apartments are available, we are unable to rent to households with minor children in them.

(5) MSHDA/ SECTION 8 VOUCHERS WILL NOT BE ACCEPTED

- a. We are not set up to accept MSHDA/ Section 8 vouchers, as we are not aligned with this program.

(6) THIS IS NOT A NURSING HOME / ASSISTED LIVING

- a. We are an independent living, low-income housing commission; we are not assisted living or senior-specific, and do not have the same level of care as one may find in a nursing home.



Negaunee Housing Commission



Lakeview Apartments

98 Croix Street
 Negaunee, Michigan 49866
 Phone: (906) 475-9107 Fax: (906) 475-6225
 mmwaters@negauneehousing.org

ADD ADDITIONAL INFORMATION ON BACK IF NEEDED. ANSWER ALL QUESTIONS! WRITE N/A IF IT DOES NOT APPLY.

APPLICANT INFORMATION – PLEASE PRINT IN INK.

Name of Applicant (First, Middle, Last)		Phone Number ()	
Name of Co-Applicant (First, Middle, Last)		Phone Number ()	
Current Address	City	State	Zip
Names of two (2) persons who could be notified if applicant cannot be reached.		Phone #	Relationship
1.			Leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
How many people will live in your apartment?	1	2	Does anyone smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note that Lakeview Apartments is a **SMOKE FREE BUILDING**. There is absolutely **NO SMOKING** anywhere in the building. You **MUST** sign the attached smoking policy in order to be considered for an apartment at Lakeview.

PROVIDE ALL INFORMATION REQUESTED & ANSWER ALL QUESTIONS BELOW

Race of Applicant: A=Asian B=Black H=Hispanic N=Native American P=Hawaiian or Pacific Islander W=White O=Other

List yourself and all who will be living with you. Include those temporarily absent due to military service, hospitalization, etc.

NAME – List applicant first	Relationship to you	Mother's Maiden Name	Date of Birth Mo/Day/Yr	Place of Birth	Social Security Number	U.S. Citizen Y or N	Sex M or F	Marital Status M=Married N=Never married D=Divorced W=Widowed S=Separated
	SELF							

List all other names used (maiden name, name before adoption, etc.):

Is any	Yes	No	If yes, who?	If yes, who?
Attending School				

Name of School:

Telephone #:

Is any person:	Yes	No	If yes, who?	Who?	Due Date	Due Date
Pregnant						
Disabled						

Name of any disabled person	Determined Disabled or Handicapped by:	Yes	NO
	Social Security		
Name of any disabled person	Veterans Administration		
	Vocational Rehab		
Name of any disabled person	Social Security		
	Veterans Administration		
Name of any disabled person	Vocational Rehab		

EARNED INCOME) - Include persons who are self-employed (Answer All Questions and provide the last 3 Consecutive Pay Stubs.

Name of person with earnings	Start Date	Will employment continue	Average # of hours per week
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer name & address	Rate of Pay	Tips/Bonus rec'd	Average tips/bonus per week
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of person with earnings	Start Date	Will employment continue	Average # of hours per week
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer name & address	Rate of Pay	Tips/Bonus rec'd	Average tips/bonus per week
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER INCOME - Answer All Questions and put N/A in each item if it does not apply

Does anyone receive money from:	Yes	No	If yes, who receives?	Gross Monthly Amount	Claim #
Social Security Benefits					
Federal Supplemental Security Income (SSI)					
State Supplemental Security Income (SSI)				Quarterly Amount	
				Quarterly Amount	
FIA Benefits					Type
					Type

How often paid? W = Weekly M = Monthly T = Twice a month E = Every other week O = Other (please state)

Does anyone receive money from:	Yes	No	If yes, who receives?	Amount	How often paid	Name & Address	Income Source	Phone #	Fax #
Retirement/Pension Benefits									
Veterans Benefits									
Other Disability Benefits									
Other Death Benefits									
Unemployment Benefits									

OTHER INCOME (CONTINUED) - (Answer All Questions)									
<i>How often paid? W = Weekly M = Monthly T = Twice a month E = Every other week O = Other (please state)</i>									
Does anyone receive money from:	Yes	No	If yes, who receives?	Amount	How often paid	Income Source			
						Name & Address	Phone #	Fax #	
Food Stamps									
Workers Compensation									
Alimony									
G.I. Bill Benefits									
Educational Grants or Scholarships									
Educational Loans									
Does any person receive any other money? Please specify.									
If claiming zero income, explain where you get money to pay for rent, utilities, food, etc.									
ASSETS - Complete this section by providing all requested information, including assets held jointly.									
Does any person have any of the following:	Yes	No	Name(s) on the account	Name of Financial Institution or Company		Account Number	Balance/ Value		
				Name & address	Phone #				
Checking/Draft Account									
Savings/Share Accounts									

ASSETS (CONTINUED) - Complete this section by providing all requested information, including assets held jointly.

Does any person have any of the following:	Yes		No		Name(s) on the account	Name of Financial Institution or Company Name & address	Phone #	Account Number	Balance/ Value
Certificates of Deposit (CD's)									
Money Market Accounts									
Christmas Club Accounts									
Annuity									
Mutual Funds									
IRA, KEOGH, 401k, or Deferred Compensation Accounts									
Trust Funds									
Life Insurance									
Pre-paid Funeral Account									
Stocks									
Does any person have any of the following:	Yes	No	Owner(s)			If yes, give amount/value			
Cash on hand or in a safe deposit box									
Real Estate or land contract, including income producing property								Location:	
Mortgage or other notes payable to a household member									
Personal property held for investment purposes (such as gems, jewelry, coins)								Type:	
Savings Bonds (use additional sheets if necessary)	Yes	No	Owner(s)			Face Value	How Many	Issue Date	Current Value
Has any person sold/given away or otherwise transferred ownership of assets within the last two (2) years?			If yes, describe:					Value	
Has any person closed any accounts, removed or added a name to an account within the last two (2) years?			If yes, describe:						
Any Other Assets			If yes, please list					Value	

MEDICAL EXPENSES - COMPLETE THIS SECTION ONLY FOR DISABLED OR ELDERLY (OVER 62) APPLICANTS

Has anyone paid out-of-pocket (not reimbursed) for the following medical expenses?	Yes	No	If yes, who?	How often paid?	Amount?	Do you expect this expense to continue? (circle response)	
						Yes	No
Doctor Visits						Yes	No
Prescriptions						Yes	No
Vision Care						Yes	No
Dental						Yes	No
Medicare Premiums						Yes	No
Medical Insurance Premiums						Yes	No
Handicap Care						Yes	No
Other Medical Expenses – Please list expense and complete the questions	Yes	No	If yes, who?	How often paid?	Amount?	Do you expect this expense to continue? (circle response)	
						Yes	No
						Yes	No
						Yes	No

Please provide the name & address of all medical care providers – Use additional sheet if necessary

NAME OF FAMILY MEMBER	PROVIDER NAME & ADDRESS	PHONE #	FAX #	ACCOUNT/POLICY #

VEHICLE INFORMATION - List all vehicles owned or titled in the name of any person living in the home.

Name of vehicle owner(s) as shown on vehicle title or registration	Type of Vehicle	Year	Color/Make/Model	License Plate #

POWER OF ATTORNEY

Has any household member signed a "Durable Power of Attorney" If yes, please supply a copy to the Negaunee Housing Commission	Yes	No	Name of person designated as Power of Attorney.
If yes, who:			
If yes, who:			

CRIMINAL BACKGROUND					
Has any person been convicted of a felony, or had ANY other Contacts with Law Enforcement?	Yes	No	What year?	What offense?	
If yes, who?					
If yes, who?					
PREVIOUS LANDLORDS – This is REQUIRED Provide at least THREE previous landlords with their complete contact information, including full name, mailing address, phone and fax number and email address . Use back of this sheet if necessary.					
Name and Address	Phone Number	Fax Number	How Long?		
If there are gaps in your rental history, please state the reason for those gaps.					
Have you lived in public housing before?	Yes	No	Where?		
Have you ever been evicted?	Yes	No	When and From Where?		
Do you owe money to any landlord or housing commission for rent or damages?	Yes	No	If yes, who do you owe and how much?		
OTHER INFORMATION					
Where else have you lived? List all towns of previous residence. (City, State) REQUIRED SECTION					
Does anyone own a pet? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what kind? _____					
All pets must be 20 pounds or less, spayed or neutered, and current with license and shots. Cats must be declawed. You MUST read and sign the Pet Policy and pay an additional pet fee in order to have a pet in your apartment.					
How did you hear of us? _____					
I UNDERSTAND THAT THE INFORMATION GIVEN ON THIS APPLICATION WILL BE HELD IN CONFIDENCE AND WILL BE USED FOR THE SOLE PURPOSE OF DETERMINING MY ELIGIBILITY FOR PUBLIC HOUSING. I FURTHER UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS FULL, TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT MY SELECTION FOR PUBLIC HOUSING WILL BE CONTINGENT UPON THE HOUSING COMMISSION BEING ABLE TO FORMALLY VERIFY THIS INFORMATION. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, CONCEALMENT, OR OMISSION OF INFORMATION BY ME CAN RESULT IN MY EVICTION FROM ANY DWELLING UNIT OBTAINED FROM THE NEGAUNEE HOUSING COMMISSION AND POSSIBLE PROSECUTION UNDER THE LAW. I HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN.					
WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.					
SIGNATURE CERTIFICATION					
ALL ADULTS (AGE 18 AND ABOVE) IN THE HOME MUST SIGN THIS APPLICATION. BY SIGNING, YOU ARE ATTESTING THAT ALL INFORMATION IS TRUE, CORRECT, AND COMPLETE.					
Signature of Head of Household	Date	Co-Applicant	Date		
Signature of NHC Employee	Date				



EQUAL EMPLOYMENT OPPORTUNITY

Negaunee Housing Commission



EQUAL HOUSING OPPORTUNITY

Lakeview Apartments

98 Croix Street

Negaunee, Michigan 49866

Phone: (906) 475-9107 Fax: (906) 475-6225

mmwaters@negauneehousing.org

Please complete a separate form for each household member who is 18 years or older and be prepared to verify items checked "YES." Failure to comply could result in termination of benefits under the low-income public housing program.

CHECK EITHER YES or NO

YES	NO	SECTION I (list all assets and income - attach additional pages if necessary)
		I receive Social Security. Amount \$ per
		I receive Supplemental Security Income (SSI) Amount \$ per
		Federal State Amount \$ per
		I was employed last year.
		I am self-employed. Earnings \$ per
		I am currently employed.
		Employer _____ Employer _____
		Address _____ Address _____
		Phone # _____ Phone # _____
		Earnings \$ per Earnings \$ per
		I receive food stamps. Case Worker Name: Amount \$ per
		I receive periodic payments from retirement funds or pensions.
		From where? Amount \$ per
		From where? Amount \$ per
		I receive alimony. Amount \$ per
		I receive cash contributions or gifts including rent or utility payments on an ongoing basis from persons not living with me. Amount \$ per
		I receive disability or death benefits (other than Social Security). Amount \$ per
		I receive periodic payments from Worker's Compensation. Amount \$ per
		I receive Veteran's Administration Benefits. Amount \$ per
		I receive G.I. Bill Benefits. Amount \$ per

YES	NO

SECTION 1 (CONTINUED)

I receive unemployment benefits. Amount \$ _____ per _____

I receive public assistance Amount \$ _____ per _____

I receive educational grants or scholarships. Amount \$ _____ per _____

I receive educational loans Amount \$ _____ per _____

I receive periodic payments from insurance policies. Amount \$ _____ per _____

I receive periodic payments from trust, annuity, or inheritance

From where? Amount \$ _____ per _____

I receive periodic payments from lottery winnings Amount \$ _____ per _____

I receive income from Indian Trust Land Amount \$ _____ per _____

I receive income from rental of real estate or property: Amount \$ _____ per _____

I have checking and/or savings accounts (list all)

at: _____ at: _____

at: _____ at: _____

--	--

I own life insurance policy (ies).

Where? _____ Policy # _____ Face Value \$ _____ Cash Value \$ _____

Where? _____ Policy # _____ Face Value \$ _____ Cash Value \$ _____

Where? _____ Policy # _____ Face Value \$ _____ Cash Value \$ _____

I own treasury bills at: _____ Value \$ _____

I own stocks at: _____ Value \$ _____

I own bonds at: _____ Value \$ _____

I own certificates of deposit

at: _____ at: _____

at: _____ at: _____

at: _____ at: _____

I own IRA or Keogh accounts at: _____ Value \$ _____

I own real estate Address: _____

I have land contracts Income received: Amount \$ _____ per _____

I own rental property Address: _____

I own mobile homes Address: _____

YES
<input type="checkbox"/>

NO
<input type="checkbox"/>

SECTION 1 (CONTINUED)

I have a funeral contract Funeral Home _____ Contract #(s) _____

Is the funeral contract certified irrevocable by Family Independence Agency (FIA)? YES NO

<input type="checkbox"/>

<input type="checkbox"/>

I have personal property held for investment purposes (gems, jewelry, coin, stamp collections, etc.)

If yes, list property:

_____	Value \$
_____	Value \$
_____	Value \$
_____	Value \$
_____	Value \$

<input type="checkbox"/>

<input type="checkbox"/>

I have sold, given away, or otherwise transferred ownership of assets within the last 2 years. If yes, list assets

_____	Value \$
_____	Value \$
_____	Value \$
_____	Value \$
_____	Value \$

<input type="checkbox"/>

<input type="checkbox"/>

I have income/ assets from sources other than those listed above: If yes, what type? List:

_____	Value \$
_____	Value \$
_____	Value \$
_____	Value \$
_____	Value \$

YES
<input type="checkbox"/>

NO
<input type="checkbox"/>

SECTION II POWER OF ATTORNEY

I have created a "General Durable Power of Attorney." If yes, please provide a copy.

YES

NO

SECTION III - MEDICAL - COMPLETE THIS SECTION ONLY IF YOU ARE 62 OR OLDER AND/OR DISABLED

I am covered by Medicare

I pay Medicare premiums of \$ _____ per month

Are you reimbursed for your Medicare premium? YES NO By whom? _____

Is your premium paid by a source other than yourself? YES NO By whom? _____

I am covered by Medicaid.

I pay medical insurance premiums.

	To Whom	To Whom
Name		
Address		
Amount	Amount \$ _____ per _____	Amount \$ _____ per _____
Policy #		

I pay medical or prescription expenses which are not reimbursed by insurance
(Use additional sheets if necessary)

	To Whom	To Whom	To Whom
Address			
Phone #			

	To Whom	To Whom	To Whom
Name			
Address			
Phone #			

I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed

I pay handicap equipment expenses that is not covered by insurance for a handicapped/disabled family member

I certify that to the best of my knowledge all statements are true and that when circumstances change, I will promptly notify the Negaunee Housing Commission for possible recertification.

(SIGNATURE)

(DATE)

HUD Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are 18 and over must provide the Housing Owner with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD and a Public Housing Agency (PHA) may verify the information you provide by checking with the records kept by certain public agencies (IRS, Social Security Administration, and the State agency that keeps wage and unemployment compensation claim information).

You give your consent to the release of this information by signing form HUD-9887.

Only HUD and the PHA can receive information authorized by this form.

2. The Owner must verify the information that is used to determine your eligibility and the amount of rent you pay.

You give your consent to the release of this information by signing the form HUD-9887-A and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the Owner can receive about you.

Example: The amount of income you receive helps to determine the amount of rent you will pay. The owner will verify all of the sources of income that you report.

Example: There are certain allowances that reduce the income used in determining tenant rents. Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the owner is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the owner cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the PHA or the Owner is subject to State privacy laws. Employees of HUD, the PHA, and the Owner are subject to penalties for using these consent forms improperly.

You do not have to sign the form HUD-9887 or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The Owner will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the Owner shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the Owner may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The Owner must tell you, or a third party which you choose, of the findings made as a result of the Owner verifications authorized by your consent. The Owner must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3. However, for information received under the form HUD-9887, HUD, the PHA, or the Owner may inform you of these findings.

Owners must keep tenant files in a location that ensures confidentiality.

Any employee of the Owner who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD requires the Owner to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. The fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the Owner must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the Owner must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the Owner. See paragraph 17 of your Lease.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement Section 8 Housing Assistance Payment Programs (administered by the Office of Housing) Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate Section 236
- HOPE 2 Home Ownership of Multifamily Units

Owners must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A

**Notice and Consent for the Release of Information
to the U.S. Department of Housing and Urban Development (HUD)
and to a Public Housing Agency (PHA)**

**U.S. Department of Housing and Urban
Development Office of Housing
Federal Housing Commissioner**

HUD Office requesting release of information;(Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division)
U.S. Department of Housing and Urban Development
Attention: Director
Detroit Field Office
Office of Public Housing
Patrick V. McNamara Federal Building
477 Michigan Avenue, Room 1710
Detroit, MI 48226-2592

PHA requesting release of information;(Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.)
Negaunee Housing Commission
98 Croix Street
Negaunee, MI 49866
Phone# 906-475-9107 Fax# 906-475-6225

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Purpose: In signing this consent form, you are authorizing HUD and the above-named PHA to request income information from the government agencies listed on the form. HUD and the PHA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD and the PHA to seek wage and income information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent,

HUD and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3. If a tenant is denied assistance for this reason, the owner must follow the procedures set out in the lease.

Consent: I consent to allow HUD or the PHA to request and obtain income information from the public agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household	_____	Date	_____
Spouse	_____	Date	_____
Other Family Member 18 and over	_____	Date	_____
Other Family Member 18 and over	_____	Date	_____

Other Family Member 18 and over	_____	Date	_____
Other Family Member 18 and over	_____	Date	_____
Other Family Member 18 and over	_____	Date	_____
Other Family Member 18 and over	_____	Date	_____

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA)(This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information from your current form W-2.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to information covered in your current tax return.)

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans

W2-G Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office or the PHA (whichever is applicable) and the owner (as required by HUD or the PHA), have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the PHA or the owner shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3.

If an adult member of the household, due to extenuating circumstances, is unable to sign the form on time, the owner may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the PHA and any Owner (or any employee of HUD, the PHA or the Owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the Owner responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing and Urban Development
Office of Housing Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (Appendices 5 to 17 of HUD Handbook 4350.3).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the Fact Sheet, form HUD-9887, and form HUD-9887-A (signed by the head of household) after obtaining the applicants/tenants signature. Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits. In addition, HUD regulations (24 CFR 813.109(b), Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits.

This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affect your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Upon the request of the HUD office or the PHA (as Contract Administrator) the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The PHA and the Owner are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms: Rental Assistance Program (RAP)

Rent Supplement Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the Owner must follow the notification procedures in Handbook 4350.3. If a tenant is denied assistance for this reason, the Owner must follow the procedures set out in the lease which require that the tenant pay the higher, HUD-approved market rent for the unit for failure to provide recertification information.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the owner has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the Owner has verified whether you have actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the Owner does not have another individual verification consent with an original signature and the Owner is required to send out another request for verification (for example, the third party fails to respond). If this happens, the Owner may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the Owner and the individual may agree to sign more than one consent for each type of verification that is needed.

The Owner shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3.

The Owner must provide you with information obtained under this consent in accordance with State privacy laws. If an adult member of the household, due to extenuating circumstances, is unable to sign the required forms on time, the Owner may document the file as to the reason for the delay and the specific plans

to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The Owner may use these individual consent forms during the 90 days preceding the certification period. The Owner may also use these forms during the certification period, but only in cases where the Owner receives information indicating that the information you have provided may be incorrect. Other uses are prohibited. The Owner may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the Owner may obtain information within the last 5 years when you have received assistance.

I have read this information on the purposes and uses of information that is verified and/or it has been explained to me and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date

cc: Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

HUD, the PHA and any Owner (or any employee of HUD, the PHA or the Owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the Owner responsible for the unauthorized disclosure or improper use.

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to «ha_name» any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
Head of Household:	_____	_____	Date: _____
Spouse:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only: ___ Initial ___ Annual ___ Interim Occupancy Specialist _____



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

NHC - LV

I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

NEGAUNEE
HOUSING
COMMISSION

LAKEVIEW
APARTMENTS

ARE

SMOKE-FREE

EFFECTIVE

SEPTEMBER 11, 2007



Negaunee Housing Commission



98 Croix Street
Negaunee, Michigan 49866
Phone: (906) 475-9107
Fax: (906) 475-6225
Email: mmwaters@chartermi.net

SMOKE-FREE HOUSING POLICY FOR HOUSING COMMISSIONS IN MICHIGAN

NEGAUNEE HOUSING COMMISSION SMOKE-FREE POLICY

To insure the quality of air and the safety of residents in Lakeview Apartments, the Housing Commission has declared that Lakeview Apartments located at 98 Croix Street, Negaunee, Michigan is a smoke free building. Smoking is not permitted in any area of the building including apartments, except for residents with temporary exemptions from this policy, as described below. Smoking is only permitted outside of the building; a minimum of twenty (20) feet from ALL entrances and windows of Lakeview Apartments, with the exception that NO SMOKING is permitted at the front entrance located on Croix Street. All tenants, employees and guests must abide by the following rules and regulations.

Adopted: September 11, 2007

Smoking Policy

The Negaunee Housing Commission finds that:

Whereas: the 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, has concluded that (1) secondhand smoke exposure causes disease and premature death in children and adults who do not smoke; (2) children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory problems, ear infections, and asthma attacks, and that smoking by parents causes respiratory symptoms and slows lung growth in their children; (3) exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer; (4) there is no risk-free level of exposure to secondhand smoke; (5) establishing smoke-free workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace, because ventilation and other air cleaning technologies cannot completely control for exposure of nonsmokers to secondhand smoke; and (6) evidence from peer-reviewed studies shows that smoke-free policies and laws do not have an adverse economic impact on the hospitality industry.

Whereas: numerous studies have found that tobacco smoke is a major contributor to indoor air pollution, and that breathing secondhand smoke (also known as environmental tobacco smoke) is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer. The National Cancer Institute determined in 1999 that secondhand smoke is responsible for the early deaths of approximately 53,000 Americans annually.

Whereas: the Public Health Service's National Toxicology Program (NTP) has listed secondhand smoke as a known carcinogen.

Whereas: based on a finding by the California Environmental Protection Agency in 2005, the California Air Resources Board has determined that secondhand smoke is a toxic air contaminant, finding that exposure to secondhand smoke has serious health effects, including low birth-weight babies; sudden infant death syndrome (SIDS); increased respiratory infections in children; asthma in children and adults; lung cancer, sinus cancer, and breast cancer in younger, pre-menopausal women; heart disease; and death.

Whereas: inasmuch as there is no safe level of exposure to secondhand smoke, the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) bases its ventilation standards on totally smoke-free environments. ASHRAE has determined that there is currently no air filtration or other ventilation technology that can completely eliminate all the carcinogenic components in secondhand smoke and the health risks caused by secondhand smoke exposure, and recommends that indoor environments be smoke-free in their entirety.

Smoking Policy

1. Smoking is not permitted anywhere in the building including apartments, in accordance with the following schedule. Effective on **September 11, 2007** all current residents, all employees, all guests and all new residents of Lakeview Apartments after this date will be prohibited from smoking anywhere in the building, including in apartments or in housing commission vehicles. There is a temporary exception to this policy for current residents who are smokers. Any current resident as of **October 11, 2007** who smokes must complete a temporary smoking exemption form allowing them to smoke in their apartment only. This exemption will continue only until **September 11, 2009**, at which time the status will be evaluated. Again, this exemption is **ONLY** for the current resident, no guests. Failure of any resident to follow the smoke-free policy will be considered a lease violation. Three lease violations may cause eviction.
2. "No Smoking" signs will be posted outside and inside of the building.
3. Smoking outside the building is limited to the following area(s), **Smoking is only permitted outside of the building; a minimum of twenty (20) feet from ALL entrances and windows of Lakeview Apartments, with the exception that NO SMOKING is permitted at the front entrance located on Croix Street.**
4. If a resident smells tobacco smoke in any place in the building,, they are to report this to the office as soon as possible. Management will seek the source of the smoke and take appropriate action.
5. For the health and safety of Negaunee Housing Commission employees and their representatives, no resident shall have any type of tobacco or related product burning at such time as any employee or representative of the Negaunee Housing Commission enters and remains in your apartment unit. If any resident refuses to put out the burning tobacco or related product prior to the employee or representative entering the apartment or if the resident lights a tobacco or related product while an employee or representative remains in the apartment, the employee or representative shall vacate your apartment and shall not return until such time as there is no longer any tobacco or related product burning. This may result in a delay of services in your apartment.
6. New tenants will be given two (2) copies of the smoking policy. After review, the tenant will sign both copies and return one to the Negaunee Housing Commission's office. The copy will be placed in the tenant's file.
7. Upon adoption of this policy, all tenants presently living in Lakeview Apartments will be given two copies of the policy. After review, the tenant will sign both copies and return one to the Negaunee Housing Commission office for placement in the tenant's file.

TENANT CERTIFICATION

I have read and understand the above smoking policy and I agree to comply fully with the provisions. I understand that failure to comply may constitute reason for termination of my lease.

Resident Signature: _____

Apartment Number: _____ Date: _____

Smoking Policy

Now therefore: the Commissioners for the Negaunee Housing Commission adopts this Smoke-Free Housing Policy for Lakeview Apartments located at 98 Croix Street, Negaunee, Michigan, this 11th day of September, 2007.

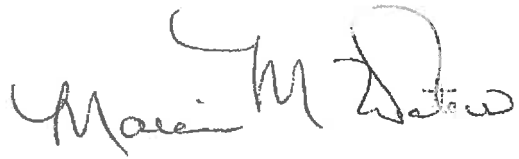
Upon Roll Call: Vice-President Betty Lukkarinen - yes; Commissioner Irene Nykanen - yes; Commissioner Robert Sylvester - yes; Commissioner Allan Koskey absent; President Jonelle Collins- yes.

Whereupon: Negaunee Housing Commission is declared Smoke-Free this 11th day of September, 2007, by a vote of 4 to 0.

Signed:



Jonelle Collins
President



Marcia M. Waters
Executive Director

NEGAUNEE HOUSING COMMISSION SMOKE-FREE POLICY
AMENDMENT #1

Negaunee Housing Commission adopted a Smoke-Free Policy September 11, 2007. At that time a high percentage of the residents of Lakeview Apartments were smokers. That being the situation, the current residents that were smokers were given the opportunity to complete a temporary smoking exemption form allowing them to smoke in their apartment only. That exemption was to continue only until September 11, 2009, at which time the status would be evaluated. This exemption was only for the current resident, no guests. This is explained clearly on page three of the Negaunee Housing Commission Smoke-Free Policy in item number one. Note: When NHC went smoke-free there were 31 smokers (that is why it was decided we had to offer a temporary smoking exemption). Two years later when we reevaluated the status there were 14 remaining smokers and NHC had a vacancy problem. Again, we could not just terminate leases when we already had vacancy issues.

Page 3 Item 1

Currently, there are two remaining residents that smoke in their apartments. The exemption date should be revisited. The exemption will continue only until September 11, 2011. That would give the two remaining residents a year and a half to quit.

Page 3 Item 3

Currently Reads As: Smoking outside the building is limited to the following area(s), **Smoking is only permitted outside of the building; a minimum of twenty (20) feet from ALL entrances and windows of Lakeview Apartments, with the exception that NO SMOKING is permitted at the front entrance located on Croix Street.**

Change to Read As: Smoking is only permitted outside of the building; a minimum of thirty-five (35) feet from all entrances and windows of Lakeview Apartments, with the exceptions that smoking is allowed at designated smoking areas outside. **NO SMOKING** is allowed at the front entrance located on Croix Street.

Littering of Cigarette Butts – It's a Violation

Residents are reminded that disposing of your cigarette butts on the grounds is littering. Please dispose of your cigarette butts in a disposal container or take them with you.

First Reading – April 13, 2010

Second Reading – May 11, 2010 Motion by Vice-President Irene Nykanen, supported by Commission D. Craig Beard

Roll Call Vote: Vice-President Irene Nykanen Yes; Commission Jonelle Collins Yes; Commission D. Craig Beard Yes; President Jim Wickstrom Yes.

Approved and adopted the 11 day of May 2010.



Jim Wickstrom
President



Marcia M. Waters
Executive Director



Negaunee Housing Commission



98 Croix Street
Negaunee, Michigan 49866
Phone: (906) 475-9107
Fax: (906) 475-6225
Email: mmwaters@negauneehousing.org

NEW POLICY CONCERNING EMERGENCY CONTACT INFORMATION

All applicants and residents to the Negaunee Housing Commission at Lakeview Apartments **MUST** have an emergency contact on file with the office.

This is necessary in the event of medical emergencies, so that the office has someone to contact if a resident is sent to the hospital, or in other unusual circumstances. This emergency contact will be notified of an emergency if no other family is listed on the resident's "Responsible Party" form in their file.

For all **Applicants**, please fill out the form titled "Supplement to Application for Federally Assisted Housing" and list an emergency contact with the office when you send in or drop off your application.

If you are a **Current Resident**, please call, visit the office, or drop your information in the office mailbox to be sure that your emergency contact information is up to date as soon as you are able to.

You may also fill out the bottom half of this form and return it to the Negaunee Housing Commission office at Lakeview Apartments to register their emergency contact.

Name: _____ Apt #: _____

Name of Emergency Contact: _____

Relationship to Resident: _____

Address: _____

Phone: _____

Cell Home Work

Email: _____

Resident Signature: _____ Date: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.