

CHECKLIST

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

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 _____ job(s) and receive money/wages. (List separately). Name of Employer: ¹⁾ _____ ²⁾ _____ Date of Hire: _____ Date of Termination: _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Contact Person: _____ Telephone: _____ Fax#: _____ List Pretax Deductions (HB programs only): _____ Work Number Code: _____ If more than two jobs provide additional information on a separate sheet. |
| 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 since _____ (date). I <input type="checkbox"/> will <input type="checkbox"/> will not receive an extension. |
| A-6 | <input type="checkbox"/> | <input type="checkbox"/> | I am disabled and have a new job or wage increase in the last 12 months. If yes, New job date: _____ Wage increase date: _____ |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits. If yes, Amount \$ _____ VA File # _____ |
| A-10 | <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security. If yes, Amount \$ _____ |
| A-11 | <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income (SSI). Federal Amount \$ _____ State Amount \$ _____ |
| 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 _____ If received from more than one source, provide additional information on a separate sheet. |
| A-13 | <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security . If yes, from how many sources? _____ (List each source separately. Provide additional information on separate sheet.) Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ |

CHECKLIST (continued)

| | Yes | No | | |
|------|--------------------------|--------------------------|---|--|
| A-14 | <input type="checkbox"/> | <input type="checkbox"/> | I receive Food Assistance Program benefits from the Department of Human Services (DHS). DHS Caseworker Name: _____ Amount: \$ _____ Street Address: _____ DHS Case #: _____ City, State, ZIP: _____ Telephone: _____ E-mail address: _____ Fax #: _____ | |
| A-15 | <input type="checkbox"/> | <input type="checkbox"/> | I receive a CASH Public Assistance grant (FIP, SDA, RAP). DHS Caseworker Name: _____ DHS Case #: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax #: _____ E-mail address: _____ | |
| A-16 | <input type="checkbox"/> | <input type="checkbox"/> | I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program) | |
| A-17 | <input type="checkbox"/> | <input type="checkbox"/> | I receive child support. From how many Friend of the Court(s) do you receive support? _____ If yes, from how many persons do you receive support? _____ do you receive support? _____ If yes, is child support paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: _____ 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-18 | <input type="checkbox"/> | <input type="checkbox"/> | 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? _____ 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 | <input type="checkbox"/> | <input type="checkbox"/> | 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 | <input type="checkbox"/> | <input type="checkbox"/> | 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 | <input type="checkbox"/> | <input type="checkbox"/> | 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. | |

CHECKLIST (continued)

A-22 **Yes** **No** 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 I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? _____ (List each source separately)

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 -

A-25 **Yes** **No** I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).

List their names and type(s) of income:

| Name | Type | Amount | Name | Type | Amount |
|------|------|--------|------|------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

A-26 I have a family member(s) age 17 or under who has **earned** income (list each job separately).

| Name | Amount | Name | Amount |
|------|--------|------|--------|
| | | | |
| | | | |

Section B – Assets

B-1 **Yes** **No** 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 **additional** real estate. Describe: _____

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

CHECKLIST (continued)

- Yes** **No** B-4 I own a mobile home. Describe: _____
- B-5 I receive income from rental of real estate or personal property. Describe: _____
- B-6 I receive income from Indian Trust Land. Describe: _____
- B-7 I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.) Describe: _____
- B-8 I have Treasury Bills, Stocks or Bonds. Check which one(s): Treasury Bills Stocks Bonds
How many do you have? _____ (List each separately)
Name of 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 I have a life insurance policy **with a cash surrender value**.
Source Name: _____ Policy #: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax#: _____
- If received from more than one source provide additional information on a separate sheet.
- B-10 I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years.
List items: _____ Sale amount \$ _____
- B-11 I have income/assets from sources **other** than those listed above. Describe: _____

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 | <input type="checkbox"/> | <input type="checkbox"/> | I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.). | | | |
| | | | Name | Type | Amount | Name |
| | | | Name | Type | Amount | Name |
| | | | Name | Type | Amount | Name |
| 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. | | | | | | |

CHECKLIST (continued)

Section C – Rental Rehabilitation

NA for Homebuyer Programs

Yes No

C-1 I am disabled and receive Supplemental Security Income (SSI).

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 I have a family member(s) under age 6 who has an *identified* environmental intervention blood lead level (EIBLL). List their names: _____

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

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 517.373.1974.

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).