

ST. JOSEPH COUNTY
EMERGENCY HOME IMPROVEMENT - PROGRAM INCOME



APPLICATION

PART I - GENERAL INFORMATION

Name of Applicant			Social Security #		Date of Birth	
Name of Co-Applicant			Social Security #		Date of Birth	
Address		City	State MI	County/Township		Zip Code
Home Phone #		Work Phone #		Mobile Phone #		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)						
Contact Person (in your absence)		Mobile Phone #		Work Phone #		
Address		City	State	Zip Code	Relationship	
How long St Joseph Countyve you lived at this address?						
Year house was built (approximately)?						
Is this a Land Contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No				

PART II - HOUSEHOLD INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anyone listed on the title to your property who does <u>not</u> live in the household? If Yes, please list Name(s) and Relationship below.
NAME	RELATIONSHIP
1	
2	
3	
How many people live permanently in your household?	

LIST ALL HOUSEHOLD MEMBERS, their annual gross income and source of income including Social Security, Wages, Pensions, DHHS, Child Support or Alimony, SSI, General Assistance, self-employment, farm income, and rental income (For self-employed persons, farm, and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

	NAME	AGE	ANNUAL GROSS INCOME	SOURCE OF INCOME

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received any assistance or loan prior from St. Joseph County?			

From your last property tax statement (answer the following):	
What is the estimated market value of your home?	\$
What are your yearly property taxes?	\$
Are your property taxes current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the name of your home insurance company.	
List the emergency home improvement needed.	

PART III - CERTIFICATION

Conflict of Interest – St. Joseph County cannot provide assistance to an employee, an employee’s immediate family member, or any individual associated with St. Joseph County. Exceptions may be possible, on a case-by-case basis, if a Conflict of Interest Disclosure is submitted outlining why participation is warranted, and the County approves the disclosure request. Please note any conflicts of interest on a separate sheet and include with this application.

I certify the information stated above is true and correct to the best of my knowledge. I understand giving false information will result in disqualifying me from assistance.

Applicant Signature

Date

Co-Applicant Signature

Date

PLEASE CALL MARILYN SMITH, HOUSING SPECIALIST, AT 734-341-1866, FOR ANY QUESTIONS REGARDING THE PROGRAM. EMAIL THE APPLICATION TO ms.smithhousing@gmail.com. ADDITIONAL PAPERWORK WILL BE REQUIRED ONCE THIS APPLICATION HAS BEEN REVIEWED AND APPROVED BY THE COUNTY.

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, 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.

Print Name of All Household Members

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

HEAD OF HOUSEHOLD First, Middle Initial, Last Name	HEAD OF HOUSEHOLD Signature	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

Warning: 18 U.S.C. 1001 provides, among other things, that anyone 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, will face fines not more \$10,000, imprisoned for not more 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 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).

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban
Development, St. Joseph County,
U.S. Department of Housing and Urban Development, and/or Office of Public and Indian Housing**

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 St. Joseph County to request verification of salary and wages from current or previous employers; (2) HUD and St. Joseph County to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD and St. Joseph County to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing St. Joseph County to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever St. Joseph County determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and St. Joseph County to request income information from the sources listed on the form. HUD and St. Joseph County need this information to verify your household's income, in order to ensure to St Joseph County you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and St. Joseph County may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

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. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to St. Joseph County for the purpose of determining housing assistance. St. Joseph County is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and St. Joseph County 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.**

Revocation of consent: If you revoke consent, St. Joseph County will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever St. Joseph County determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information

Who Must Sign the Consent Form:

Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members become 18.

Consent: I consent to allow HUD and/or St. Joseph County to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that the income information received under this consent form cannot be used to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of:

- (i) the rendering of a final adverse decision for an assistance applicant;
- (ii) the cessation of a participant’s eligibility for assistance from HUD and St. Joseph County; or
- (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or St. Joseph County.

Signatures:

Head of Household	Date	Social Security Number of Head of Household	
Spouse	Date	Other Household Member over age 18	Date
Other Household Member over age 18	Date	Other Household Member over age 18	Date
Other Household Member over age 18	Date	Other Household Member over age 18	Date
Other Household Member over age 18	Date	Other Household Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and ST JOSEPH COUNTY to request income information to verify your household’s income in order to ensure you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay o rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and ST JOSEPH COUNTY (or any employee of HUD or ST JOSEPH COUNTY) 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 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant 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 or ST JOSEPH COUNTY for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so St Joseph County can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 to ensure HUD and JOSEPH COUNTY can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.