

LIVONIA HOUSING COMMISSION

BRANDIE M. ISAACSON
DIRECTOR

MEMBERS
JOHN BRYAN
DALE MOSER
CARL DEAL
BRIAN SCOTT
ELEANOR MALONE



MAUREEN MILLER BROSNAN
MAYOR

HOUSING CHOICE VOUCHER PROGRAM
10800 FARMINGTON RD.
LIVONIA, MI. 48150-2751
(734) 261-0279
(734) 261-0373 FAX

Dear Silver Village Applicant:

The Livonia Housing Commission requires that your residency be verified at the time you place this application in our office. This will assure your name being placed on the waiting list.

Please be sure to complete the attached application both front and back (don't forget to date and sign it on page two) and indicate your preference as to apartment size desired (one bedroom, two bedroom or no preference). You must attach a copy of your driver's license or State of Michigan photo I.D. card (front and back) to the application and mail both to the above address.

If you are going on the "Immediate family member of Livonia residents" waiting list, you must provide a copy of your driver's license and a copy of your immediate family member's driver's license and birth certificate. If the immediate family member's last name is different than yours, a copy of their marriage certificate may also be required. (Whatever documents that are necessary to confirm your relationship).

Please be advised that the Livonia Housing Commission will review all documents to assure their accuracy.

If you should have any questions regarding this matter, please call the Silver Village office at (734) 421-6050.

Yours very truly,

Brandie M. Isaacson

**Brandie M. Isaacson, Executive Director
Livonia Housing Commission**

Attachment: Application

How did you hear about LHC Housing opportunities?
 Relative
 Friend
 Senior Expo
 City Newsletter
 Website
 Other

MAIL APPLICATION TO:
SILVER VILLAGE
33780 LYNDON
LIVONIA, MI 48154

734-421-6050



All LHC Properties are SMOKE FREE

ALL QUESTIONS MUST BE ANSWERED COMPLETELY IN ORDER TO PROCESS THIS APPLICATION.

PLEASE PRINT

Name		
Street Address		Apt. No.
City	State	Zip Code
Home Phone	Cell Phone	Email Address

Apartment Size Preference: 1-Bedroom ___ 2-Bedroom ___ First Available ___

Are you requesting a barrier free unit? Yes ___ No ___

FAMILY COMPOSITION

List yourself and all persons who will live in the rental unit with you:

Full Name	Relationship	Date of Birth	Age	Gender	Social Security No.
	Head of Household				

If you are not a current Livonia resident, do you have an immediate family member (parent, child or sibling) who is a current Livonia resident? YES _____ NO _____

If yes, please list below:

Name: _____

Address: _____

INCOME

List all income for everyone in the household. (Example: Social Security, Pension, Unemployment Benefits, Wages, SSI, SSD, Child Support, Income from Rental Property, Land Contracts, Self-Employment, Etc.)

Household Member	Source of Income	Amount	How Often it is Received
Name and Address of Employer:		Date of Retirement:	

ASSETS

List all assets for everyone in the household.

Account Type	Name and Address of Financial Institution	Value of Asset – Interest Rate
Checking		
Saving		
Money Market		
Certificate of Deposit		
Retirement Account		
Annuity		
Stock and/or Bonds		
Life Insurance		
Real Estate		

RENTAL HISTORY

List the last two addresses in which you resided the last 5 years.

Address	Landlord Name	Landlord Phone Number	Rent/Own
What are your current monthly housing costs? (Rent, utilities)	\$		
Have you ever been evicted or charged with a lease violation?	Yes/No	If Yes, Explain	

CRIMINAL BACKGROUND HISTORY

Have you or any household member ever been convicted of any crime, either a misdemeanor or felony?	Yes/No	If Yes, describe when, where, and what nature of offence and disposition.
Are you or any household member subject to a State lifetime sex offender registration requirement?	Yes/No	
Have you ever been or are you currently enrolled in a drug or alcohol dependency program?	Yes/No	

The following information is used for statistical purposes so that the US Government Department of Housing and Urban Development may determine the degree to which the housing program is assisting minority families and/or homelessness. Checking is optional.

_____ White _____ African American _____ American Indian or Alaskan Native
 _____ Asian _____ Hawaiian or Pacific Islander _____ Hispanic _____ Other

_____ Homeless – At the time of this application are you homeless as defined by the U.S. Department of Housing and Urban Development or fleeing a domestic violence situation?

Information listed above is needed in order to give you the benefit of any priority which you may be entitled to. Please keep all important papers in your possession. You will be requested to present them so that verification of the necessary information can be made. Information supplied by you will be held confidential.

I understand that this is not a contract and does not bind either party. The above information is true and complete to the best of my knowledge and I have no objection to inquires being made for the purpose of verifying the statements made herein. I also understand the information provided by me will be kept confidential unless the Livonia Housing Commission is required by court order to release it.

Warning:

Section 101 of the title 18 U.S.C. provides: “Whoever in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies a material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both”.

Signed _____ Date _____
 Head of Household
 Signed _____ Date _____
 Spouse / Other Adult

Office Use Only Original Application: _____ Date _____

FOR OFFICE USE ONLY: APPLICATION DATE _____ ELDERLY _____ DISABLED _____ FAMILY _____ RESIDENT _____

Accepted by Livonia Housing Commission Representative