**Mainstream Voucher Pre-Application**

**Non-elderly, disabled households only**

**You must be under 62 at the time of your briefing to qualify.**

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| --- | --- |
| 1. | Head of Household Information |
|  | Name (Last, First, Middle): |  |
|  | Mailing Address: | Last First Middle |
|  |  |
|  |  |
|  |  |  | City | State | Zip Code | County |  |
|  | Telephone Number: |  | Alternate Number: |  |
|  |
| 2 | Family Composition **– List anyone who will be living in the unit INCLUDING YOURSELF** |
|  | Full Name | Relationship | Birth Date | DisabledYes/No | StudentYes/No | Soc. Security Number | SexM/F |
| **Voucher holder**  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3 | HUD Statistical Purposes Only (Optional) |
|  | Check One: |  |
|  |  | White |  | Asian |
|  |  | Black/African American |  | Native Hawaiian/Other Pacific Islander |
|  |  | American Indian/Alaska Native |  |  |
|  |  |  |  |  |  |  |  |
|  | Check One: |  |  |  |  |  |
|  |  | Hispanic or Latino |  |  |  |  |  |
|  |  | Not-Hispanic or Latino |  |  |  |  |  |
|  |  |
| 4. | Other Contacts – List two relatives or friends who know how to contact you: |
|  | Name: |  | Phone #: |  |
|  | Address: |  |
|  | Name: |  | Phone #: |  |
|  | Address: |  |
| 5. | Criminal History: |  |
|  | Have you or anyone in the household ever been convicted of any crime other than traffic violations? [ ]  no [ ]  yes If “yes”, please explain:  |
|  |  |
|  |  |
|  | Federal Law prohibits HSMM from providing subsidies to individuals who are currently engaged in illegal drug activity; are fugitive felons or parole violators; have been convicted of producing Methamphetamines on federally assisted housing property; any sex offender required to register with a State program; those engaged in illegal drug or alcohol abuse that threatens the health, safety and peaceful enjoyment of the premises; and anyone evicted from federally assisted housing for drug-related activity within the last 3 years.  |
| 6. | Disability Statement |  |
|  | In order to qualify for a Housing Choice Voucher from Housing Services Mid Michigan either the head of the household, co-head, or spouse must be permanently disabled as verified by a certified physician or by proof of receipt of SSI or SSDI.  |
| 7. | Certification by Applicant: |
|  | By signing this application, I/we declare that all of my/our responses are true and complete and I/we authorize Housing Services Mid Michigan (HSMM) to verify this information. Any false statement on this application can lead to the rejection of this application or immediate termination of your lease. I/we understand that in order for my/our application to remain current I/we must notify HSMM of any change in address.  |
|  | Head of Household Signature: |  | Date: |  |
|  | Spouse or Co-head Signature: |  | Date: |  |
|  |

*"HSMM is an equal opportunity provider”*

