

**Monday, August 29th, 2022 through
Tuesday, September 6th, 2022
Between the hours of 8am and 4pm**

Applications will be available in the following ways, and previous versions will not be accepted:

- Download fillable application here: [LHC Application for Rental Assistance](#)
- You may also pick up a paper application at 544 N. Saginaw St. Ste. 106, Lapeer, MI (Riverview Towers, 1st floor Housing Improvement Office) **outside of the office** Monday – Friday between the hours of:
8am and 4pm between the dates of Monday, Aug. 29th, 2022 through Tuesday, Sept. 6th, 2022 (with the exception of the Labor Day Holiday)
- **ALL APPLICATION QUESTIONS MUST BE COMPLETED FULLY AND SIGNED AND DATED AT THE BOTTOM OR THE APPLICATION WILL BE RETURNED.**
- **ANYONE WITHIN THE U.S. MAY APPLY; HOWEVER, PEOPLE WHO WORK OR LIVE WITHIN THE CITY LIMITS OF LAPEER WILL HAVE PREFERENCE ON THE WAITLIST. PROOF OF CITY OF LAPEER RESIDENCY MUST BE SUPPLIED WITH THE APPLICATION TO RECEIVE PREFERENCE. THERE IS NO PREFERENCE FOR HOMELESSNESS.**
- **PLEASE PROVIDE A COPY OF YOUR RESIDENCY DOCUMENTATION WITH YOUR APPLICATION SUBMISSION.**
Examples of residency: Valid Driver/State ID, Voter Registration card, Current Utility bill, Current Pay Stubs, Current Lease, Social Security award letter dated within the last 60 days.
- **COMPLETED SIGNED APPLICATIONS WITH RESIDENCY DOCUMENTATION ATTACHED, MAY BE MAILED, FAXED, EMAILED OR SUBMITTED BY DROP BOX LOCATED AT THE FOLLOWING:**
 1. LAPEER HOUSING COMMISSION, 544 N. SAGINAW ST., STE. 106, LAPEER, MI 48446
 2. BY FAX TO 810-667-2501
 3. BY EMAIL TO jjackson@ci.lapeer.mi.us

DEADLINE FOR SUBMISSION

4:00 pm, September 6th, 2022: NO EXCEPTIONS!

- Applications will be processed in the order they are received. Please **do not contact our office regarding the status of your application.** You will receive written notification in approximately 14 days confirming your application has been received and your name has been placed on the waitlist.
- It is the responsibility of all applicants to inform our office of any change in address or contact numbers. **Notification of any change must be in writing.** Failure to do so could result in being removed from the waitlist.

OPEN WAITLIST PERIOD AND PROCEDURES SUBJECT TO CHANGE DUE TO COVID-19 DEVELOPMENTS

If you have questions, please contact Janelle Jackson at (810) 245-4226



PRESS RELEASE



The Lapeer Housing Commission (LHC) will be accepting Housing Choice Voucher (HCV) Program applications from 8:00 a.m. Monday, August 29th through 4:00 p.m. Tuesday, September 6th, 2022. The HCV Program (aka Section 8) is a federally *subsidized rental assistance* program for income-eligible applicants. Anyone within the U.S. may apply; however, people who work or live within the city limits of Lapeer will have preference on the waitlist. Proof of City of Lapeer residency must be supplied with the application to receive preference. **There is no preference for being homeless.** The LHC jurisdiction is within the city limits of Lapeer only. Depending on family size, the maximum gross income range that would qualify is \$31,350 for a single person and \$59,100 for an 8-person family (subject to change). LHC follows all Fair Housing Rules and Regulations.

Applications will be available the following ways, and previous versions will not be accepted:

- Online at http://www.ci.lapeer.mi.us/housing/housing_choice_voucher_program.php. Search under "Housing Choice Voucher Program – Lapeer, MI". Applications will be available online starting ***Friday, August 26th, 2022, 4 p.m.***
- You may pick up an application outside of the office M-F between the hours of 8:00a.m. and 4:00p.m, Monday, August 29th, 2022 through Tuesday, September 6th, 2022 with the exception of Labor Day at 544 N. Saginaw St., Lapeer, MI 48446 (Riverview Towers, 1st floor Housing Improvement Office).

***COMPLETED APPLICATIONS MAY BE MAILED OR SUBMITTED BY DROP BOX LOCATED AT LAPEER HOUSING COMMISSION, 544 N. SAGINAW ST., STE. 106, LAPEER, MI 48446. APPLICATIONS MAY ALSO BE FAXED TO 810-667-2501 OR EMAILED TO jjackson@ci.lapeer.mi.us. APPLICATIONS WILL BE ACCEPTED FROM 8:00 A.M. AUGUST 29TH, 2022 THROUGH 4:00 P.M. SEPTEMBER 6TH, 2022.**

DEADLINE FOR SUBMISSION IS 4:00 P.M. SEPTEMBER 6TH, 2022: NO EXCEPTIONS!

OPEN WAITLIST PERIOD AND PROCEDURES SUBJECT TO CHANGE DUE TO
COVID-19 DEVELOPMENTS

Applying to the Lapeer Housing Commission's Housing Choice Voucher waitlist is separate/different from the Michigan State Housing Development Authority (MSHDA) HCV program waitlist; and people who have applied for the MSHDA program will not lose their place on that waitlist solely due to completing an application for the Lapeer Housing Commission.



Housing Choice Voucher Program Application

Issued under P.A. 18 of 1933, as amended, and Section 8 of the U.S. Housing Act of 1937
Completion is required to apply for assistance



Please print all answers and fill out every item or your application will be returned

Applications will be accepted: 8:00am August 29th, 2022 until 4:00pm September 6th, 2022.

The Lapeer Housing Commission jurisdiction covers the City Limits of Lapeer. You cannot receive rental assistance at a property you own.

SECTION 1

Last		First			Middle	
Relationship Head of the Household		Date of Birth	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number		Occupation	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required statistical Reporting, check all boxes that apply: <input type="checkbox"/> White: <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Multi-Racial						
Where are you currently living?		Street Address				Apt. Number
City		State	Zip Code	Email Address		
Mailing address, if different from above:		Street Address				Apt. Number
City		State	Zip Code			
What are your telephone numbers? Home/Cell: _____ Work: _____				Name and Telephone number where a message can be left: Name: _____ Phone: _____		
Have you ever received rental assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" when?		What County?		What Program?

SECTION 2

ADDITIONAL HOUSEHOLD MEMBERS (PLEASE USE ANOTHER PIECE OF PAPER IF SPACE NOT SUFFICIENT FOR FAMILY SIZE)

Last		First			Middle	
Relationship		Date of Birth	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F		
Social Security Number		Occupation	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required statistical Reporting, check all boxes that apply: <input type="checkbox"/> White: <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Multi-Racial						

Last		First			Middle	
Relationship		Date of Birth	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F		
Social Security Number		Occupation	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required statistical Reporting, check all boxes that apply: <input type="checkbox"/> White: <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Multi-Racial						

Last		First			Middle	
Relationship		Date of Birth	Age	<input type="checkbox"/> M <input type="checkbox"/> F		
Social Security Number		Occupation	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required statistical Reporting, check all boxes that apply: <input type="checkbox"/> White: <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Multi-Racial						

Last		First			Middle	
Relationship		Date of Birth	Age	<input type="checkbox"/> M <input type="checkbox"/> F		
Social Security Number		Occupation	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required statistical Reporting, check all boxes that apply: <input type="checkbox"/> White: <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Multi-Racial						

SECTION 3

Do you currently have or have you recently applied for a State of Michigan legalized medical marijuana license?

Yes No

It is the Lapeer Housing Commission's (LHC) Policy to prohibit admission for the Housing Choice Voucher (HCV) Program for those applicants who are medical marijuana users. The Controlled Substances Act (CSA) lists marijuana as a Schedule I drug, a substance with a very high potential for abuse, and has not accepted medical use within the United States. The Quality Housing and Work Responsibility Act (QHWRA) of 1998 (42 U.S.C. 13661) requires that Public Housing Authorities establish policies and lease provisions that will prohibit use of controlled substances, including state legalized medical marijuana. State laws that legalize medical marijuana directly conflict with the admission requirements set forth in QHWRA and are subject to federal preemption.

SECTION 4

RESIDENCY QUESTIONS

Do you live in the city limits of Lapeer? Yes No

If "Yes" you must enclose one of the following items for the address where you are currently living: a copy of your lease with your name on it, valid driver's license, state ID card, current utility bill with your name on it, social security printout, voter's registration card, or other proof of your residence address along with this Application. **This preference must be verified now for priority placement on the waiting list.**

If you do not live in the city limits of Lapeer, do you or a household member work, or have been hired to work in the city limits of Lapeer? Yes No

If yes, you must enclose proof of your work address, paystub or a letter from the employer to verify employment along with this Application. **This preference must be verified now for priority placement on the waiting list.**

SECTION 5

INCOME INFORMATION

Your application **WILL NOT** be processed unless you provide this information.

Does your household have any income? Yes No

If "Yes" enter all persons who will be living in the unit with income. Examples of income include full or part-time employment, self-employment, Public Assistance (FIP, SDA, Social Security, SSI), Pensions, disability benefits, unemployment benefits, interest income, alimony, child support, annuities, dividends, income from rental property, Armed Forces, Reserves, or National Guard.

Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Month <input type="checkbox"/> Other:
Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Month <input type="checkbox"/> Other:
Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Month <input type="checkbox"/> Other:
Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Month <input type="checkbox"/> Other:

SECTION 6

Do you need assistance in completing future paperwork with regard to your application? Yes No

If "Yes," I authorize

Name

Telephone Number

Street Address

City

State

Zip Code

To help me with my application and receive information from Lapeer Housing Commission regarding my application.

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services? Yes No

List specific accommodation(s) required:

SECTION 7

CONSENT

I consent to release criminal conviction records including sexual offenses and alcohol abuse, pursuant to 24 CFR 982.307 and allow Lapeer Housing Commission (LHC) to receive records and use them in accordance with the U.S. Department of Housing and Urban Development regulations and LHC policy. I certify that I have not been evicted from any type of HCV program or from Public or Indian Housing within the last five years, or within the last three years due to drug related criminal activity. I certify that no member of my household has been convicted of manufacturing or producing methamphetamine on the premises of assisted housing. I certify that I will not receive HCV tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit. I certify that all information contained in this Application is true and complete to the best of my knowledge. I understand that LHC will screen adult applicants for drug-related and violent criminal activity including sexual offenses pursuant to 24 CFR 982.307 and LHC policies.

SIGNATURE OF HEAD OF HOUSEHOLD **DATE**

Privacy Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. 24 CFR5.508(f)(1) requires that applicants submit documentation of eligible citizenship status or elect not to claim status, and the LHC notify all applicants that there is a rule restricting assistance based on citizenship and immigration status. Financial assistance is contingent upon the submission and verification of citizenship or eligible immigration status and assistance will be prorated, denied or terminated based on final determination after all applicable appeals. A description of the types of documentation required for citizenship or eligible immigration and time frame for submission is available upon request. Other uses; HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest and to verify the accuracy of 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. Penalty: You must provide all of the information requested by the Housing Agent, including all Social Security Numbers for you and all other household members six years of age and older, not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

LHC USE ONLY

Date Received	Time Received <input type="checkbox"/> AM <input type="checkbox"/> PM	Type <input type="checkbox"/> Elderly <input type="checkbox"/> Disabled
Residency?	No. in Household	Gross Annual Income
Race/Ethnicity <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A/N <input type="checkbox"/> A <input type="checkbox"/> NH/OPI <input type="checkbox"/> H or L <input type="checkbox"/> N-H or L		

Return completed application to:

Lapeer Housing Commission
544 N. Saginaw St., Suite 106
Lapeer, MI 48446
PH 810-245-4226 FAX 810-667-2501
jjackson@ci.lapeer.mi.us

******The Lapeer Housing Commission Riverview Towers Project Based Voucher waitlist is currently open for qualified applicants. To qualify, applicants must be 55 years of age or older and have income below 50%AMI for Lapeer County. Preferences on that waitlist are for applicants 62 years of age or older and residents living within the City Limits of Lapeer. If interested, please contact Riverview Towers' Housing Manager at (810) 245-4215 to request an application.