

JACKSON HOUSING COMMISSION

301 STEWARD AVENUE JACKSON, MICHIGAN 49201

APPLICATION FOR HOUSING CHOICE VOUCHER PROGRAM (SECTION 8 RENTAL ASSISTANCE)

INSTRUCTIONS: PLEASE ANSWER ALL QUESTIONS. If the applicant falsifies documents or makes false statements in order to qualify, they will be removed from the waiting list.

****This form will be returned to you to complete if you do not answer all question. ****

****** YOU MUST NOTIFY THE JACKSON HOUSING COMMISSION, HCV OFFICE IN WRITING OF ANY CHANGES IN YOUR ADDRESS OR FAMILY STATUS.**

PLEASE PRINT ALL INFORMATION:

Name		Date
Mailing Address		Home Telephone Number
City	Zip Code	Work or Alternate Telephone Number

HOUSEHOLD COMPOSITION:

Please list Head of Household first, then all persons who will live in the household

NAME (FIRST and LAST)	RELATION TO (H H)	SEX M / F	RACE <small>See 1 above</small>	S.S. #	DATE OF BIRTH	Age	PLACE OF BIRTH City and State	Disabled Y / N
	HEAD of House hold							

1. Race: (1) White (2) Black (3) American Indian or Native American
(4) Asian or Pacific Islander (5) Hispanic (6) Non-Hispanic

Head of Household: Please complete the following section.

Marital Status: Married Single Widowed Divorced Separated



Turn page & complete →

HOUSEHOLD INCOME: (Please list ALL income received by yourself or any other member of your household, including Employment earnings for any household member 18 years old or older, FIA/FIP, SSI, Social Security, Unemployment Compensation, Child Support, Retirement Benefits, V.A. Benefits Disability Income, Workman's Compensation, or any other income that comes into your household on a regular basis.)

NAME OF PERSON RECEIVING	SOURCE OF INCOME	AMOUNT RECEIVED	HOW OFTEN?

ASSETS: (Please indicate all assets held by Head of Household or any other household member)

NAME OF BANK	SOURCE OF ASSETS	ACCOUNT NUMBER	AMOUNT
	Checking Account		
	Savings Account		
	Stocks, Bonds, Etc.		
	Real Property		
	Money Markets, CD,s Etc.		
	Other		

It is the policy of the Jackson Housing Commission to comply fully with all Federal, State, and local nondiscrimination laws and with the rules and regulations governing Fair Housing and Equal Opportunity in housing and employment.

The Jackson Housing Commission shall not deny any family or individual the opportunity to apply for or receive assistance under the Section 8 Program on the basis of race, color, sex, religion, creed, national or ethnic origin, age, family or marital status, handicap or disability, or sexual orientation.



I hereby attest that all the information I have provided on this form is true, accurate, and complete to the best of my knowledge and that inquiries may be made to verify the statements herein. Any intentional or willful misrepresentation of the facts included on this application may result in denial of rental assistance. I am aware that the information provided on this application may be given to prospective landlords, at their request.

(Signature of Head of Household)

(Date)

Driver's License / ID Number: _____

**ALL CHANGES TO INFORMATION CONTAINED ON THIS APPLICATION
MUST BE REPORTED IN WRITING TO THE JACKSON HOUSING
COMMISSION, HCV OFFICE AT:**

**301 STEWARD AVENUE
JACKSON, MI 49201**

OFFICE USE ONLY

Application received by: _____

(HCV Office)

(Date)



**JACKSON HOUSING COMMISSION
PERMISSION FORM
FOR
CRIMINAL HISTORY CHECK**

*Have you ever been convicted of a crime? (Circle one) **Yes / No**

If you circled "Yes", please list the crime(s) of which you were arrested, the date and place of such arrest records, and a brief description of the circumstances surrounding each incident and the outcome of the arrest:

I certify that the above information is accurate and complete and that I acknowledge that inaccuracies and/or omissions may be the basis for immediate cancellation of my application. I also authorize the Jackson Housing Commission to make a thorough investigation of my criminal conviction history. I hereby agree that a record of conviction for any **felony** may be the basis for denial. I agree that a criminal conviction record for any **misdemeanor** involving the use, distribution or sale of a controlled substance, or a crime of violence on persons or property, or crimes involving moral turpitude may be the basis for denial of participation in the Homeownership program.

A criminal history will be run on all adults in the household.

(Print full Name)

(Date)

(Sign full Name)

(Date of Birth)

(Social Security Number)

(Race/Ethnicity)

