



Dundee Housing Commission  
Rawson Place Apartments  
501 Rawson Street  
Dundee, Michigan 48131

## **APPLICATION FOR HOUSING**

Thank you for expressing an interest in Dundee Housing Commission Rawson Place Apartments! Because eligibility and waitlist placement are determined using multiple pieces of information, we are requiring that all new applicants submit the following with their application:

- Social Security Card**
- Proof of Citizenship** -- Copy of birth certificate, passport, naturalization paperwork, etc.
- Proof of Identity** -- State issued ID or Driver's License, passport, etc.
- Proof of All Income for Household** -- Most recent statement from Social Security showing current year's gross monthly benefit and deductions, pension statement, most recent 6 weeks of check stubs, proof of business income, previous year's tax documents, etc.
- Proof of Assets Over \$5k** -- Proof of assets if combined total is \$5k or more.
- Proof of Disability** -- Applicants under the age of 62 who are not receiving SSD or SSI and are claiming disability preference must provide proof of disability.
- Proof of Residency or Employment in Dundee, Michigan** -- Applicants who live and/or work in Dundee are given preference on the wait list. ***If you are not claiming to live or work in Dundee, this is not applicable to you.*** Applicants claiming local preference must provide proof of residence and/or employment status in Dundee.
  - Michigan Driver's license/ID card
  - --or at least two (2) of the following:
    - Change of address from USPS
    - Social Security statement
    - DHS paperwork
    - Bank statement or statement from a financial institution

**Applications will not be placed on the waitlist until all documentation is received.**

***Be sure to keep your phone number and address current with Dundee Housing Commission. In the event we are unable to reach you, your name will be removed from our waitlist.***



Federal and State laws prohibit housing discrimination based on race, color, national origin, religion, sex (including gender identity and sexual orientation), familial status, disability, marital status or age.

Phone: (734)529-2828 Fax: (734)529-7089  
Email: [dundeehousingcommission@yahoo.com](mailto:dundeehousingcommission@yahoo.com)

## Household Information

Provide the following for all household members that will occupy the unit at the time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex	Birth Date	Disabled Y/N	Social Security Number
	Head of Household				

**Current Address:** \_\_\_\_\_ **Primary Ph# ( \_\_\_\_\_ )**  
 \_\_\_\_\_ **Alternate Ph# ( \_\_\_\_\_ )**

**Please check all preferences that apply to the head of household as listed on the Dundee Housing Commission (DHC) application.**

**Race of Head of Household:**

- Elderly (62 years of age or older)
- Disabled
- Resident /Employed in the Village of Dundee

- White       American Indian
- Black       Alaskan Native
- Asian       Pacific Islander
- Other: \_\_\_\_\_

**Do you expect any changes to household members in the future?** (This can include custody agreements, or health services such as a live in aide?)

**Yes**    **No** If yes, explain \_\_\_\_\_

**Are any members of the household full-time students?**    **Yes**    **No**

**Type of Apartment Requested?**    One Bedroom    Two Bedroom

**All our apartment units are ADA accessible.** Some units are considered “barrier-free” with wider doorways, open cabinet areas, lowered light switches, etc. **As an applicant, are you requesting a barrier-free unit?**       **Yes**    **No**

**Should a unit type that you are not categorically eligible for become available, would you be willing to sign a rider to lease?** You would be directly responsible for future transfer costs to a more appropriate unit should need for your unit occur. An example would be a single occupant in a two-bedroom unit. This option may reduce your wait time on the waitlist    **Yes**    **No**



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**Housing References**

**Do you (or other household member) currently live or previously lived in subsidized housing?**

Yes  No If yes, when where? \_\_\_\_\_  
\_\_\_\_\_

**Have you or any adult member of your household ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?**

Yes  No If yes, explain \_\_\_\_\_

**List the past five (5) years of housing references. (Attach additional sheets if needed):**

<b>Your Address Under this landlord</b>	<b>Landlord's Contact Info Name/Address/Phone</b>	<b>Own/Rent</b>	<b>Dates</b>
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	From: _____ To: _____
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	From: _____ To: _____
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	From: _____ To: _____
		<input type="checkbox"/> Own <input type="checkbox"/> Rent	From: _____ To: _____

**Have you or any member of your household used a name or social security number other than those listed?**

Yes  No If yes, explain \_\_\_\_\_

**Have you or any member of your household ever been convicted of or pled guilty to a crime?**

Yes  No If yes, explain \_\_\_\_\_

Date: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_

**Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program?**

Yes  No If yes, explain \_\_\_\_\_

**Do you have any criminal charges pending against you now?**

Yes  No If yes, explain \_\_\_\_\_

**Why do you want to move from your current residence?**

\_\_\_\_\_

### Income Information

In order to determine initial eligibility, the Dundee Housing Commission must be informed of all income in the household. Include all GROSS income (before taxes and deductions) each household member expects to earn in the next twelve months.

**CHECK YES OR NO TO EACH - Do you or any member of your household receive or expect to receive any of the following forms of earned income once a resident of DHC?**

		Amount	Frequency (weekly, biweekly, etc.)	Household Member(s)	Employer name and address
<b>Employment or Self-employment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Military pay (Active-duty service members)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**Do you or any member of your household expect to receive any of the following forms of unearned income once you become a resident of Dundee Housing Commission?**

		Amount	Frequency	Household Member(s)
<b>Social Security Retirement (SSA) or Social Security Disability (SSD)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Supplemental Security Income (SSI)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Unemployment Compensation (UIA)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>State Disability Payments (SDP)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Temporary Aid to Needy Families (TANF)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Veteran's Benefits or Veteran's Pension</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Long-term disability payments from previous employer</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Pension or Retirement Payments Company name:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Regular payments from a severance package?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Income Information (Continued)**

		Amount	Frequency	Household Member(s)
<b>Regular payments from any type of settlement?</b> For example, insurance or lawsuit settlement, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Educational grants, scholarships or other student benefits?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Regular gifts or payments from family, friends or an agency?</b> (This includes supplementing your income or paying your bills.) <b>If yes, explain:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Regular payments from winnings?</b> (Online gambling, casino, lottery, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Regular payments from real estate or rental properties?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Regular payments from investments such as annuities, 401K, etc.?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Any other form of income not listed above?</b> <b>If yes, explain:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Do you or any member of your household receive child support or alimony payments, either for current support or arrearages?**

Yes    No   If yes, who receives support? \_\_\_\_\_

How is the support received? (Check all that apply)

Child Support Enforcement Agency/Court of Law: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_

Directly from Individual- Name and Address \_\_\_\_\_

Other- Explain: \_\_\_\_\_

If child support is not being received, are you taking legal action to remedy this issue?

Yes    No   Explain: \_\_\_\_\_

**Are you or any other adult member of your household claiming to have zero income?**

Yes    No   If yes, state who and explain: \_\_\_\_\_

\_\_\_\_\_

**Do you or any other household member expect any change in income in the next 12 months?**

Yes    No   If yes, explain: \_\_\_\_\_

## Asset Information

An asset is defined as a lump sum amount that you hold in your name and currently have access to. Include the value of the asset and the corresponding income from the asset in the space provided. Include all assets held by all household members, including minors.

**Do you or any members of your household have any of the following assets?**

		Household Member(s)	Current Value	Financial Institution
<b>Checking account?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Savings account?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Digital banking account?</b> (CashApp, Paypal, Venmo, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Certificate of Deposit (CD) or money market accounts?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Stocks, bonds or securities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Trust funds?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Surrender value of an insurance policy which is available to the policy holder before death?</b> (Whole life, universal life, endowment, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>IRAs, 401ks, 403Bs, KEOGH or other retirement accounts?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Rental property, or other real estate holdings?</b> (This includes your personal residence, vacant or farm land, vacation homes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Personal property as an investment?</b> (Coin, stamp or art collections, precious metals or stones, antiques, etc. This does not include personal use items such as furniture, vehicle or clothing.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Cash or a safety deposit box holding items of a monetary value?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Has anyone in your household disposed of any asset(s) for less than fair market value in the past 2 years?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Applicant Signature Page**

All questions that were answered YES on this application will be verified through the appropriate third-party source.

If you or anyone in your family is a person with disabilities, and you require specific accommodation in order to fully utilize our programs and services, please contact the DHC office at 734-529-2828.

**Signature Clause:**

I understand that management is relying on this information to prove my household’s eligibility for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application and may result in criminal penalties.

I hereby grant Dundee Housing Commission the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property.

**All household members 18 and over who are applying for assistance must sign below:**

X  
\_\_\_\_\_  
Signature/Date

X  
\_\_\_\_\_  
Signature/Date

X  
\_\_\_\_\_  
Signature/Date

X  
\_\_\_\_\_  
Signature/Date



**Federal and State laws prohibit housing discrimination based on race, color, national origin, religion, sex (including gender identity and sexual orientation), familial status, disability, marital status or age.**

<b>For Office Use Only</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Application received by: _____
Date: _____ Time: _____
Revision - 2024

## Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

*This form is to be provided to each applicant for federally assisted housing*

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant(s) Name:</b>		
<b>Mailing Address:</b>		
<b>Primary Phone:</b>		<b>Secondary Phone:</b>
Name of Additional Contact Person or Organization:		
Address:		
Primary Phone:		Secondary Phone:
E-Mail Address (if applicable):		
Relationship to Applicant:		
<b>Reason for Contact: (Check all that apply)</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Change in house rules <input type="checkbox"/> Assist with Certification Process <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Other:		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.		
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.		
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.		

Check this box if you choose not to provide the contact information.

SIGNATURE OF APPLICANT

DATE

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number. **Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



## Reasonable Accommodation Requests

A reasonable accommodation (RA) is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with disabilities to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces, or to fulfill their program obligations. RAs eliminate barriers that prevent persons with disabilities from fully participating in Dundee Housing Commission (DHC) opportunities and activities. DHC may not require persons with disabilities to pay extra fees or deposits or place any other special conditions or requirements as a condition of receiving a RA.

Since rules, policies, practices, and services may have a different effect on persons with disabilities, treating persons with disabilities exactly the same as others will sometimes deny persons with disabilities an equal opportunity to enjoy a dwelling or participate in the program. Not all persons with disabilities will have a need to request a RA. However, all persons with disabilities have a right to request or be provided a RA at any time.

Exception: DHC can deny a request for a RA if the request was not made by or on behalf of a person with a disability or if there is no disability-related need for the accommodation or modification. In addition, a request for a RA may be denied if providing the RA would impose an undue financial and/or administrative burden on DHC or it would fundamentally alter the nature of the Commission's program. The determination of undue financial and administrative burden must be made on a case-by-case basis involving various factors. If an undue burden or fundamental alteration exists, DHC is still required to provide any other RA up to the point that would not result in an undue financial and administrative burden on DHC and/or constitute a fundamental alteration of the program.

Some examples of previously approved reasonable accommodation requests are, but not limited to:

- Providing ramps for patio doors
- Permitting residents to pay their rent based on the day their benefits are paid to them
- Installing grab bars and ADA toilets in resident bathrooms
- Permitting assistance animals that otherwise would be denied under the DHC Pet Policy; not charging pet deposits for assistance animals

Any applicant or resident who would like to request a RA may use the DHC Reasonable Accommodation forms or other written methods or verbally discuss their request with the DHC Executive Director. Any denials of RA requests will be delivered to the requestor within ten days of the decision.



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