

APPLICATIONS NEED TO BE RETURNED OR
MAILED TO:

DEARBORN HOUSING COMMISSION
22077 BEECH STREET
DEARBORN MICHIGAN 48124
☎ (313)-943-2391

Monday through Thursday 9:00 a.m. to 3:00 p.m.



Each building has a separate waitlist and application.

General Information for the Federally Subsidized Buildings

Rent is based on 30% of adjusted gross income. Income cannot exceed \$56,600 for 1 person or \$64,650 for 2 people . One-bedroom units are approximately 480 sq ft and studio units are approximately 364 sq ft. Includes utilities, refrigerator, stove, and blinds. Van transportation is provided for scheduled events only.

Mixed Population Waitlists

Mixed population apartments—Applicants must be Elderly (62+), Handicapped/Disabled, or Near Elderly (50-61) for these 3 lists

Sisson Manor 1-bedroom	1515 Mason	Dearborn, MI	48124
Sisson Manor Studios	1515 Mason	Dearborn, MI	48124
Townsend Towers 1-bedroom	7000 Freda	Dearborn, MI	48126

Elderly Only Waitlist

Elderly Only apartments—Applicants must be Elderly (62+), or Near Elderly (50-61)

Kennedy Plaza 1-bedroom	5111 Bingham	Dearborn, MI	48126	Elderly Only apartments
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Mobility Impaired Waitlist is currently closed until further notice

Reminders

- Please contact the DHC at 1-313-943-2391 if you turn **62** years of age—may or may not affect your status on the waitlist.
- You are required to notify the Dearborn Housing Commission (in writing) with proof of any change of address and/or phone number. If we cannot contact you using the contact information on file, your application will be cancelled.
- Information subject to change without notice.
- The waitlist or waitlists that you have chosen will close once that waitlist reaches 99 applicants. Each waitlist has its own application.
- Please make sure that the application you turn in is for the **correct waitlist location**.
- All apartments are smoke free. Smoking is prohibited in the apartments, balcony, parking lot, common areas, or 25 feet from our building property line in all directions.

If you or a member of your household is a person with a disability and require a reasonable accommodation in order to participate in DHC's affordable housing program(s) or services, please submit your request. DHC prefers that your request be submitted in writing to better establish a record of the request; however, if you are unable to submit a written request for a reasonable accommodation, you may make your request by calling (313) 943-2391.

JUNE 30 2025



APPLICATION
DEARBORN HOUSING
COMMISSION (DHC)
22077 BEECH STREET
DEARBORN, MI 48124

PHONE (313) 943-2391



One (1) Bedroom Units

Must be
Handicap/Disabled or
Elderly (62+), or Near Elderly
(50-61)

Sisson Manor
1515 Mason
Dearborn, MI 48124
(Mixed Population)

SISSON MANOR—1 BEDROOM—LOW INCOME PUBIC HOUSING PROGRAM--NO SMOKING APARTMENT COMPLEX

MIXED POPULATION

Warning: Section 35(a) of the United States Criminal Code makes it a criminal offense, punishable by a maximum of ten (10) years imprisonment, a \$10,000 fine, or both to make false statements or misrepresentations to any Department or Agency of the United States as to any matter within the jurisdiction of any Department or Agency of the United States. Failure to honestly represent verifications or statements made may result in the denial of assistance for all programs administered by the Dearborn Housing Department/Commission or possible eviction. Changes in income, family composition, or residency may affect your eligibility for housing assistance.

If you or a member of your household is a person with a disability and require a reasonable accommodation in order to participate in DHC's affordable housing program(s) or services, please submit your request. DHC prefers that your request be submitted in writing to better establish a record of the request; however, if you are unable to submit a written request for a reasonable accommodation, you may make your request by calling (313) 943-2391.

Head of Household (Use Legal Name)

Last	First	M.I.	Date of Birth	Social Security Number	Place of Birth	Sex
Race: <input type="checkbox"/> White, <input type="checkbox"/> Black or African American, <input type="checkbox"/> American Indian/Alaska Native, <input type="checkbox"/> Asian or Pacific Islander, American <input type="checkbox"/> Other Ethnicity: <input type="checkbox"/> Hispanic, <input type="checkbox"/> Non-Hispanic						
Phone 	Cell 	Driver's License or State ID	Please list any state that you have ever lived in. (This is mandatory to answer.)			

What is your present street address (Physical address)?

Number	Street Name	Apartment	City	State	Zip	Rent/Own	Monthly Rent	Total Utilities
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Landlord's Address & Phone:

Number	Street Name	City	State	Zip	Phone	Rented From: _____ to _____ Reason for moving: _____
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Mailing Address (Will not be used for placement) P.O. Boxes are accepted

Number	Street Name	City	State	Zip	Rent/Own	Monthly Rent	Total Utilities
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Have you ever been arrested/convicted for other than a traffic offense ☐ Yes ☐ No If yes, give details: _____
ANY RECORD OF CRIMINAL ARREST OR CONVICTION (OR FAILURE TO DISCLOSE ONE OR BOTH) MAY BE CAUSE FOR REJECTION OF AN APPLICANT

PER HUD, ALL PUBLIC HOUSING PROJECTS ARE COMPLETELY SMOKE FREE. YOU CANNOT SMOKE WITHIN 25 FEET OF OUR PROPERTY LINE IN ALL DIRECTIONS.

Does Head of Household have a disability? Yes ☐ No ☐

Does Spouse/Other Adult have a disability? Yes ☐ No ☐

We will assume the answer is no if the boxes are not checked.

OTHER HOUSEHOLD MEMBER: Please list below any household member that will occupy the subsidized **unit in addition to the head of household** listed on the front of the application.

Social Security Number (xxx – xx – xxxx)	Household Members Last, First, MI	Sex	Date of Birth	Place of Birth	Relationship to Head

INCOME: Please list below all sources of income received or income expected to be received for any member of the household. (Income can also include monthly family support.)

Name of Household Member Receiving Income	INCOME			Name of Household Member Receiving Income	INCOME		
	Income Amount	How Often received (Weekly, Monthly, Annually, Etc.	Source of Income		Income Amount	How Often received (Weekly, Monthly, Annually, Etc.	Source of Income

1. Are You or your Spouse Employed? ☐ Yes ☐ No Do You or your Spouse work in Dearborn? ☐ Yes ☐ No
2. Have you ever been evicted? ☐ YES ☐ NO, If yes, WHY? _____
3. Have you or any member of your household ever lived in a governmental subsidized apartment or unit? ☐ YES ☐ NO
If so, When and where? _____
4. Do you owe any money as the result of tenancy in a government subsidized apartment or unit? ☐ YES ☐ NO, If yes, how much? \$ _____
5. Do you currently receive housing assistance through the Housing Choice Voucher program (Section 8)? ☐ YES ☐ NO

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. I have no objections to inquiries being made for the purpose of verifying the statements made herein, and specifically give my permission to a background screening (criminal, credit, sex offender registry, eviction history), to process my application for housing. I understand that any and all inquiries will be private and shared with only the person or persons indicated below.

Signed _____
(Head of Household)

Date: _____

Signed _____
(Spouse/Other Adult/or Other Family Member)

Date: _____

YOU ARE REQUIRED TO NOTIFY THE HOUSING AUTHORITY (IN WRITING) WITH PROOF OF ANY CHANGE IN ADDRESS. IF WE CANNOT CONTACT YOU BY THE ADDRESSES LISTED ON FILE, YOUR APPLICATION WILL BE CANCELLED. PLEASE LET US KNOW WHEN YOU TURN 62 YEARS OF AGE--MAY EFFECT PLACEMENT, DEPENDING ON PROGRAM. P.O. BOXES ARE NOT PROOF OF DEARBORN RESIDENCY.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div><div><input type="checkbox"/> Emergency</div><div><input type="checkbox"/> Unable to contact you</div><div><input type="checkbox"/> Termination of rental assistance</div><div><input type="checkbox"/> Eviction from unit</div><div><input type="checkbox"/> Late payment of rent</div></div> <div><div><input type="checkbox"/> Assist with Recertification Process</div><div><input type="checkbox"/> Change in lease terms</div><div><input type="checkbox"/> Change in house rules</div><div><input type="checkbox"/> Other: _____</div></div>	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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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.

Dearborn Housing Commission

22077 Beech Street
Dearborn, MI 48124
OFFICE: (313)943-2391

AUTHORIZATION FOR BACKGROUND CHECK PLEASE PRINT

Check one:

I am ☐ an applicant ☐ a current resident/participant ☐ addition to a current resident/participant lease

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PREVIOUS ADDRESS: _____

PREVIOUS CITY, STATE, ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

I authorize the Dearborn Housing Commission to conduct a background check. I understand that this check is through the Betternoi website and/or the OTIS website. We will use these programs to determine an applicant/tenants' criminal , credit, eviction history and check to see if individuals are listed on the lifetime sex offender registry. The results will be used in determining my eligibility or continued eligibility to receive subsidy assistance for housing. I further understand that any concerns regarding my background check will be communicated to me and that I may or may not have an opportunity to grieve any adverse actions taken by the Dearborn Housing Commission.

Signature

Date



”Equal Housing
Opportunity”



