



Dearborn Housing Commission Low-Income Public Housing Programs

Kennedy Plaza

5111 Bingham St, Dearborn, MI 48126

Elderly-Only (age 62 and older)

Sisson Manor Studio & 1- Bedroom Apartments

1515 Mason St, Dearborn, MI 48124

Elderly (age 62+), Handicapped/Disabled, or Near Elderly (ages 50-61)

Townsend Towers

7000 Freda St, Dearborn, MI 48126

Elderly (age 62+), Handicapped/Disabled, or Near Elderly (ages 50-61)

General Information for Federally Subsidized Buildings

- Rent is based on 30 percent of adjusted gross income. Income cannot exceed \$56,600 for one person or \$64,650 for two people.
- One-bedroom units are approximately 480 square feet, and studio units are approximately 364 square feet.
- Each unit includes utilities, a refrigerator, a stove, and blinds.
- Van transportation is provided for scheduled events only.

All apartments are smoke-free. Smoking is prohibited in apartments, on balconies, in the parking lot, in common areas, and within 25 feet of the property line in all directions surrounding our building.

Warning: The United States Criminal Code makes it a criminal offense, punishable by a maximum of ten (10) years imprisonment, an \$18,000 fine, or both, to make false statements or misrepresentations to 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 eligibility for housing assistance.



DHC Housing Application Information

Information is subject to change without notice.

Waitlists

Kennedy Plaza, Sisson Manor, and Townsend Towers each have a *separate* waitlist. The waitlist or waitlists that you have chosen will close once that waitlist reaches 99 applicants. Each waitlist has its own application. Ensure that the application you submit is for the correct waitlist location.

The mobility-impaired waitlist is closed until further notice

Mixed Population Buildings

Applicants must be elderly (age 62+), handicapped/disabled, or near elderly (ages 50-61) for these three buildings:

- **Sisson Manor 1-bedroom:** 1515 Mason
- **Sisson Manor Studios:** 1515 Mason
- **Townsend Towers 1-bedroom:** 7000 Freda

Elderly & Near-Elderly Only Buildings (50 years or older)

Applicants must be elderly (age 62+) or near-elderly (ages 50-61) for this building:

- **Kennedy Plaza 1-bedroom:** 5111 Bingham

Please Note

Contact the DHC at 313-943-2391 if you turn 62 years of age, as this may 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 are unable to contact you using the contact information on file, your application will be cancelled.



Check the appropriate box(es):

- ☐ **Kennedy Plaza Application**
5111 Bingham, Dearborn, MI, 48126
313-943-2391
Elderly-Only Population (age 62 and older)

- ☐ **Sisson Manor Application (Studio)**
1515 Mason, Dearborn, MI, 48124
313-943-2391
Elderly (age 62+), Handicapped/Disabled, or Near Elderly (ages 50-61) Populations

- ☐ **Sisson Manor Application (1-Bedroom)**
1515 Mason, Dearborn, MI, 48124
313-943-2391
Elderly (age 62+), Handicapped/Disabled, or Near Elderly (ages 50-61) Populations

- ☐ **Townsend Towers Application**
7000 Freda, Dearborn, MI, 48126
313-943-2391
Elderly (age 62+), Handicapped/Disabled, or Near Elderly (ages 50-61) Population

If you or a member of your household is a person with a disability and requires a reasonable accommodation to participate in DHC's affordable housing programs or services, please submit your request in writing. DHC prefers requests to be submitted in writing to establish a clear 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:	Middle:
Date of Birth:	Social Security Number:	Place of Birth:
Sex:	Phone:	Cell:
Driver's License OR State ID Number:		List any state you have lived in (mandatory answer):
Address Number:	Street Name:	Apartment:
City:	State:	Zip:
Rent:	Own:	Monthly Rent:
Total Utilities:	Rented Dates:	Reason for Moving:

**Race:**

- ☐ White
- ☐ Black or African American
- ☐ American Indian/Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Other

Ethnicity:

- ☐ Hispanic
- ☐ Non-Hispanic

Have you ever been arrested for anything other than a traffic offense?

- ☐ Yes
- ☐ No
- ☐ 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 entirely smoke-free. You cannot smoke within 25 feet of the property line in all directions.

Does the Head of Household have a disability:

- ☐ Yes
- ☐ No

Does Spouse/Other Adult have a disability:

- ☐ Yes
- ☐ No

The answer will be assumed as NO if the boxes are not checked.

Other Household Member

Please list below any household member who will occupy the subsidized unit in addition to the head of household listed on the front of the application.

Social Security Number:	Household Member's Full Name:	Sex:
Date of Birth:	Place of Birth:	Relationship to Head of Household:



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/household member receiving income:	Income Amount:	How often received:	Source of income:

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Name/household member receiving income:	Income Amount:	How often received:	Source of income:

1. Are you or your spouse employed?

- ☐ Yes
☐ No

2. Do you or your spouse work in Dearborn?

- ☐ Yes
☐ No

3. Have you ever been evicted?

- ☐ Yes
☐ No
☐ Why: _____



4. Have you or any member of your household ever lived 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, LIHTC, PBRA, etc.)?

☐ Yes

☐ No

I understand that this is not a contract and does not bind either party. The above information is accurate 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 I specifically give my permission for a background screening (including criminal, credit, sex offender registry, and eviction history) to be conducted to process my housing application. I understand that any and all inquiries will be kept private and shared only with the person or persons indicated below.

Signature _____ **Date** _____
Head of Household

Signature _____ **Date** _____
Spouse/Other Adult/or Other Family Member

You are required to notify the housing authority (in writing) with proof of any address change. If we are unable to contact you at the addresses listed on file, your application will be cancelled. Please let us know when you turn 62 years of age. This may impact placement, depending on the program. P.O. Boxes are not proof of Dearborn residency.



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.

Applicant Name:	
Mailing Address:	
Telephone:	Cell Phone:
Name of Additional Contact Person or Organization:	
Address:	
Telephone:	Cell Phone:
Email Address (if applicable):	



Relationship to Applicant:

Reason for Contact: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with the Recertification Process |
| <input type="checkbox"/> Unable to contact you | |
| | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from the unit | <input type="checkbox"/> Other: |
|
 | |
| <input type="checkbox"/> Late payment of rent | |

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.**

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 5 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.

Fonn HUD- 92006 (0S/09)

Authorization for a Background Check

Please print

Check one:

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

First Name: _____

Middle Name: _____

Last Name: _____

Current Address: _____

City: _____

State: _____

Zip Code: _____

Previous Address: _____

Previous City: _____

Previous State: _____

Zip Code: _____



DEARBORN
HOUSING

DHC HOUSING APPLICATION

Return or Mail to: Dearborn Housing Commission

22077 Beech St, Dearborn, MI, 48124

313-943-2391 | Monday - Thursday from 9 a.m. to 3 p.m.



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/tenant's criminal, credit, and 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

END OF APPLICATION

