



**Sault Tribe Housing Authority**  
**154 Parkside Drive**  
**Kincheloe, MI 49788**

*UPDATED INFORMATION FOR HOUSING AUTHORITY APPLICATIONS*

Office Use Only
Rec'd by: _____
Date: _____

Date: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NEW/CURRENT Mailing Address: \_\_\_\_\_  
 Street or P.O. Box  
 \_\_\_\_\_  
 City, State & Zip Code

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail (optional) \_\_\_\_\_

**Mark 'Type of Change' and fill out information completely**

**Adding New Family Member:** List the family members who you are adding to your household. Attach another sheet of paper if needed. (This section is not used to add an adult person(s) to your low rent dwelling lease agreement.)

First Name	Last Name	Birth Date	SS#	Sex	Relationship	Tribal Affiliation

**List previous addresses starting with most recent.**

Address	From	To

Has this individual ever lived in a state other than Michigan? \_\_\_\_\_

Has this individual ever been convicted of a crime other than a traffic violation? \_\_\_\_\_

**Deleting a Family Member:** List the family members who you are removing from your household. Attach another sheet of paper if needed.

First Name	Last Name	Birth Date	First Name	Last Name	Birth Date

**Change of Income:** List all current income sources and recipients. Check as many options that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> I am no longer employed      | <input type="checkbox"/> I have a new job                  | <input type="checkbox"/> I now receiving General Assistance       |
| <input type="checkbox"/> I am receiving Child Support | <input type="checkbox"/> My Child Support increased        | <input type="checkbox"/> I no longer receiving General Assistance |
| <input type="checkbox"/> My SS/SSI has decreased      | <input type="checkbox"/> I now received SS/SSI payments    | <input type="checkbox"/> My SS/SSI has increased                  |
| <input type="checkbox"/> I no longer receive SS/SSI   | <input type="checkbox"/> I no longer receive Child Support |   |

Other: \_\_\_\_\_ (please explain)

<u>First Name</u>	<u>Last Name</u>	<u>Income Source (From where/who)</u>	<u>Amount</u>	<u>How Often (Weekly/Mthly)</u>

**\*Please provide current income with this update form if there has been a change.**

**Please list all household from all sources, (i.e.: wages, child support, FIP, Social Security, etc.....)**

<u>Name</u>	<u>Source of Income and Type</u>	<u>Annual Income</u>

**List names, Address and phone numbers of two relatives or friends who generally know how to contact you.**

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

**Please complete the following questions:**

Do you anticipate any changes in the household within the next year? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

How many people live in your home now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

How long have you been at your current address? \_\_\_\_\_

What is your current housing condition? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand the STHA is relying on this information to verify my household's eligibility for STHA housing assistance programs. I certify all information and answers to the questions contained in this application are true and complete to the best of my knowledge. I authorize my consent to have the STHA verify the information contained in this application for purposes of proving my eligibility for occupancy and/or any other housing assistance provided by the STHA. I will provide all necessary information including source(s) of all types of income, names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting the application process. I hereby authorize and instruct the STHA to obtain and review my Landlord References (past and present, including Public Housing Agencies), criminal history and credit report for pre-qualifying purposes. I consent to release the information to determine my eligibility including minors who will reside in the home.

My signature below also authorizes the release of account information from and to other financial institutions that I have supplied to the STHA in connection with such evaluation. In other words, I understand that the processing of this application will require providing my information to an agency as well as an agency providing personal information to the STHA. I understand acceptance for occupancy is contingent on all occupants meeting STHA resident's selection criteria and the applicable program requirements and policies as they now exist or as they may hereafter be amended.

I understand that the information given on this application will be held in confidence and will be used for sole purpose of determining my eligibility and suitability for housing programs. I further understand this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge and I understand any falsification, misrepresentation or concealment of information by me can result in my eviction from any dwelling unit obtained by the Housing Authority and possible prosecution under the law. I have no objections to inquiries being made for the purpose of verifying the statements herein.

**WARNING Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_