

## LIVONIA HOUSING COMMISSION

**BRANDIE ISAACSON**  
DIRECTOR

MEMBERS  
**DALE MOSER**  
**CARL DEAL**  
**BRIAN SCOTT**  
**ELEANOR MALONE**  
**KREUZA GJEZI**



**MAUREEN MILLER BROSNAN**  
MAYOR

**PATRICK V. McNAMARA TOWERS**  
19300 PURLINGBROOK ROAD  
LIVONIA, MICHIGAN 48152-1902  
(248) 477-7086  
(248) 477-0172 FAX

Dear Applicant,

Thank you for inquiring about our housing programs. Enclosed please find the application you requested. Since this application is used for several housing programs, it is very important that your selection is accurately made for the appropriate waiting list in order to be accepted.

**Senior / Elderly Housing** for senior citizens who are **62 and older**. Located at 19300 Purlingbrook, the **McNamara Towers** are a federally subsidized apartment community consisting of 1-bedroom apartments. Monthly rent is based on 30% of annual household income. A preference is given to those who are 62 years of age or older. Applicants are subject to income limits and housing occupancy standards. **(Over 50 may apply)**

**Disability** – Must be **under 50** years of age and disabled (**subsidized**)

**Family Public Housing (subsidized)** – The LHC currently operates 15 federally subsidized scattered site three-bedroom homes. Monthly rent is calculated based on 30% of household income. Applicants are subject to income limits and housing occupancy standards.

**Please mail completed applications to:**

Livonia Housing Commission  
Attn: Tricia LeAnnais  
19300 Purlingbrook  
Livonia, MI. 48152

Applicants meeting the eligibility guidelines will be **notified by mail** that their name has been placed on the appropriate waiting list. **Please do not call the office to ask what number you are on the list as this number can change daily.**

Please inform the housing commission **in writing** if your address changes. If we are unable to contact you via mail, your name will be removed from the list for “no response.”

A preference will be given to applicants who live or work in Livonia. Applicants claiming a local preference are required to provide proof of residency or employment.

If you should have any questions regarding the application, please call (248) 477-7086 ext. 3. Once again, thank you for inquiring about our housing programs and we look forward to receiving your application.



EQUAL HOUSING  
OPPORTUNITY

**How did you hear about LHC Housing opportunities?**

- Relative
- Friend
- Senior Expo
- City Newsletter
- Website
- Other

MAIL APPLICATION TO:  
LIVONIA HOUSING COMMISSION  
19300 PURLINGBROOK  
LIVONIA, MI. 48152



**All LHC Properties  
are SMOKE FREE**

**PUBLIC HOUSING APPLICATION**

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY IN ORDER TO PROCESS THIS APPLICATION. IF NOT COMPLETE THE APPLICATION WILL BE RETURNED TO SENDER. DO NOT USE WHITE OUT TO COVER CORRECTIONS; OTHERWISE, THE APPLICATION WILL BE RETURNED. ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED.**

**PLEASE PRINT**

Name		
Street Address		Apt. No.
City	State	Zip Code
Home Phone	Cell Phone	Email Address

**You must check the housing program(s) which you are applying for:**

**X**

<b>Senior / Elderly Housing</b> for those 62 and older - McNamara Towers ( <b>subsidized</b> ) Rent calculated based on 30% of annual income ( <b>Applications accepted by those over 50</b> )	<b>X</b>
<b>Disability</b> - Must be under 50 years of age and disabled ( <b>subsidized</b> ) Rent calculated based on 30% of annual income	
<b>Family Housing</b> – Public Scattered Site Housing ( <b>subsidized</b> ) Rent calculated based on 30% of annual income	

**List yourself and all persons who will live in the rental unit with you:**

Full Name	Relationship	Date of Birth	Age	Gender	Social Security No.
	Head of Household				

**INCOME**

**List all income for everyone in the household. (Example: Social Security, Pension, Unemployment Benefits, Wages, SSI, SSD, Child Support, Income from Rental Property, Land Contracts, Self-Employment, Etc.)**

Household Member	Source of Income	Amount	How Often it is Received
Do you currently work within the Livonia city limits? YES: _____ NO: _____			
Name and Address of Employer:		Name and Address of Employer:	

**ASSETS**

List all assets for everyone in the household.

Account Type	Name and Address of Financial Institution	Value of Asset
Checking		
Checking		
Saving		
Money Market		
Certificate of Deposit		
Retirement Account		
Annuity		
Stock and/or Bonds		
Life Insurance		
Real Estate		

**RENTAL HISTORY**

List the last two addresses which you resided.

Address	Landlord Name	Landlord Phone Number	Rent/Own
What are your current monthly housing costs? (Rent, utilities)	\$		
Are you currently living in or have ever applied for subsidized housing?	Yes/No	If Yes, Where?	
Have you ever been evicted or charged with a lease violation?	Yes/No	If Yes, Explain	

**CRIMINAL BACKGROUND HISTORY**

Have you or any household member ever been convicted of any crime, either a misdemeanor or felony?	Yes/No	If Yes, describe when, where, and what nature of offence and disposition.
Are you or any household member subject to a State lifetime sex offender registration requirement?	Yes/No	
Have you ever been or are you currently enrolled in a drug or alcohol dependency program?	Yes/No	

The following information is used for statistical purposes so that the US Government Department of Housing and Urban Development may determine the degree to which the housing program is assisting minority families and/or homelessness. Checking is optional.

White     
  African American     
  American Indian or Alaskan Native  
 Asian     
  Hawaiian or Pacific Islander     
  Hispanic     
  Other  
 Homeless – At the time of this application are you homeless as defined by the U.S. Department of Housing and Urban Development or fleeing a domestic violence situation?

Information listed above is needed in order to give you the benefit of any priority which you may be entitled to. Please keep all important papers in your possession. You will be requested to present them so that verification of the necessary information can be made. Information supplied by you will be held confidential.

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 and I have no objection to inquires being made for the purpose of verifying the statements made herein. I also understand the information provided by me will be kept confidential unless the Livonia Housing Commission is required by court order to release it.

**Warning:**

**Section 101 of the title 18 U.S.C. provides: “Whoever in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies a material fact, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both”.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Head of Household  
 Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse / Other Adult

Office Use Only Original Application: \_\_\_\_\_ Date \_\_\_\_\_  
 Accepted by Livonia Housing Commission Representative

<b>FOR OFFICE USE ONLY:</b>
APPLICATION DATE _____
ELDERLY _____
DISABLED _____
FAMILY _____
RESIDENT _____

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(248) 477-7086  
(248) 477-5494 TDD  
(248) 477-0172 FAX

Dear Applicant,

By completing this form, you authorize the Livonia Housing Commission to obtain information it deems necessary to further process your application. Please read carefully and sign below.

I hereby authorize the Livonia Housing Commission to obtain any information it deems necessary to process my application. The information to be obtained may include civil/criminal judgments obtained through local, state, and or federal law enforcement agencies, credit reports, employment/salary information, rental history and any other relevant information

I release the Livonia Housing Commission, its employees, and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. I hereby waive any claim for damages by reason of non-acceptance of this application, which the Livonia Housing Commission or its agent may reject.

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Signature

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Print Full Name

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Street Address

Apt Number

---

City

State

Zip Code

---

Date of Birth

Gender

Race/Ethnicity

---

Social Security Number

---

Driver's License / State ID Number

---

Previous Names or Aliases



EQUAL HOUSING  
OPPORTUNITY