

LIVONIA HOUSING COMMISSION

JAMES M. INGLIS
DIRECTOR

MEMBERS
JOHN BRYAN
CARL DEAL
DALE MOSER
BETTI SLACK
BRIAN SCOTT



DENNIS WRIGHT
MAYOR

PATRICK V. McNAMARA TOWERS
19300 PURLINGBROOK ROAD
LIVONIA, MICHIGAN 48152-1902
(248) 477-7086
(248) 477-5494 TDD
(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 a selection is made on the application for which housing program(s) you are interested in applying for. Please review the following information:

Senior / Elderly Housing for senior citizens who are 62 and older. Located at 19300 Purlingbrook, McNamara Towers is a federally subsidized apartment community consisting of 1-bedroom apartments. Monthly rent is based on 30% of annual household income. Applications are also accepted by individuals who are disabled, or non-disabled and between the ages of 50-61 years of age. A preference is given to those who are 62 years of age or older.

Disability – Must be under 62 years of age and disabled (subsidized)

Family Public Housing (subsidized) – The LHC currently operate 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.

Family Flat Rent CDBG Housing (non-subsidized) – The LHC currently operate 14 non-subsidized scattered site three and four bedroom homes. Monthly rent is set by the Livonia Housing Commission and adjusted annually. As of March 1, 2017, three bedroom monthly rent is \$680 and four bedroom monthly rent is \$750. Applicants are subject to income limits and housing occupancy standards.

After you have completed the application, please mail it to:

Livonia Housing Commission
Attn: Brandie Isaacson
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. 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

Senior / Elderly Housing for those 62 and older - McNamara Towers (subsidized) (Applications will be accepted by individuals that are disabled or non-disabled and between the ages of 50-61 years of age; however, a preference is given to those who are 62 years of age or older).	
Disability - Must be under 62 years of age and disabled (subsidized) Are you requesting consideration because of a disability? YES: _____ NO: _____ Are you requesting a barrier free unit? YES: _____ NO: _____	
Family Housing – Public Scattered Site Housing (subsidized) Rent calculated based on 30% of annual income	
Family Housing – Flat Rent CDBG Scattered Site Housing (not subsidized) Monthly rent is set by LHC on an annual basis	

FAMILY COMPOSITION

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:
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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

FOR OFFICE USE ONLY: APPLICATION DATE _____ ELDERLY _____ DISABLED _____ FAMILY _____ RESIDENT _____
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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.

Signature

Print Full Name

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