



Application for Northern Homes CDC Home Purchase Program

Part 1: General Information

Name of Applicant _____

Address of Applicant: _____
(Street) (City, State & Zip Code)

Home phone number: _____ can be reached number: _____

How long have you lived at this address? _____

Social Security Number _____ Date of birth _____

Marital Status: ___ married ___ separated ___ unmarried (includes widowed, divorced or single)

Person to contact if we cannot reach you _____ Phone _____

Name of
CoApplicant: _____

Address of Co-Applicant: _____
(Street) (City, State & Zip Code)

Home phone: _____ Can be reached number _____

How long have you lived at this address? _____

Social Security Number _____ Date of birth _____

Marital Status ___ married ___ separated ___ unmarried (includes widowed, divorced or single)

Person to contact if we cannot reach you _____ Phone _____

Part 2: Household Information

Please answer all of the following questions:

1. Do you currently own a home? Yes ___ No ___ if the answer is “yes”, please explain why you are applying for homebuyers’ assistance.

2. How many people live permanently in your household? _____

Have you made all of your monthly payments (rent, utilities, loan, and credit cards) in a timely manner? Yes ___ No ___ If the answer is “no”, please explain:

3. Have you ever received a Michigan State Housing Development Authority (MSHDA) Loan or Grant? Yes ___ No ___ If the answer is “yes”, please explain.

Part 3: Credit History

Please answer all questions. If the answer to any of them is “yes”, please attach a written explanation.

1. Are there any outstanding financial judgments or liens against you? Yes ___ No ___

2. Have you declared Bankruptcy within the last 36 months? Yes ___ No ___

3. Have you lost any property through foreclosure or given

MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY



**AUTHORIZATION FOR RELEASE OF INFORMATION
AND PRIVACY ACT NOTICE**

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.
Failure to comply will result in denial of benefits.

The undersigned authorize the Michigan State Housing Development Authority (MSHDA) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or MSHDA Housing Resource Fund (HRF) Programs, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Human Services (DHS) programs. MSHDA may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to MSHDA on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of housing assistance under State and Federal Law.

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

_____ Signature of Head of Household	_____ Social Security Number	_____ Date
_____ Signature of Spouse	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date
_____ Other Adult Signature (if applicable)	_____ Social Security Number	_____ Date

Return completed form to:

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

FAMILY COMPOSITION

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Name:		Home Telephone Number:
Unit Address:	City, State, ZIP Code:	Work Telephone Number:
Mailing Address:	City, State, ZIP Code:	Message Telephone Number:

List yourself and all other persons who will live in the unit:

Name	Social Security # <small>(if no SS# use Alien Registration Number)</small>	Relationship to Head of Household	Student? Yes/No	Birth Date	Age	Sex M/F	Disabled? Yes/No	Hispanic or Latino? Yes/No	*Race Code # #s	US Citizen? Yes/No
		Head of Household								

***Race Code #'s (enter one or more):**
 11 - White; 12 - Black/African American; 13 - Asian; 14 - American Indian or Alaska Native; 15 - Native Hawaiian or Other Pacific Islander; 16 - American Indian or Alaska Native AND White; 17 - Asian AND White; 18 - Black or African American AND White; 19 - American Indian or Alaska Native AND Black or African American; 20 - Other Multi-Racial

If there are new births, please send a copy of proof of birth and social security card. Head of Household — Please complete the following section (for statistical purposes only):

Enter Code #	Marital Status
	1. Married
	2. Single
	3. Widowed
	4. Divorced
	5. Separated

I certify that only the people listed above will occupy the unit.

 Signature of Head of Household

 Date

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?

No Yes [List specific accommodation(s) required]

After completing this form, please return to:

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DECLARATION OF SECTION 214 STATUS

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

- 1. I am a citizen by birth, a naturalized citizen or a national of the United States; or
- 2. I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
- 3. I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
 - a. Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
 - b. Permanent residence under §249 of INA, see instruction #3; or
 - c. Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
 - d. Parole status under §212(d)(5) of the INA, see instruction #5; or
 - e. Threat to life or freedom under §243(h) of the INA, see instruction #6; or
 - f. Amnesty under §245A of the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.

List all Family Members: Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)

_____ First, Middle Initial, Last Name (Head of Household)	_____ Signature of Head of Household	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date

Return completed form to:

FOR MSHDA USE ONLY
Enter USCIS/SAVE Primary Verification #: _____ Date: _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

Instructions to Grantee: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach USCIS document(s) evidencing eligible immigration status. Sign and date.

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