

Supervisor Kenneth R. Fletcher
 Clerk Mary R. Clark
 Treasurer Dennis R. Fedewa
 Manager Brian T. Reed



Trustee Elizabeth S. Bowen
 Trustee Fonda J. Brewer
 Trustee Andrea M. Cascarilla
 Trustee Karen J. Mojica

Manager's Office

(517) 323-8590



APPLICATION FOR CHILL PROGRAM

PART I - GENERAL INFORMATION

Name of Applicant		Social Security #		Date of Birth	
Name of Co-Applicant		Social Security #		Date of Birth	
Address		City	State MI	County/Township	Zip Code
Home Phone #		Work Phone #		Mobile Phone #	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)					
Contact Person (in your absence)		Mobile Phone #		Work Phone #	
Address		City	State	Zip Code	Relationship
How long have you lived at this address?					
Year house was built?					
Is this a Land Contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever purchased a home?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

PART II - HOUSEHOLD INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No		Is there anyone listed on the title to your property who does not live in the household? If Yes, please list Name(s) and Relationship below.	
	NAME		RELATIONSHIP
1.			
2.			
3.			
How many people live permanently in your household?			



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LIST ALL HOUSEHOLD MEMBERS, their annual gross income and source of income including Social Security Number, Wages, Pensions, DHS, Child Support or Alimony, SSI, General Assistance, self-employment, farm income, and rental income (For self-employed persons, farm, and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

	NAME	AGE	ANNUAL GROSS INCOME	SOURCE OF INCOME
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Yes No Have you received any assistance or loan from MSHDA's Neighborhood Housing Initiatives Division (NHID) within the past 5 years? If yes, provide names of program(s) and amount? NHID has a \$75,000 maximum per address.

FOR HOMEOWNER IMPROVEMENT PROJECT (HIP) ONLY	
From your last property tax statement (answer the following):	
What is the estimated market value of your home?	\$
What are your yearly property taxes?	\$
Are your property taxes current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the name of your home insurance company.	
List homeowner improvement project items you are requesting to be completed.	

PART III - CERTIFICATION

Supervisor Kenneth R. Fletcher
Clerk Mary R. Clark
Treasurer Dennis R. Fedewa
Manager Brian T. Reed



Trustee Elizabeth S. Bowen
Trustee Fonda J. Brewer
Trustee Andrea M. Cascarilla
Trustee Karen J. Mojica

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Conflict of Interest – The Unit of Local Government cannot provide assistance to an employee, an employee's immediate family member, or any individual associated with the CHILL program. Exceptions may be possible, on a case-by-case basis, if a Conflict of Interest Disclosure is submitted outlining why participation is warranted, and MSHDA legal approves the disclosure request.

I certify that the information stated above is true and correct to the best of my knowledge. I understand that giving false information will result in disqualifying me from assistance in the Homeowner Improvement Project (HIP) or Demolition Reconstruction Resale (DRR).

Applicant Signature

Date

Co-Applicant Signature

Date



FAMILY COMPOSITION

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

Head of Household 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 <small>HUD defines elderly as at least 62</small>	Sex M or F	Disabled? Yes/No	Hispanic or Latino? Yes/No	Race Code	US Citizen? Yes/No
		Head of Household								

Race Code #'s

- | | |
|---|--|
| 1 – White | 6 – American Indian or Alaska Native AND White |
| 2 – Black/African American | 7 – Asian AND White |
| 3 – Asian | 8 – Black or African American AND White |
| 4 – American Indian or Alaska Native | 9 – American Indian or Alaska Native AND Black or African American |
| 5 – Native Hawaiian or Other Pacific Islander | 10 – 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:

Capital Area Housing Partnership (CAHP)
 600 W. Maple Street, Suite D
 Lansing, MI 48906
 Attn: CHILL Grant - Delta Township

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).

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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.

Print Name of All Household Members

Parent or Guardian must sign their own name for children under 18 years of age. (DO NOT sign child's name)

HEAD OF HOUSEHOLD First, Middle Initial, Last Name	HEAD OF HOUSEHOLD Signature	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:

Capital Area Housing Partnership (CAHP)
600 W. Maple Street, Suite D
Lansing, MI 48906
Attn: CHILL Grant - Delta Township

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.

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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CHECKLIST

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Complete a separate form for **each** household member who is age 18 or older. For all items checked **YES**, provide ORIGINAL verification (not photocopies) additional information as requested. Complete in ink, initial any/all changes.

Household Member Name	Head of Household Name	
	Address	City

Each item must be fully completed. Please print clearly using black or blue ink.

Section A – Income

	Yes	No	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed . If yes, describe _____.
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I earned \$ _____ in the last 12 months. I have _____ job(s) and receive money/wages . Name of Employer: 1) _____ 2) _____ Date of Hire: _____ Name of Employer: 3) _____ 4) _____ Date of Hire: _____
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive tips . If yes, in the amount of \$ _____ per week.
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am unemployed . If yes, I have been unemployed since _____ (date). I receive unemployment/subpay benefits since _____ (date). I <input type="checkbox"/> will <input type="checkbox"/> will not receive an extension.
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation . If yes, Amount \$ _____
A-6	<input type="checkbox"/>	<input type="checkbox"/>	I receive military active-duty allotments. If yes, Amount \$ _____
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration benefits. If yes, Amount \$ _____ VA File # _____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security . If yes, Amount \$ _____
A-9	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI) . Federal Amount \$ _____ State Amount \$ _____
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions . If yes, how many? _____ Source Name: 1) _____ Amount: \$ _____ per _____ Source Name: 2) _____ Amount: \$ _____ per _____
A-11	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security . If yes, from how many sources? _____ Source Name: 1) _____ Amount: \$ _____ per _____ Source Name: 2) _____ Amount: \$ _____ per _____
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive a CASH Public Assistance grant (FIP, SDA, RAP). DHS Case #: _____ Amount: \$ _____ per _____
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support . If yes, from how many persons do you receive support? _____ How many Friend of the Court(s) do you receive support from? _____ If yes, is child support paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: 1) _____ Amount: \$ _____ per _____ Friend of the Court Name: 2) _____ Amount: \$ _____ per _____ Friend of the Court Name: 3) _____ Amount: \$ _____ per _____
A-14	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony . If yes, from how many persons do you receive alimony? _____ How many Friend of the Court(s) do you receive alimony from? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If not paid directly to DHS: Friend of the Court Name: 1) _____ Amount: \$ _____ per _____ Friend of the Court Name: 2) _____ Amount: \$ _____ per _____

Yes No

A-15 I receive **adoption assistance payments**. If yes, how many sources? _____
 Source Name: 1) _____ Amount: \$ _____ per _____
 Source Name: 2) _____ Amount: \$ _____ per _____

A-16 I receive periodic payments from a **trust, annuity, or inheritance**. If yes, how many sources? _____
 Source Name: 1) _____ Amount: \$ _____ per _____
 Source Name: 2) _____ Amount: \$ _____ per _____

A-17 I receive periodic payments from **insurance policies**. If yes, how many sources? _____
 Source Name: 1) _____ Amount: \$ _____ per _____
 Source Name: 2) _____ Amount: \$ _____ per _____

A-18 I receive periodic payments from **lottery winnings**.
 Source Name: 1) _____ Amount: \$ _____ per _____
 Source Name: 2) _____ Amount: \$ _____ per _____

A-19 I am a **full-time student**.
 Name of School: _____
 Address City State Zip: _____

A-20 I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? _____ (List each source separately)
 Source Name: 1) _____ Amount: \$ _____ per _____
 Source Name: 2) _____ Amount: \$ _____ per _____

A-21 I have **other income** than those listed above.
 Describe: _____

 Source Name: 1) _____ Amount: \$ _____ per _____
 Source Name: 2) _____ Amount: \$ _____ per _____

To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.

Yes No

A-22 I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).
 List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-23 I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

Section B – Assets

Yes No

B-1 I have the following accounts **Savings** **Checking** **Retirement account provided by Employer**
 [check which one(s)]: **IRA's or Keogh** **Other** _____
 How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)
 Name of bank: 1) _____ Acct # _____
 Name of bank: 2) _____ Acct # _____
 Name of bank: 3) _____ Acct # _____

B-2 I own **additional real estate**. Describe: _____

B-3 I have a **land contract(s)**. Describe: _____

B-4 I own a **mobile home**. Describe: _____

Yes No

B-5 I receive **income from rental** of real estate or personal property. Describe _____

B-6 I receive income from **Indian Trust Land**. Describe _____

B-7 I have **personal property held for investment** purposes (gems, jewelry, coin or stamp collections, etc.)
Describe: _____

B-8 I have **Treasury Bills, Stocks or Bonds**. Check which one(s): Treasury Bills Stocks Bonds
How many do you have? _____ (List each separately)
Name of each source: ¹⁾ _____ Account # _____
Name of each source: ²⁾ _____ Account # _____
Name of each source: ³⁾ _____ Account # _____

B-9 I have a **life insurance policy with a cash surrender value**.
Source Name: ¹⁾ _____ Policy #: _____
Source Name: ²⁾ _____ Policy #: _____

B-10 I have **sold, given away, or otherwise transferred ownership of assets** within the last two (2) years.
List items: _____ Sale amount \$ _____

B-11 I have **other assets** than those listed above.
Describe: _____
Source Name: ¹⁾ _____ Amount: \$ _____ per
Source Name: ²⁾ _____ Amount: \$ _____ per

To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.

B-12 Yes No I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately)
Name of bank: ¹⁾ _____ Acct # _____
Name of bank: ²⁾ _____ Acct # _____
Name of bank: ³⁾ _____ Acct # _____

Section C – Rental Rehabilitation Only NA for DRR NA for HIP

Yes No

C-1 I am disabled and receive Supplemental Security Income (SSI).

To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.

C-2 Yes No I have a family member(s) under age 6 who has an *identified* Environmental Intervention Blood Lead Level (EIBLL).
List their names: _____

Please return to:

**Capital Area Housing
Partnership (CAHP)
600 W. Maple Street, Suite D
Lansing, MI 48906
Attn: CHILL Grant - Delta Twp**

Certification:

I certify that only the people listed on the Family Composition form will occupy the unit.
I certify the house will be my principal residence.
I will not live anywhere else without notifying MSHDA immediately in writing.
I will not sublease my assisted residence.
I hereby attest that I have reviewed this entire form, and all information has been accurately reported.
I understand that providing false information will result in denial or termination of benefits.

Signature

Date