Print Form

Housing Choice Voucher
Woodbridge Senior Manor
Project Based Waiting List Application

Issued under P.A. 346 of 1996, as amended, and Section 8 of the U.S. Housing Act of 1937.
Completion is required to apply for assistance.

Please complete this entire form and return it to:

Detroit Housing Commission
Assisted Housing Division
Attn: Woodbridge Senior Manor Waiting List
P.O. Box 7549
Detroit, MI 48207

APPLICATIONS WILL ONLY BE ACCEPTED AT THE P.O. BOX LISTED ABOVE

Head of Household Name:				
First:	Middle:		Last:	
Address:	City:	State:	Zip Code	Telephone:
Annual Gross Household Income $$:		Social Security Number:		

Family Member Name:	Relationship to Head of Household	Date Of Birth	Sex M/F	Disabled Yes/No	Race *Code	U.S Citizen Yes/No
	SELF					

***Race Code No. 1-White 2. Black/African American 3. American Indian or Native Indian 4. Asian 5. Native Hawaiian/Other Pacific Islander 6. Hispanic or Latino 7. Multi-Racial**

Residency Questions

1. Have you been a victim of Domestic Violence within 30days of this application? **Yes** ☐ **No** ☐
2. Have you been involuntarily displaced by a natural disaster? **Yes** ☐ **No** ☐
3. Are you a Military Veteran? **Yes** ☐ **No** ☐
4. Are you elderly, handicapped, or disabled? **Yes** ☐ **No** ☐

I need help completing future paperwork with regards to my application. **Yes** ☐ **No** ☐

If "Yes", I authorize _____ _____
Name of Designed Representative Telephone Number

I consent to release criminal conviction records including sexual offense and alcohol abuse pursuant to 24 CFR 982.307 and allow DHC to receive records from law enforcement agencies and use them in accordance with the U.S Department of Housing and Urban Development regulations and DHC policy. I certify I have not been evicted from any type of Section 8 Program or from Public or Indian Housing within the last three years due to drug-related criminal activity. I certify that no member of my household has been convicted of manufacturing or producing methamphetamine on the premises of assisted housing. I certify that no member within my household has been evicted within the last year from federally-assisted housing. I certify that I do not owe any unpaid debt to DHC or any other Public Housing Agency. I certify that all the information contained in this application is true and complete to the best of my knowledge. I understand that DHC will screen adult applicants for drug-related and violent criminal activity including sexual offense pursuant to 24 CFR 982.307 and DHC policy. I understand that I must update my mailing address within 10-days of the changes and that if I do not and mail is returned to DHC I can be removed from the waiting list.

Please do not call the office to verify that your application has been received. You will receive a written notice from DHC verifying you have been placed on the Woodbridge Senior Manor Project Based Waiting List.

_____ _____
Signature of Head of Household **Date**

Equal Housing Opportunity

- **TDD/TYY (313) 877-8900**