

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: HomeStretch Nonprofit Housing Corporation, 3104 Logan Valley Road, Suite 300, Traverse City, MI 48964, Fax # 231-947-6258

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).

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
CHECKLIST FOR HOMEBUYER PROGRAM

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked **YES**. Provide address, phone number, fax number, and additional information for **all yes** answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

NOTE: MSHDA has cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. MSHDA will receive information on wages, unemployment compensation and other income information through a computer matching operation.

Household Member Name:	Head of Household:	
	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 _____ (enter #) job(s) and receive money/wages. (List each job separately) Name of Employer: ¹⁾ _____ ²⁾ _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Contact Person: _____ Telephone: _____ Fax#: _____ The Work Number _____ Pay Code #: _____ If more than two jobs provide additional information on a separate sheet.
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).
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits. If yes, I have been receiving benefits since _____ (date).
A-6			OMITTED INTENTIONALLY
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from Workers' Compensation. If yes, Amount \$_____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive military active duty allotments. If yes, Amount \$_____
A-9			OMITTED INTENTIONALLY
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security. If yes, Amount \$_____
A-11			OMITTED INTENTIONALLY
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions. If yes, how many? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$_____ per _____ If received from more than one source, provide additional information on a separate sheet.
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security . If yes, from how many sources? _____ (List each source separately) Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ If received from more than one source provide additional information on a separate sheet.

CHECKLIST (continued)

	Yes	No		
A-14			OMITTED INTENTIONALLY	
A-15			OMITTED INTENTIONALLY	
A-16			OMITTED INTENTIONALLY	
A-17			OMITTED INTENTIONALLY	
A-18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony. If yes, from how many persons do you receive alimony? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ PIN#: _____	From how many Friend of the Court(s) do you receive alimony? _____
			If received from more than one Friend of the Court, provide additional information on a separate sheet.	
A-19	<input type="checkbox"/>	<input type="checkbox"/>	I receive adoption assistance payments. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____	
			If received from more than one source provide additional information on a separate sheet.	
A-20	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____	
			If received from more than one source provide additional information on a separate sheet.	
A-21	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from insurance policies. If yes, how many sources? _____ Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Account #: _____ Amount: \$ _____ per _____	
			If received from more than one source provide additional information on a separate sheet.	
A-22	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from lottery winnings. Source Name: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____	
			If received from more than one source, provide additional information on a separate sheet.	
A-23	<input type="checkbox"/>	<input type="checkbox"/>	I am a full-time student. Name of School: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Number of Credit Hours Enrolled: _____	
			If attending more than one school, provide additional information on a separate sheet.	
A-24			OMITTED INTENTIONALLY	

CHECKLIST (continued)

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

	Yes	No	
A-25	<input type="checkbox"/>	<input type="checkbox"/>	OMITTED INTENTIONALLY
A-26	<input type="checkbox"/>	<input type="checkbox"/>	OMITTED INTENTIONALLY

Section B – Assets

	Yes	No	
B-1	<input type="checkbox"/>	<input type="checkbox"/>	I have the following accounts [check which one(s)]: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> IRA's or Keogh <input type="checkbox"/> Other _____ How many banks, credit unions, savings and loans, etc. do you have accounts with? _____ (List each separately) Name of bank: 1) _____ 2) _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Contact Person: _____ Telephone: _____ Fax#: _____ Account Number: _____ If more than two financial institutions, provide additional information on a separate sheet.
B-2	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. Describe: _____
B-3			OMITTED INTENTIONALLY
B-4			OMITTED INTENTIONALLY
B-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real estate (i.e., rental property, lands contract, etc.) or personal property. Describe: _____
B-6			OMITTED INTENTIONALLY
B-7			OMITTED INTENTIONALLY
B-8	<input type="checkbox"/>	<input type="checkbox"/>	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) _____ 2) _____ Street Address: _____ City, State, ZIP: _____ E-mail address: _____ Contact Person: _____ Telephone: _____ Fax#: _____ Account #: _____ If more than two, provide additional information on a separate sheet.
B-9			OMITTED INTENTIONALLY
B-10			OMITTED INTENTIONALLY
B-11	<input type="checkbox"/>	<input type="checkbox"/>	I have income/assets from sources other than those listed above. Describe: _____ _____ Source Name: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ If received from more than one source, provide additional information on a separate sheet.

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

	Yes	No	
B-12	<input type="checkbox"/>	<input type="checkbox"/>	OMITTED INTENTIONALLY

CHECKLIST (continued)

Section C – Rental Rehabilitation

Yes No

C-1 OMITTED INTENTIONALLY

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

Yes No

C-2 OMITTED INTENTIONALLY

Please return to:

HomeStretch
3104 Logan Valley Road, Suite 300
Traverse City, MI 49684
Fax: 231-947-6258

Certification:

I certify to the best of my knowledge that all statements are true. I understand that providing false information will result in denial or termination of benefits.

Signature

Date

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).

INCOME VERIFICATION COVER SHEET 1040

(please attach verifications and federal tax return(s))

Applicant's Name:

Household Member Name:

Yes I have income from the following sources: Enter amount in appropriate boxes (\$0 if none)

INCOME SOURCE	ANNUAL AMT	VERIFICATION
1. Wages and salary		current checkstub(s) & VOE
2. Taxable interest		current bank statements
3. Dividend income		current statements
4. Taxable refunds, credits/offsets of state/ local income taxes		tax returns (1099 G)
5. Alimony received		legal documents (copy of checks)
6. Business income (or loss)		2 years tax returns
7. Capital gain (or loss)		2 years tax returns (1099B)
8. Other gains (or losses)		tax returns
9. Taxable amount of IRA distributions		1099 R & interim IRA statements
10. Taxable amount of pensions and annuities		interim (usually monthly) statements
11. Rental real estate, royalties, partnerships, trusts, etc.		2 years tax returns
12. Farm income (or loss)		2 years tax returns
13. Unemployment compensation		1099 G & interim statements
14. Taxable amount of Social Security benefits		VOE from Soc. Sec. Admin., "Social Security Benefits Worksheet" to compute the taxable amount
15. Other income		gambling winnings, taxable distribution from educational and health savings plans, taxable scholarships, prizes and awards
TOTAL INCOME	\$0	

Yes I have income deduction from the following sources: Enter amount in appropriate boxes (\$0 if none)

DEDUCTION TYPE	ANNUAL AMT	DOCUMENTATION
16. Educator Expenses		tax returns and other documentation
17. Business Expense of Reservist, Performing Arts etc.		tax returns and other documentation
18. Health savings Deductions		tax returns and other documentation
19. Moving Expenses		tax returns and other documentation
20. One-half self employment tax		tax returns and other documentation
21. Self-Employed SEP, Simple		tax returns and other documentation
22. Self-employed health insurance		tax returns and other documentation
23. Penalty on early withdrawal of savings		tax returns and other documentation
24. alimony paid		tax returns and other documentation
25. IRA deduction		tax returns and other documentation
26. Student Loan interest deduction		tax returns and other documentation
27. Tuition and Fees Deduction		tax returns and other documentation
28. Domestic Production Activities deduction		tax returns and other documentation
TOTAL DEDUCTIONS	\$0	

PROJECTED ADJUSTED GROSS INCOME	\$0	
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EQUAL HOUSING OPPORTUNITY

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

VERIFICATION OF EARNINGS

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

Section A	
County:	Name of person holding the job:
Name of Head of Household:	Social Security Number of person holding the job:
Address:	Do you receive tips? Yes No If so, how much per week? \$
City, State, ZIP Code:	NOTE: If tips are received directly, a notarized statement must be provided.
You are authorized to release information requested by MSHDA.	
_____	_____
Signature of person holding the job	Date
STOP HERE Please complete Section A and return to address below.	

Section B - To be completed by Employer:					
<i>Please provide the information requested so we can quickly determine eligibility.</i>					
Please complete and return as soon as possible or within 14 days.					
Employee's name as it appears on your records:			Employee's title, position or work:		
Are earnings from a Title IV work-study program? Yes No		Are earnings from a Title IV or Title V Program? Yes No			
Are earnings from an economic or self-sufficiency job training program? Yes No					
Original date of employment:		Date rehired or recalled to work:		Termination date:	
Current average number of hours per week:		Straight time hours:		Overtime hours (if applicable):	
				Overtime is paid at the rate of: \$	
If seasonal or occasional employment, give lay-off periods:					
Current rate of pay: \$	Per:	Effective date:	New rate of pay: \$	Per:	Effective date:
Amount of tips, incentive pay, bonus, or commissions: \$		Per (weekly, bi-monthly):		Retirement benefits available? Yes No	
Health benefits available? Yes No		Amount deducted for medical/hospital insurance: \$		Per (weekly, bi-monthly):	
Firm or employer name:			Telephone number: ()		Fax number: ()
Business address:		City, State, ZIP:		E-mail address:	
I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.					
_____			_____		
Signature of employer or authorized representative			Date		
_____			_____		
Typed or printed name of person filling out this form			Typed or printed title of person filling out this form		

Please return completed form to:

HomeStretch Nonprofit Housing Corp.
3104 Logan Valley Road Suite #300
 Traverse City MI 49684 Fax number: 231-947-6258

MSHDA GRANTEE USE ONLY					
\$ _____	X _____	(hrs) X _____	(wks) = _____	(Total)	
\$ _____	X _____	(hrs) X _____	(wks) = _____	(Total)	
\$ _____	X _____	(wks) = _____	(Total)		
\$ _____	X _____	(wks) = _____	(Total)		
\$ _____	X _____	(months) = _____	(Total)		
\$ _____	X _____	(months) = _____	(Total)		

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).

VERIFICATION OF RESOURCES

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

SECTION A

Please complete Section A and return to address below. MSHDA will forward to your Financial Institution.

Head of Household	Account Holder Name:	Account Holder Social Security No.:
Account Holder Address:	City, State, ZIP Code:	County:

I have assets such as checking, savings or credit union accounts, stocks or bonds, mutual funds, etc.
By my signature below, I authorize my bank or financial institution to release the information requested in Section B.

_____ Signature of Account Holder _____ Date Signed

STOP HERE Please complete Section A and return to address below.

SECTION B - To be completed by Bank or Financial Institution:

Please provide the information requested by the Michigan State Housing Development Authority (MSHDA) so we can quickly determine eligibility. It is necessary to verify resources held presently or within the past year (including closed accounts) for the person named above, either individually or jointly with another person(s).

Please complete and return as soon as possible or within 14 days.

Bank Name:	Phone:	
Bank Address:	FAX:	
City:	State:	ZIP Code:

Account History: (Accounts held including checking or draft, savings or share, Certificate of Deposit, IRA/Keogh, Prepaid Burial, mutual funds, etc.)

Type of Accounts Held	Account Number	Date of Last Withdrawal	Amount of Last Withdrawal	Present Balance	Average Balance (Past 6 months) Checking Only	Interest Rate %	Early Withdrawal Penalty Amount
Checking							

For each joint account, list the account number and person(s) on the account:

I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.

_____ Bank or Financial Institution Signature _____ Date Signed

_____ Typed or printed name of person filling out this form _____ Typed or printed title of person filling out this form

MSHDA USE ONLY

Present Balance (6-month average for checking accounts)	Percentage Rate	Annual Income
\$ _____	X _____ % = \$ _____	
\$ _____	X _____ % = \$ _____	
\$ _____	X _____ % = \$ _____	
\$ _____ (Minus Penalty = Cash Value)	X _____ % = \$ _____	
\$ _____ (\$ _____ \$ _____)	X _____ % = \$ _____	
\$ _____ (\$ _____ \$ _____)	X _____ % = \$ _____	

Return completed form to:

HomeStretch
3104 Logan Valley Road, Suite 300
Traverse City, MI 49684
Fax 231-947-6258

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