

HomeStretch Rental Application Instructions

You will need to fill out the following forms:

1. HomeStretch Rental Application
2. MSHDA Authorization for the Release of Information
3. MSHDA Family Composition
4. MSHDA Checklist
5. MSHDA Verification of Earnings
6. MSHDA Verification of Resources

Please complete the Rental Application and see the additional instructions below for the application and required MSHDA forms. Please note: **All signatures must be dated on the same or later date as the MSHDA Checklist form** (item #4).

1. HomeStretch Rental Application

All persons who will be living in the home must be listed. All adults (18 or older) must sign the application.

2. MSHDA Authorization for the Release of Information

All adults in the household must sign the MSHDA Authorization for Release of Information and Privacy Act Notice. They must also enter their Social Security number on the form and enter the date their signature.

3. MSHDA Family Composition

This form must be signed by the head of the household.

4. MSHDA Checklist

Each adult in the household must complete a MSHDA Checklist. This is a critical document and all other forms and verifications must be dated on the same or later date of this Checklist. If there are any Yes answers on the Checklist, please provide related verification, such as bank statements, proof of pension, Social Security, other types of support, pay stubs, etc.

5. MSHDA Verification of Earnings

ONLY fill out the top section, Section A of the MSHDA Verification of Earnings form and sign on the appropriate line. You will need a separate form for each person in your household that is currently employed. If you or another adult have more than one job, you will need a form for each employer.

The balance of the form is to be completed by your employer and it **must** be sent directly *from* HomeStretch to them. So please be sure to provide us with a fax number and contact name so we can send them the form. Upon completion, it must then be sent directly from the employer back to HomeStretch. This is all per MSHDA regulations and it will not be accepted any other way. You may wish to alert your employer that the form will be coming and ask them to complete and return it promptly.

6. MSHDA Verification of Resources

ONLY fill out the top section, Section A of the MSHDA Verification of Resources form and sign on the appropriate line. We need a separate form for each bank or financial institution where a household member has an account.

The balance of the form is to be completed by your financial institution and it **must** be sent directly *from* HomeStretch to them. So please be sure to provide us with a fax number and contact name so we can send them the form. Upon completion, it must then be sent directly from the financial institution back to HomeStretch. This is all per MSHDA regulations and it will not be accepted any other way.

If you have income from another source, such as child support or Social Security, please send verification. You may send a copy of your most recent award letters, copies of checks, etc. All income of these types must be reported and verified, even income of children living with you.

Please bring, mail or fax the application and the requested verifications to HomeStretch. Our address is:

HomeStretch Nonprofit Housing Corporation
3104 Logan Valley Road, Suite 300
Traverse City, MI 49684

Our **fax number is 231-947-6258**. If you have questions, please contact our Rental Agent, Jon Stimson, at 231-342-7014 or jstimson@charter.net

HOMESTRETCH
NONPROFIT HOUSING CORPORATION
3104 Logan Valley Road, Suite 300

RENTAL APPLICATION

APPLICANT INFORMATION

Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ E-mail: _____
Telephone Numbers: Home: _____ Work: _____ Cell: _____

CO-APPLICANT INFORMATION

Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ E-mail: _____
Telephone Numbers: Home: _____ Work: _____ Cell: _____

HOUSEHOLD INFORMATION

Number of Persons in Household: Adults: _____ Children: (under 18 yrs.) _____
Current Employer: (s) _____
Applicant: _____ Years with Current Employer: _____
Co-Applicant: _____ Years with Current Employer: _____
Other Household Member: (s) _____ Years with Current Employer _____

INCOME INFORMATION

Total Monthly Household Income (base salary/wages, overtime, bonuses, commissions, dividends/interest, Social Security benefits, VA benefits, child support, other) Please provide current documentation, i.e. IRS W-2 form, pay stubs, statements, etc.

Employment # 1: \$ _____
Employment # 2: \$ _____
Child Support: \$ _____
Social Security/SSI: \$ _____
Veterans Benefits: \$ _____
Other (Specify): \$ _____

Income is from: _____

Total Income: \$ _____

All income must be verified by a third party.

HOMESTRETCH NONPROFIT HOUSING CORPORATION

RENTAL APPLICATION (Continued)

DEBT INFORMATION

Total **Monthly** Household Debt (credit cards, car payments, bank loans, student loans, child support, alimony, other)

Car Payment #1: \$ _____
Car Payment #2: \$ _____
Credit Card # 1: \$ _____
Credit Card # 2: \$ _____
Credit Card # 3: \$ _____
Student Loan: \$ _____
Other: \$ _____

Total Debt: \$ _____

Your application will be subject to a Credit Check.

ASSET INFORMATION

Includes all assets such as checking, savings, credit union, stocks, bonds, real property, etc. Please provide current statements for all accounts, including those of minors in the home.

Savings # 1: \$ _____
Savings # 2: \$ _____
Checking: \$ _____
Other: \$ _____

Total: \$ _____

All assets must be verified by a third party.

LANDLORD INFORMATION

Current Landlord: _____ Telephone: _____
Address of Landlord: _____
Previous Landlord: _____ Telephone: _____
Address of Landlord: _____

Your current and previous landlords may be contacted.

HOMESTRETCH NONPROFIT HOUSING CORPORATION

RENTAL APPLICATION (Continued)

CRIMINAL RECORD

Household Member Criminal Activity Report	YES	NO
Has any household member been convicted of a felony within the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
Has any household member been evicted for drug related activity within the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Is any household member subject to any state or federal registration for sexual offenses?	<input type="checkbox"/>	<input type="checkbox"/>
Has any household member been convicted of a crime involving alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Has any household member been convicted of a crime involving violence?	<input type="checkbox"/>	<input type="checkbox"/>

All household members will be subject to a Criminal Background check.

Certification and Authorization to Release Information

I (we) hereby certify that the information provided is true and correct as of the date set forth opposite my (our) signature(s) and acknowledge my (our) understanding that any intentional or negligent misrepresentation of the information contained herein will result in my (our) application being denied. Further, I (we) acknowledge receiving the Rules and Regulations and authorize the release of information to HomeStretch Nonprofit Housing Corporation and/or their agent for verification purposes.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

When completed return to:
HomeStretch
3104 Logan Valley Road, Suite 300
Traverse City, MI 49684
Phone: 947-6001
Fax: 947-6258

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).

CHECKLIST

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

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 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	<input type="checkbox"/>	<input type="checkbox"/>	I am disabled and have a new job or wage increase in the last 12 months. If yes, New job date: _____ Wage increase date: _____
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	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration benefits. If yes, Amount \$ _____ VA File # _____
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security. If yes, Amount \$ _____
A-11	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI). Federal Amount \$ _____ State Amount \$ _____
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	<input type="checkbox"/>	<input type="checkbox"/>	I receive Food Assistance Program benefits from the Department of Human Services (DHS). DHS Caseworker Name: _____ Amount: \$ _____ Street Address: _____ DHS Case #: _____ City, State, ZIP: _____ Telephone: _____ E-mail address: _____ Fax #: _____	
A-15	<input type="checkbox"/>	<input type="checkbox"/>	I receive a CASH Public Assistance grant (FIP, SDA, RAP). DHS Caseworker Name: _____ DHS Case #: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax #: _____ E-mail address: _____	
A-16	<input type="checkbox"/>	<input type="checkbox"/>	I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)	
A-17	<input type="checkbox"/>	<input type="checkbox"/>	I receive child support. From how many Friend of the Court(s) do you receive support? _____ If yes, from how many persons do you receive support? _____ do you receive support? _____ 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: _____ Contact Person: _____ Street Address: _____ Telephone: _____ City, State, ZIP: _____ Fax#: _____ E-mail address: _____ Amount: \$ _____ per _____ PIN#: _____	
			If received from more than one Friend of the Court, provide additional information on a separate sheet.	
A-18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony. From how many Friend of the Court(s) do you receive alimony? _____ If yes, from how many persons do you receive alimony? _____ 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#: _____	
			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.	

CHECKLIST (continued)

A-22 **Yes** **No** 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 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 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: _____

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 -

A-25 **Yes** **No** 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-26 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

B-1 **Yes** **No** I have the following accounts Savings Checking IRA's or Keogh Other _____

[check which one(s)]:

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 I own real estate. Describe: _____

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

CHECKLIST (continued)

- Yes** **No** B-4 I own a mobile home. Describe: _____
- 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⁾ _____ 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 I have a life insurance policy **with a cash surrender value**.
Source Name: _____ Policy #: _____
Street Address: _____ Telephone: _____
City, State, ZIP: _____ Fax#: _____
- If received from more than one source provide additional information on a separate sheet.
- 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 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 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⁾ _____ 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.

CHECKLIST (continued)

Section C – Rental Rehabilitation

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.

Yes No

C-2 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:

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).

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

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).



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).