

**Grayling Housing Commission**  
**308 Lawndale St.**  
**Grayling, MI 49738**  
**(989)348-9314 phone (989)344-0944 fax**  
**www.graylinghousing.com**

Identify which program you would like to apply for. Check one box:

- Housing Choice Voucher (Section 8)**   
**Public Housing**  (located at our office in Grayling)  
**Both**

GHC use only:

  
  
  

Time: \_\_\_\_\_ Staff: \_\_\_\_\_

**General Family Information**

Applicant Name/**Head of Household** \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Household Members**

Please list all members of your household including yourself.

Legal Name (First, Middle, Last)	Sex	Birth Date	Social Security #	Relationship to Applicant	Disability (Circle)
				Head of Household (self)	Y or N
					Y or N
					Y or N
					Y or N
					Y or N
					Y or N

Use back side for additional household members.

- What is head of household's race (Circle all that apply)  
 White      Black      Native American Indian      Asian      Native Hawaiian      Other
- What is head of household's ethnicity (Circle)  
 Hispanic      Non-Hispanic
- Have you ever participated in a federally assisted program (Section 8) or lived in Public/Indian Housing?      Yes \_\_\_ No \_\_\_  
 If yes, dates and where? \_\_\_\_\_

## Household Income

List all money received or earned by everyone living in the household. This includes money received from employment, self employment, unemployment compensation, child support, Social Security, SSI, retirement, disability, workmen's compensation, TANF(DHS), veterans benefits, pensions, alimony, and any monies received from family or friends, including payments made on your behalf by others, on a monthly basis.

Name	Place of Employment <u>or</u> Source of Income	Amount	Frequency of Income (Hourly, Daily, Weekly, Monthly, Quarterly)	# of hours worked per week

## Applicant Certification

I/We certify the information provided to the Grayling Housing Commission is accurate and complete to the best of my/our knowledge and belief. I/We understand any false statements or information is punishable under Federal Law. I/We also understand any false statements or information are grounds for denial of housing assistance.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other household member over 18: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other household member over 18: \_\_\_\_\_ Date: \_\_\_\_\_

*It is your responsibility to contact us with changes to your address and/or phone number in writing. You will be contacted by mail or by telephone when your application has reached the top of the waiting list. If you do not respond within the required timeframe, or if your notification letter is returned as undeliverable, your pre-application will be removed from the waiting list in accordance with PHA policy.*

*“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Storm Miller at (989)348-9314.”*



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