CLIENT ID: _____

DEMBY TERRACES PRELIMINARY APPLICATION FOR ADMISSION

INKSTER HOUSING & REDEVELOPMENT COMMISSION (IHRC)
4500 Inkster Road, Inkster, Michigan 48141
Telephone (313) 561-2600 TTD/TTY services 1-800-545-1833 Ext. 243

NOTE: Please complete all sections of the application. If a particular question or section of the application is not applicable for the household, please write "N/A"

HEAD OF HOUSEHOLD INFORMATION (PLEASE PRINT CLEARLY)

First Name: _____
_____
Middle Initial: _____

Last Name: _____

Mailing Address: _____

City/State/Zip: _____
_____

Marital Status:
☐Single ☐Married ☐Separated ☐Divorced
☐Widowed

Phone Number: ( ) _____

Alternate Number: ( ) _____

Social Security # _____

Date of Birth: _____

Email Address: _____

_____
_

Co-Head of Household Information (if applicable)
First Name: _____

Last Name:_____

Date Of Birth:_____
_____

Social Security #_____

Address:_____

How would you prefer to be contacted?
☐ **Phone** ☐ **Mail** ☐ **E-mail**

FOR STATISTICAL PURPOSES ONLY

RACE (select all which apply

☐ White/Caucasian
☐ African American/Black
☐ Native American/Alaskan Native
☐ Asian
☐ Native Hawaiian/Other Pacific Islander
☐ Other

ETHNICITY OF HEAD OF HOUSEHOLD

☐ Hispanic/Latino
☐ Non-Hispanic/ Non-Latino

CLIENT ID: _____

FAMILY COMPOSITION (List All Persons Who Will Reside in the Household):

	Family Member Name	Relationship to HOH	Social Security Number	Date of Birth	Age	Sex	Country of Birth
1		Head of Household (HOH)				M/F	
2						M/F	
3						M/F	
4						M/F	
5						M/F	
6						M/F	
7						M/F	
8						M/F	
9						M/F	
10						M/F	

- Has anyone on this application been convicted of manufacturing methamphetamine on federally assisted housing? ☐ **YES** ☐ **NO**
- Is anyone on the application subject to lifetime sex offender registration? ☐ **YES** ☐ **NO**
- Does anyone on this application owe a debt to a previous landlord, the Inkster Housing Commission, or any other public housing authority (PHA)? ☐ **YES** ☐ **NO**
- Do you require a handicap accessible unit? ☐ **YES** ☐ **NO**
- Does anyone on this application owe a debt to a previous landlord, the Inkster Housing Commission, or another public housing authority (PHA)? ☐ **YES** ☐ **NO**
- Is the applicant family displaced by domestic violence? ☐ **YES** ☐ **NO**

Local Preference Questions

The Inkster Housing and Redevelopment Commission uses local preferences. Local preferences do not guarantee an offer of housing, nor admission into the IHRC public housing program. Do you believe you qualify for any of the following local preferences:

- **Involuntary Displacement Due to IHC's Action** ☐ **YES** ☐ **NO**
- **Violence Against Women Act (VAWA)** ☐ **YES** ☐ **NO**
- **Homelessness and Transitioning from Permanent Supportive Housing** ☐ **YES** ☐ **NO**
- **Victim of Human Trafficking** ☐ **YES** ☐ **NO**

Please note the sources of income for persons on the application:

CLIENT ID: _____

Person receiving income	Income Source Type	Amount Received	How often received?
			☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly
			☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly
			☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Current landlord's name, address & phone number

_____

_____

Date family moved to this location _____

Previous landlords name, address & phone number

_____

_____

Date family moved to this location _____
Date family moved from this location _____

If you or anyone in your family is a person with disabilities and you require a specific accommodation, please contact the Inkster Housing and Redevelopment Commission at (313) 561-5600.

Statement: I/we certify that the information on this application is true to the best of my/our knowledge and belief, I/we understand that information on this application is subject to verification. I understand that all adults will be asked to give consent for IHRC to conduct a criminal and sex offender background check. I/we authorize the release of information to IHRC by my/our employer(s), the Department of Health and Human Services, the Social Security Administration, and/or other business or government agencies. The request to release information is solely for the determination of your eligibility for admission. I/we understand that any false statement made on this application will cause me/us to be ineligible for admission.

SIGNATURES:

_____ _____
Head of Household Signature **Date**

_____ _____
Spouse/Co-Head Signature **Date**

_____ _____
Other Adult Signature **Date**

CLIENT ID: _____

_____ _____

Other Adult Signature **Date**

FOR OFFICE USE ONLY

IHRC TIME/DATE STAMP

_____

IHC Representative Signature