

**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 have a job(s) and receive money/wages. I earned \$_____ in the last 12 months. How many jobs do you have? _____ (List each job separately)
			Name of Employer: <sup>1)</sup> _____ <sup>2)</sup> _____
			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, how much 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). <input type="checkbox"/> Federal Amount \$_____ <input type="checkbox"/> State Amount \$_____
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from retirement funds or pensions. If yes, how many do you receive? _____
			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 <b>other than Social Security</b> . 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 <b>CASH</b> Public Assistance grant (FIP, SDA, RAP). DHS Caseworker Name: _____ Street Address: _____ DHS Case #: _____ City, State, ZIP: _____ Telephone: _____ E-mail address: _____ Fax #: _____	
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. If yes, from how many persons do you receive support? _____ From how many Friend of the Court(s) do you receive support? _____ If yes, is child support paid directly to Department of Human Services (DHS)? <input type="checkbox"/> Yes <input type="checkbox"/> 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#: _____	
A-18	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony. If yes, from how many persons do you receive alimony? _____ From how many Friend of the Court(s) do you receive alimony? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? <input type="checkbox"/> Yes <input type="checkbox"/> 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#: _____	
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 _____	
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 _____	
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)

**Yes**  **No**  A-22 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 -**

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

**Yes**  **No**  B-1 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: <sup>1)</sup> \_\_\_\_\_ <sup>2)</sup> \_\_\_\_\_  
 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: <sup>1)</sup> \_\_\_\_\_ <sup>2)</sup> \_\_\_\_\_  
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: <sup>1)</sup> \_\_\_\_\_ <sup>2)</sup> \_\_\_\_\_  
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 - Other**

Yes No  
C-1   I am disabled and receive Supplemental Security Income (SSI).  
C-2   I am disabled and do not receive SSI. If yes, my disability was verified by:  
Licensed Health Care Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Fax#: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Yes No  
C-3   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:

**Schoolcraft County EDC**  
**321 Deer Street**  
**Manistique, Michigan 49854**  
Phone (906) 341-5126 Fax (906) 341-5555

**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).