



## Homebuyer Document Checklist

### Required Forms:

- Program Application
- Household Composition Form
- Declaration of 214 Status
- Income and Asset Checklist (one for each household member 18 and older)
- Client Questionnaire
- IRS 4506-T Document
- Complaint Procedure Acknowledgement
- Fair Housing Acknowledgement
- Lead Based Paint Acknowledgement
- Authorization to Release Information - CAHP & City of Lansing forms
- Verification of Earnings

### Documents to Provide:

- Pre-approval letter from MSHDA-approved lender for first mortgage with loan amount
- Copy of Personal Identification for each household member over 18 years of age
- Copy of Social Security Card for each household member regardless of age
- Three (3) months of most recent income statements (includes pay stubs, pension statements, unemployment, social security, rental income, self-employment, etc.) for household members over 18 years of age
- Copy of the last Federal Tax Forms submitted to the IRS, including W-2s (2 years if self-employed)
- Copy of the last State Tax Forms submitted to the IRS, including W-2s (2 years if self-employed)
- Copy of last 6 months bank statements – checking and/or savings
- Copy of last 3 months of statements for all liquid assets (i.e. stocks/bonds)

**Homebuyer(s):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address of New Home:** \_\_\_\_\_

**Buyer's Agent:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Buyer's Lender:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_





## HOMEBUYER APPLICATION

### PART I: GENERAL INFORMATION

<b>Name of Applicant:</b>	<b>Date of Birth:</b>	<b>Social Security No.:</b> - -		
<b>Name of Co-Applicant:</b>	<b>Date of Birth:</b>	<b>Social Security No.:</b> - -		
<b>Address:</b>	<b>City:</b>	<b>State:</b> MI	<b>County/Township:</b>	<b>Zip Code</b>
<b>Home Phone #:</b>	<b>Work Phone #:</b>	<b>Mobile Phone #:</b>		
<b>Marital Status:</b> (CHECK ONE) <b>Married   Separated   Unmarried</b> (includes widowed, divorced, or single)				
<b>Contact Person:</b> (person to contact in your absence)	<b>Home Phone #:</b>	<b>Work Phone #:</b>		
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Relationship:</b>

Please describe how you believe participation in CAHP's Program will benefit you:



**PART II: HOUSEHOLD INFORMATION**

How many people live permanently in your household?	
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List all household members, their monthly gross income and source of income including; Social Security, Wages, Pensions, DHS, Child Support or Alimony, SSI, General Assistance, self-employment, farm income, rental income, and unemployment: (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

	NAME	AGE	MONTHLY GROSS INCOME	SOURCE OF INCOME
a.				
b.				
c.				
d.				
e.				

Have you made all your monthly payments (housing payments, utilities, loans, credit cards) in a timely manner? (CHECK ONE)	Yes No	(If "No" please explain below.)
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Have you ever received a Loan through the Capital Area Housing Partnership Programs? (CHECK ONE)	Yes No	(If "Yes" please explain below.)
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**PART III: EMPLOYMENT**

Occupation of Applicant:	Employer:
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Employer Address:	City:	State:	Zip Code:	Phone Number:
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Occupation of Co-Applicant:	Employer:
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Employer Address:	City:	State:	Zip Code:	Phone Number:
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**PART IV: CREDIT HISTORY**

Please answer the questions listed below. If you answer “Yes” to any question, please attach a written explanation.

Are there any financial judgments or liens against you?	Yes No
Have you declared Bankruptcy within the last 36 months?	Yes No
Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure?	Yes No
Are you a co-signer on any note or loan?	Yes No

**PART V: EXPENSES**

Please list household expenses

Health Insurance	\$	Insurance	\$
Electricity	\$	Other Expenses	\$
Cell Phone	\$	Other Expenses	\$

**PART VI: DEBTS**

Please list current financial obligations, child support or alimony, installment account, charge accounts, debts to banks, finance companies, mortgage companies, land contract holders and government agencies.

Creditor:	Year Loan Account was Opened	Amount Borrowed	Present Balance	Monthly Payments	Is Debt Business Related?
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

**SIGNATURE AND CERTIFICATION PAGE FOLLOWS.**



## **PART VII: CERTIFICATION**

**I certify that the information stated above is true and correct to the best of my knowledge. I understand that giving false information will result in disqualifying me from assistance in CAHP Programs.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Co-applicant**

\_\_\_\_\_  
**Date**

**Capital Area Housing Partnership received the completed application on the below date.**

\_\_\_\_\_  
**CAHP Staff**

\_\_\_\_\_  
**Date**

# HOUSEHOLD COMPOSITION FORM

This form is acceptable for both City of Lansing, and MSHDA projects.

Head of Household's Name: \_\_\_\_\_

Current Address (including City/State/Zip): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Name	Relationship to Head of Household	Age	Sex	Birth date	Place of Birth City & State, or Foreign Country Name	Handicapped Or Disabled	Full-time Student	SS# or Alien Registration #
	<b>Head of Household</b>					Yes / No	Yes / No	
Are you currently in housing that is subsidized? Yes / No								
Is there any assistance provided from the state, federal or local government, Section 8, Tenant-Based Rental Assistance, etc.?		If so, what type _____						

Head of Household, please complete the following section for statistical purposes only:

**Marital Status**

- 1. Married
- 2. Single
- 3. Widowed
- 4. Divorced
- 5. Separated

**Ethnicity**

- Yes     No
- Hispanic / Latino
- 22

**Employment Type**

- 1. Professional/Technical
- 2. Manager/Supervisor
- 3. Clerical/Sales
- 4. Skilled/Semi-Skilled/Foreman
- 5. Retired
- 6. Full-time Student
- 7. Unemployment

**Race**

- White 11
- Black/African American 12
- Asian 13
- Amer. Indian or Alaskan Nat. 14
- Nat. Hawaiian/ Other Pacific Isl. 15
- Amer. Indian/Alaskan Nat. & White 16
- Asian & White 17
- Black/African Amer. & White 18
- Amer. Indian/Alaska Nat. & Black/African Amer. 19
- Other Multi-Racial 20

**I certify that only the people listed above will occupy the unit.**

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





**Capital Area Housing Partnership, Inc.**

**DECLARATION OF SECTION 214 STATUS**

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

- 1.  I am a citizen by birth, a naturalized citizen or a national of the United States; or
- 2.  I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
- 3.  I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
  - a.  Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; OR
  - b.  Permanent residence under §249 of INA, see instruction #3; or
  - c.  Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
  - d.  Parole status under §212(d)(5) of the INA, see instruction #5; or
  - e.  Threat to life or freedom under §243(h) of the INA, see instruction #6; or
  - f.  Amnesty under §245A of the INA, see instruction #7.

*NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.*

List all Family Members:

**Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)**

_____
First, Middle Initial, Last Name (Head of Household)
_____
First, Middle Initial, Last Name
_____
First, Middle Initial, Last Name
_____
First, Middle Initial, Last Name
_____
First, Middle Initial, Last Name

_____	Signature of Head of Household	_____	Date
_____	Signature of Adult Family Member	_____	Date
_____	Signature of Adult Family Member	_____	Date
_____	Signature of Adult Family Member	_____	Date
_____	Signature of Adult Family Member	_____	Date

**Return completed form to:**

CAHP  
600 W Maple St, Suite D  
Lansing, MI 48906

**FOR Office USE ONLY**

Enter USCIS/SAVE Primary Verification #: \_\_\_\_\_  
Date: \_\_\_\_\_

**(see next page for footnotes and instructions)**

**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

**The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:**

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C.1255a} [*amnesty granted under INA 245A*].

**Instructions to Grantee:** Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

**Instructions to Family Member For Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach USCIS document(s) evidencing eligible immigration status. Sign and date.



# INCOME AND ASSETS CHECKLIST

This form is acceptable for both City of Lansing, and MSHDA projects.

**Please complete a separate form for each household member who is 18 years and older, and be prepared to verify items checked yes.**

**YES      NO**

- \_\_\_    \_\_\_ I am a citizen of the United States (If no, provide copy of immigration documents).
- \_\_\_    \_\_\_ I am self-employed (List the type of jobs you do).
- \_\_\_    \_\_\_ I have a job and receive money/wages (List the businesses or companies that pay you).
- \_\_\_    \_\_\_ I receive reparation payments from foreign governments in connection with the Holocaust.
- \_\_\_    \_\_\_ I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
- \_\_\_    \_\_\_ I receive periodic payments from Workmen's Compensation.
- \_\_\_    \_\_\_ I receive military active duty allotments.
- \_\_\_    \_\_\_ I receive Veteran's Administration benefits.
- \_\_\_    \_\_\_ I receive G.I. Bill benefits.
- \_\_\_    \_\_\_ I receive Social Security.
- \_\_\_    \_\_\_ I receive Supplemental Security Income (SSI).
- \_\_\_    \_\_\_ I receive disability or death benefits **other than Social Security.**
- \_\_\_    \_\_\_ I receive Public Assistance **other than food stamps, (ADC, SFA, SDA, RAP, Stepparent Assistance).**
- \_\_\_    \_\_\_ I receive educational grants or scholarships.
- \_\_\_    \_\_\_ I receive unemployment benefits.
- \_\_\_    \_\_\_ I receive child support or alimony. If yes, is child support paid directly to Social Services?    Yes     No
- \_\_\_    \_\_\_ I receive periodic payment from a trust, annuity or inheritance.
- \_\_\_    \_\_\_ I receive periodic payments for insurance policies.
- \_\_\_    \_\_\_ I receive periodic payments from retirement funds or pensions.
- \_\_\_    \_\_\_ I receive periodic payments from lottery winnings.
- \_\_\_    \_\_\_ I receive income from rental of real estate or personal property.
- \_\_\_    \_\_\_ I receive income from Indian Trust Land.
- \_\_\_    \_\_\_ I own real estate.
- \_\_\_    \_\_\_ I own a mobile home.
- \_\_\_    \_\_\_ I have personal property held for investment purposes (gems, jewelry, coin and stamp collections, etc.).
  
- \_\_\_    \_\_\_ I have savings account(s) at. (List names of banks, credit unions, Savings & Loans, etc.)
  
- \_\_\_    \_\_\_ I have checking account(s) at. (List names of banks, credit unions, Savings & Loans, etc.)
  
- \_\_\_    \_\_\_ I have time certificate(s) at. (List names of banks, credit unions, Savings & Loans, etc.)

(over)



# INCOME AND ASSETS CHECKLIST

This form is acceptable for both City of Lansing, and MSHDA projects.

- \_\_\_ I have certificates of deposit at. (List names of banks, credit unions, Savings & Loans, etc.)
- \_\_\_ I have IRA's or Keogh accounts at. (List names of banks, credit unions, Savings & Loans, etc.)
- \_\_\_ I have Treasury Bills.
- \_\_\_ I have stocks.
- \_\_\_ I have bonds.
- \_\_\_ I have sold, given away, or otherwise transferred ownership of assets within the last 2 years.
- \_\_\_ If yes, what items: \_\_\_\_\_
- \_\_\_ I pay Medicare premiums.
- \_\_\_ I pay medical insurance premiums, other than Medicare.
- \_\_\_ I pay medical or prescription expenses which are not reimbursed by insurance.
- \_\_\_ I pay child care expenses for a child under 13 in order to be gainfully employed, or to further education. If yes, do you get money from DSS to cover the costs? Yes  No
- \_\_\_ I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
- \_\_\_ I pay handicap equipment expenses for a handicapped/disabled family member which are not covered by insurance.
- \_\_\_ I have a family member who is 17 years of age or younger who has unearned income (Example: Social Security)
- \_\_\_ I have a family member under the age of 7 years who has an identified elevated blood lead level (EBL).
- \_\_\_ I have income/assets from sources other than those listed above. What type? List.
  
- \_\_\_ I received Property Tax Credit from Michigan Treasury Department.
- \_\_\_ I received Home Heating Credit from Michigan Treasury Department.
- \_\_\_ I have provided proof of social security numbers for all household members.
- \_\_\_ I receive interest or dividends.
- \_\_\_ I receive income tax credits which exceed my tax liability.

**I hereby certify that to the best of my knowledge, all statements are true and correct.  
I understand that providing false information will result in denial of program participation.**

Applicant's/Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





EQUAL HOUSING OPPORTUNITY

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: Funders have cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. Funders 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

A-1 Yes No I am self-employed. If yes, describe... A-2 I earned \$... in the last 12 months. I have... job(s) and receive money/wages. (List separately). Name of Employer: 1) 2) Date of Hire: Date of Termination: Street Address: City, State, ZIP: E-mail address: Contact Person: Telephone: Fax#: List Pretax Deductions (HB programs only): Work Number Code: If more than two jobs provide additional information on a separate sheet. A-3 I receive tips. If yes, in the amount of \$... per week. A-4 I am unemployed. If yes, I have been unemployed since... (date). A-5 I receive unemployment benefits since... (date). I will will not receive an extension. A-6 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 I receive periodic payments from Workers' Compensation. If yes, Amount \$... A-8 I receive military active duty allotments. If yes, Amount \$... A-9 I receive Veteran's Administration benefits. If yes, Amount \$... VA File #... A-10 I receive Social Security. If yes, Amount \$... A-11 I receive Supplemental Security Income (SSI). Federal Amount \$... State Amount \$... A-12 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 I receive disability or death benefits other than Social Security. If yes, from how many sources? Source Name: Contact Person: Street Address: Telephone: City, State, ZIP: Fax#: E-mail address: Account #:

CHECKLIST (continued)

A-14 Yes No 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 I receive a CASH Public Assistance grant (FIP, SDA, RAP).
DHS Caseworker Name:
Street Address: DHS Case #:
City, State, ZIP: Telephone:
E-mail address: Fax #:

A-16 I receive Medicaid. NOTE: Not Adult Medical Program (formerly State Medical Program)

A-17 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?
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#:

A-18 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?
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#:

A-19 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 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 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: <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 additional real estate. Describe: \_\_\_\_\_

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

## CHECKLIST (continued)

- Yes**  **No**  I own a mobile home. Describe: \_\_\_\_\_
- B-4   I receive income from rental of real estate or personal property. Describe: \_\_\_\_\_
- B-5   I receive income from Indian Trust Land. Describe: \_\_\_\_\_
- B-6   I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.)  
Describe: \_\_\_\_\_
- B-7   I have Treasury Bills, Stocks or Bonds. Check which one(s):    Treasury Bills    Stocks    Bonds  
How many do you have? \_\_\_\_\_ (List each separately)
- B-8   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	<input type="checkbox"/>	<input type="checkbox"/>	I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).					
			Name	Type	Amount	Name	Type	Amount
			Name	Type	Amount	Name	Type	Amount
			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.								

**Section C – Rental Rehabilitation**

**NA for Homebuyer Programs**

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:

Capital Area Housing Partnership  
600 W Maple St, Suite D  
Lansing, MI 48906

**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

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 517.373.1974.

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 EARNINGS

This form is acceptable for both City of Lansing, and MSHDA projects.

Name of Employee (person holding the job)?	What is the name of the business where the person holding the job is working?
Address:	Business Address:
City: State: Zip:	City: State: Zip:
Social Security Number of person holding the job:	

**I authorize my employer to release the information below.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### This section to be filled out by the employer

Employee's name as it appears on your records:		Employee's Title, Position or Work:	
Current Average number of hours per week:	Straight Time:	Overtime Hours (if applicable):	Overtime is paid at rate of:
Current Rate of Pay: \$	Per:	Effective Date:	New Rate of Pay: \$
Amount of Bonus, Incentive Pay, Commission, and/or Tips:	\$	Per:	
Amount deducted for medical/hospital/insurance:	\$	Per (weekly, bi-monthly):	
If seasonal or sporadic employment, give lay-off periods:			
Does the employee receive any portion of a Federal Earned Income Tax Credit as part of their wages? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how much? \$ _____ Per: _____			
Original Date of Employment:		Date Rehired or Recalled to Work: Termination Date:	
Firm or Employer Name:		Telephone Number:	
Business Address:		City:	State: Zip:
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 state or federally funded program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.			
Signature: _____ Title: _____ Date: _____			





Capital Area Housing Partnership (CAHP)  
Client Questionnaire

**Each item must be fully completed. Please print clearly.**

Yes

No



Are you a first time homebuyer? A first time homebuyer is defined as someone who has not had ownership interest in the last three years.



I acknowledge that all properties receiving down-payment and/or rehabilitation assistance will be restricted, preventing any and all rental activity at the property for 30 years.



I acknowledge that there will be repayment required at the time of sale or transfer of the property. Further, it is my responsibility to familiarize myself with the specific repayment obligations of the CAHP program I am choosing. Full information related to repayment can be obtained by request of the CAHP Executive Director.

How long do you intend to own and occupy this property? \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed application and supporting documentation to:**

**Capital Area Housing Partnership**

**600 W Maple St, Suite D**

**Lansing, MI 48906**

### Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5a</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	
<b>5b</b> Customer file number (if applicable) (see instructions)	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5a, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

|    /    /    |    /    /    |    /    /    |    /    /    |

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

**Sign Here**

▶ \_\_\_\_\_  
Signature (see instructions) Date

▶ \_\_\_\_\_  
Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ \_\_\_\_\_  
Spouse's signature Date

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**What's New.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5a) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

## Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



## COMPLAINT PROCEDURE

Capital Area Housing Partnership, Inc. (CAHP) is committed to providing its clients with the best customer service possible. If clients have a complaint regarding their project or our staff, they should contact our office immediately.

If a client believes that our staff has not addressed their complaint, they should submit a written complaint to CAHP's Board Review Committee. CAHP's Review Committee has of a minimum of three members comprised of:

- A person with building/construction expertise (completely separate from the contractor who may be part of the complaint);
- A local community representative; and
- A representative of the grantee, who is not an administrator or staff member of our housing program.

After the Review Committee reviews client complaints, an CAHP representative or Executive Director will notify the client of the Review Committee's decision within 15 working days of the date of the hearing. If client is satisfied then complaint is closed. If client is not satisfied with the response they must seek the services of the Dispute Resolution/Mediation program. A list of such centers can be found at:

[http://www.michigan.gov/documents/mshda/mshda\\_PB3\\_conflict\\_resolution\\_A\\_dispute\\_resolution\\_318112\\_7.pdf](http://www.michigan.gov/documents/mshda/mshda_PB3_conflict_resolution_A_dispute_resolution_318112_7.pdf)

If the client still is not satisfied, CAHP is required to notify the Michigan State Housing Development Authority (MSHDA) of the particulars of the case. CAHP is aware that in the event that MSHDA is contacted directly by a complainant, he/she will be referred to CAHP for implementation of policy procedures. After all previously outlined steps have failed to resolve the complaint; CAHP may contact MSHDA in writing, detailing the complaint and verifying its compliance with the above listed steps.

### CAPITAL AREA HOUSING PARTNERSHIP, INC.'S (CAHP'S) DUE PROCESS RIGHTS FOR APPLICANTS DENIED SERVICES OFFERED:

It is CAHP's policy to provide clients due process of appeal in the event they should be denied an agency service. This policy will be used for partial, or complete, denial of specific, tangible benefits or services offered by CAHP under its HOME and CDBG funded programs.

- This policy does not apply to organizations or individuals seeking financial assistance to conduct or operate programs.
- This policy applies when funds for the specific benefit or services are available and the applicant qualifies (or feels s/he qualifies) but is denied the benefit or service.
- This policy will utilize existing centralized intake applications and/or programmatic level application forms for each individual service or benefit.
- The following Appeal procedure will be used:
  1. CAHP's representative will notify the applicant, in writing, of the denial within ten (10) days of such, stating specifically the reasons for the denial. The reasons will be based on information contained in the application or, in the case of housing programs; the reasons may also be based on an on-site inspection.
  2. Along with the written denial, the applicant will be informed in writing that he/she may appeal the decision in the following manner:
    - a. Request a review within ten (10) days, in writing, to the CAHP representative (name, address and phone number must be supplied, in duplicative writing).
    - b. May submit additional written information that s/he feels would strengthen the request.
  3. CAHP's representative must schedule a review to occur within ten (10) days of the appeal request. The applicant will be notified, in writing, when this review will take place. The applicant may attend and provide any additional information that he/she feels will support the request.
  4. Client's application will be reviewed by the Executive Director of CAHP.
  5. CAHP's Executive Director will notify the applicant of the final decision, in writing, within ten (10) days of the appeal review.
  6. No further appeals will be considered after the final decision has been made, unless the applicant can supply a substantial amount of additional information. In the event that the applicants' situation (qualifications) changes, the applicant(s) should re-apply for the program rather than use the appeal procedure.
- Publicity of the existence of the appeal process: Copies of the appeal process will be available upon request at CAHP's office.
- An applicant speaking a foreign language only, i.e., not fluent in English, will be provided a copy of the appeal process in his/her own language and/or the interpreter to translate the process verbally.
- This policy does not apply to denial of assistance based upon alleged discrimination covered by Title VI of the Civil Rights Act. The rules currently in effect continue to apply.



# CAPITAL AREA HOUSING PARTNERSHIP

## **COMPLAINT PROCEDURE STATEMENT**

I/We hereby certify that I/we have received Capital Area Housing Partnership, Inc.'s (CAHP's) Complaint Procedure and that I have read and understood the information.

Applicant(s):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DOWN PAYMENT / HOMEBUYER ASSISTANCE PROGRAM  
**LEAD BOOKLET RECEIPT**

I have received a copy of the notice entitled:

*Protect Your Family from Lead in Your Home*

Borrower's Printed Name: \_\_\_\_\_

Borrower's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Borrower's Printed Name: \_\_\_\_\_

Co-Borrower's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Current Address (including City/State/Zip): \_\_\_\_\_  
\_\_\_\_\_





**FAIR HOUSING STATEMENT**

I/We hereby certify that I/we have received the 2011 Department of Housing and Urban Development (HUD) publication entitled Fair Housing: Equal Opportunity for All (HUD-1686-1-FHEO) and that I have read and understood the information.

Applicant(s):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CAPITAL AREA HOUSING PARTNERSHIP  
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 Capital Area Housing Partnership and/or its contracted agent to contact any agencies, office, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation 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), Immigration and Naturalization Service (INS), and the State of Michigan Department of Human Services (DHS) Medicaid Program and Food Assistance Program. CAHP 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 CAHP on household members, income, net family assets, allowance, and deductions is accurate.

**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 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 THAT 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:  
CAHP  
600 W Maple St, Ste D  
Lansing, MI 48906**

**I understand that willfully submitting any false information in this statement may subject me (us) to criminal or civil action, and will also cause my (our) disqualification for benefits under the CAHP programs.**





DOWN PAYMENT / HOMEBUYER'S ASSISTANCE PROGRAM  
**AUTHORIZATION TO RELEASE INFORMATION**

This form is acceptable for City of Lansing, and MSHDA projects

The undersigned authorize the City of Lansing Development Office, Michigan State Housing Development Authority (MSHDA), and/or their representative(s) to contact any agencies, offices, groups, organizations, lenders, or employers to obtain any information or materials deemed necessary to complete my application for Down Payment / Homebuyer's Assistance.

This authorization expires one year from today's date unless otherwise stipulated in writing.

Printed Name of Borrower: \_\_\_\_\_

Borrower's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Second signature, if applicable:

Printed name of Co-Borrower: \_\_\_\_\_

Co-Borrower's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

