Pine Lake Apartments
MSHDA HOME Program

If below certain income levels as defined by MSHDA, you may be eligible for Low Income Housing.

If you feel that you may be eligible, complete and return the following forms and documents*

- ✓ **Checklist MSHDA Programs**
- ✓ **Please include Income/Asset information:**
  - **Employment Verification form completed by your employer or copies of recent pay stubs or payroll statement information for the past 2 months**
  - **Copies of most recent monthly bank statements; checking and savings accounts**
  - **Award Letter that includes amounts that you receive from Social Security, DHHS, and/or Unemployment Benefits**
  - **Documents verifying other income you receive**
- ✓ **Copy of Driver's License/State ID and Social Security Card**

*Forms & documents must be received to remain on the Applicant/Waiting List

Pine Lake Apartments

Our Goal / Pine Lake Apartments-MCTI
Students will live at Pine Lake Apartments while attending (MCTI) Michigan Career and Technical Institute, and after graduation will transition to housing in the local community that supports their personal independence and career goals.

11825 W. Pine Lake Rd.
Plainwell, MI 49080
269-218-1993

For more information, please contact:

Tori Maydock: 269-489-8924 *or* tori.maydock@pinelakefund.org

Please send completed forms and supporting documents attn. "Pine Lake Fund-Tori Maydock":

- Scan/Email: tori.maydock@pinelakefund.org
- Mail: Pine Lake Apartments c/o Pine Lake Fund 11825 W. Pine Lake Rd. Plainwell, MI 49080
- Drop them off in person to the Pine Lake Fund Offices at 11825 W. Pine Lake Rd. Plainwell, MI 49080 / Drop-off mail-slot in the office door

*These documents will be reviewed to verify your eligibility.

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

CERTIFICATION OF ZERO INCOME

Household Member Name:	Unit Number:
Development Name:	

☐ **Another household member, _____ pays for all household expenses.**
(Check if another household member pays all household expenses, then skip all questions below, and sign on Page 2)

	Yes	No	COMPLETE EACH ITEM:
1			Have you been employed in the last 12 months? If yes, what was the income earned in the last 12 months? $_____
2			Do you expect to become employed in the next 12 months? If yes, what is the amount expected to be earned in the next 12 months? $_____
3			Do you ever perform odd jobs as a day laborer, seasonal worker, gig worker, or independent contractor? Include babysitting, construction work, seamstress work, food preparation, etc. If yes, what was the income earned in the last 12 months? $_____
4			Does any person (outside the household) provide you with money to pay for rent, childcare, utilities, automobile insurance or gasoline, or any other regular reoccurring expense(s)? If yes, what is the anticipated total financial assistance for the next 12 months? $_____
5			Do you have money deposited in any bank accounts? If yes, where, and how much? $_____
6			Do you pay rent? If yes, how do you plan to pay rent for the next 12 months? _____
7			It is required that you maintain all necessary utilities when occupying the unit. In the past 12 months did you pay any of the following: Electricity or Gas _____ Last monthly bill $_____ How was this bill paid? _____ Water/Sewer _____ Last monthly bill $_____ How was this bill paid? _____ Trash Services _____ Last monthly bill $_____ How was this bill paid? _____ Telephone/Cell _____ Last monthly bill $_____ How was this bill paid? _____ Cable/Satellite _____ Last monthly bill $_____ How was this bill paid? _____ Internet _____ Last monthly bill $_____ How was this bill paid? _____
8			Do you have an automobile? If so, the registration and insurance must be maintained. Monthly Car Payment $_____ How was this paid? _____ Annual Registration $_____ How was this paid? _____ Monthly Insurance $_____ How was this paid? _____ Monthly Gas $_____ How was this paid? _____ Monthly Maintenance $_____ How was this paid? _____
9			If you do not have an automobile, do you have another form of transportation? If yes, form of transportation, cost, and how this is pad: _____
10			It is required that you maintain the unit in a decent, safe, and sanitary manner. How do you obtain and pay for cleaning and personal supplies to maintain the unit? _____

	Yes	No	COMPLETE EACH ITEM:
11			How do you obtain and pay for laundry services? _____
12			How do you obtain and pay for food? _____
13			Do you have a pet or assistance animal? If yes, how to obtain and pay for food, veterinary expenses, and other necessary supplies? _____
14			Do you have any other regular, reoccurring, expenses? If yes, for what, and how are those paid? _____

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____ _____ _____

Signature of Applicant/Resident Printed Name of Applicant/Tenant Date

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

MSHDA INCOME & ASSETS CHECKLIST

(Complete a separate form for each household member who is age 18 or older or an emancipated minor.)

Household Member Name:	Unit Number:
Development Name:	

	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: ☐Full-time ☐Part-time ☐Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.
INCOME			
4			I have a job and receive money/wages, tips, or bonuses. List the businesses or companies that pay you: _____
5			I am self-employed or operate my own business. List the types of jobs you do: _____
6			I earn income as a day laborer, seasonal worker, gig worker, or independent contractor.
7			I receive Social Security or Railroad Retirement Act income.
8			I receive Supplemental Security Income (SSI).
9			I receive quarterly payments from DHHS for the State-paid portion of an SSI grant.
10			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security, trust fund disbursements).
11			I receive periodic payments from retirement funds, 401(k), IRA, or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider: _____
12			I receive disability or death benefits other than Social Security.
13			I receive Veteran's Administration benefits.
14			I receive Public Assistance (does not include food stamps or Medicaid).
15			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
16			I receive unemployment benefits.
17			I receive periodic payments from Workers' Compensation.
18			I receive periodic payments from a trust, annuity, or inheritance. If yes, from how many sources?__
19			I receive income from the rental of real estate or personal property.
20			I receive periodic payments from lottery, casino or online gaming, or other types of winnings.
21			I receive adoption assistance payments.
22			I receive alimony, maintenance, or spousal support.
23			I receive GI Bill benefits.
24			I receive military active-duty allotments or regular pay as a member of the National Guard or Reservist pay.
25			I am a member of an Indian Tribe receiving gaming payments.

	Yes	No	COMPLETE EACH ITEM:			
26			I receive periodic payments from insurance policies or any type of settlement. If yes, how many policies or settlements? _____ From what Sources? _____			
27			I receive long term care insurance payments that exceed $180/day or $67,000 annually.			
28			I receive other recurring or periodic income not listed above. Describe: _____			
29			I receive student financial assistance (does not include student loans).			
CHILD SUPPORT						
30			I receive child support. If yes, from how many parents do you receive support? ____ If yes, what State is the case through? ____ If yes, is child support paid directly to DHS? ☐ Yes ☐ No			
31			I have been awarded a judgment for child support but have not been receiving any payments or have not been receiving the full payments on a regular basis.			
32			I anticipate filing a claim for child support within the next twelve months.			
ASSETS **(Include all assets held or owned either in or outside of the United States)**					Cash Value*	Interest Rate**
33			I have a savings account(s) at: _____ (List name(s) of institution)		$	
34			I have a checking account(s) at: _____ (List name(s) of institution)		$	
35			I have certificates of deposit at: _____ (List name(s) of institution)		$	
36			I have a prepaid card, debit card, or paycard on which funds from Social Security, SSI, Child Support, DHS, unemployment or another agency are directly deposited. If yes, how many? _____ From which Agency(ies)? _____		$	
37			I have a Venmo, PayPal, Cash App, or another peer-to-peer payment app. If yes, how many and through which services? _____		$	
38			I have Cryptocurrency (such as Bitcoin, Ethereum, etc.)		$	
39			I have cash held in my home or in a safety deposit box.		$	
40			I have savings bonds. If yes, how many? _____		$	
41			I have Treasury Bills. If yes, how many? _____		$	
42			I have stocks, bonds, mutual funds, or securities.		$	
43			I own a house or mobile home.	(**Section 8 PBRA Programs only:** Is the home suitable for occupancy? ☐ Yes ☐ No)	$	
44			I own real estate or land and receive income from the rental of the real estate. If yes, how many properties? _____		$	
45			I have land contracts. If yes, how many? _____		$	
46			I hold a mortgage or deed of trust.		$	
47			I have revocable trusts. If yes, how many trusts? _____		$	
48			I have whole life or universal life insurance policy(ies). If yes, how many policies? _____		$	
49			I have non-necessary personal property held for investment purposes (gems, jewelry, collections, etc.).		$	
50			I have lump sum receipts or one-time receipts.		$	

	Yes	No	COMPLETE EACH ITEM:		
51			I have assets from sources other than those listed above. Describe: _____	$	
52			A member of my household is under the age of 18 and has assets. Describe: _____	$	
53			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.		
54			I have joint ownership on one or more of the above assets.		
ALLOWANCES / DEDUCTIONS **(Complete the items below for Section 8, Section 236, and Moderate Projects Only)**					
55			I am Elderly (age 62 or older), Handicapped or Disabled and **pay Medicare premiums.**		
56			I am Elderly (age 62 or older), Handicapped or Disabled and **pay medical insurance premiums, other than Medicare.**		
57			I am Elderly (age 62 or older), Handicapped or Disabled and **pay medical or prescription or chore provider expenses which are not reimbursed by insurance.**		
58			I am Elderly (age 62 or older), Handicapped or Disabled and **pay long term care insurance premiums.**		
59			I pay childcare expenses for a child age 12 or under in order to be gainfully employed or to further my education.		
60			The Department of Health and Human Services (DHHS) pays childcare expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, DHHS pays □ full □partial.		
61			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.		
62			I pay handicap equipment expenses for a handicapped/disabled family member that are not covered by insurance.		
OTHER ITEMS					
63			I have provided proof of Social Security number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)		
SPECIAL CONSIDERATION OF ASSETS					
64			**Section 8 PBRA Programs only:** My household's assets exceed $100,000+		
65			I have sold, given away, or otherwise transferred ownership of assets within the last two (2) years. Initial the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____ _____ *Assets include cash (totaling in excess of $999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.*		

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading, or incomplete information may result in the termination of the lease agreement and/or benefits.

_____ _____

Applicant / Tenant Signature Date

TO BE COMPLETED BY OWNER/MANAGEMENT AGENT

Household Asset(s) Verification vs. Self-Certification:

☐ **Move-In/Initial Certification – All household assets must be 3rd party verified.**

☐ **1st Year Annual Recertification – Year: _____ Asset Threshold: $_____**
(can be found on huduser.org)

☐ **2nd Year Annual Recertification – Year: _____ Asset Threshold: $_____**
(can be found on huduser.org)

☐ **3rd Year Annual Recertification – All household assets must be 3rd party verified.**

The cycle will now repeat, with 3rd party verifications of assets occurring every three (3) years.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

****Apply the Passbook Savings Rate individually to assets that *DO NOT* have a determinable interest rate, only if the household's total cash value of assets exceeds the Asset Threshold for the calendar year.**

Current Passbook Savings Rate: _____% (can be found on huduser.org)

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Owner/Management Signature

Date

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) Date: _____

_____

_____

_____

RE: _____ _____ _____
Applicant/Tenant Name | Social Security Number | Unit # (if assigned)

I hereby authorize release of my employment information.

_____ _____
Signature of Applicant/Tenant | Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

,

_____
Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ____ Date First Employed _____ No ____ Last Day of Employment _____

Current Wages/Salary: $_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other_____

Average # of regular hours per week: _____ Year-to-date earnings: $_____ through __/____/____

Overtime Rate: $_____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: $_____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: $_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other_____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

_____ _____ _____
Employer's Signature | Employer's Printed Name | Date

_____
Employer [Company] Name and Address

_____ _____ _____
Phone # | Fax # | E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.