WAYNE HOUSING COMMISSION 4001 S WAYNE ROAD WAYNE, MI 48184 (734) 721-8602

Please note: An application that is not completely filled out will not be processed.

CITY

APT#

STATE ZIP CODE

NAME

ADDRESS

HOME PHONE #		WORK PHONE #				
Please list Head of Household first and then all persons who will live in the household.						
			Relation			City &
		Social	To Head of		Date of	State of
First Name	Last Name	Security Number	House	Sex	Birth	Birth

A PREFERENCE WILL BE GIVEN TO A HOUSEHOLD WHO IS LIVING IN THE CITY OF WAYNE, OR THE HEAD, SPOUSE, OR CO-HEAD IS WORKING OR HAS BEEN OFFERED EMPLOYMENT IN THE CITY OF WAYNE, OR THE HEAD, SPOUSE, OR CO-HEAD IS A UNITED STATES VETERAN.

Do you CURR Yes	ENTLY LIVE in the <u>CI</u> No	TY of Wayne?	
•	or have been offered employee. No	oyment in the City of	Wayne?
• •		-	he employer on the line below. formation is not provided.
Are you, spous	e or co-head a veteran of No	the United States Ser	vice?
Do you or anyoyes	one in your household use No	e illegal drugs?	
Have your or a Yes	ny household member be No	een involved in drug to	rafficking?
Have you, or a other felony? Yes		ehold, ever been convi	cted of a sex crime, drug crime or any
Have you ever Yes	lived in federally assisted	d housing?	
If yes, where a	nd when:		
•	been evicted from federa	ally assisted housing?	
THIS INFORM	MATION IS FOR STATI	STICAL PURPOSES	ONLY
White Black	American Indian. Asian/Pacific Isla		_ Hispanic Non-Hispanic
Yes	nousehold or spouse 62 y No		
Does anyone is Yes	n your household require No	a barrier free unit?	
-	our family unable to use s		

INCOME: Please indicate any income, for yourself, and each person who will live in the household.

Include: Wages, overtime, tips, bonus or commissions before taxes, Social Security,

Supplemental Security Income from Family Independence Agency, V.A. Benefits, Retirement Benefits, Unemployment Compensation, Worker's Compensation, Child

Support or Alimony.

		Amount
Name	Source of Income	per
		Month

ASSETS: Please indicate assets held by all household members 18 years or older.

Name	Type of Asset	Name of Bank	Account #	Amount

How much is your monthly rent?	\$
How much is your monthly gas bill?	\$
How much is your monthly electric bill?	\$
How much is your monthly water bill?	\$

All changes in information regarding this application must be reported **in writing** to the Wayne Housing Commission.

If you have any questions please feel free to contact the Wayne Housing Commission at (734) 721-8602.

I certify that the above information is correct and complete to the best of my knowledge and inquiries may be made to verify the statements made herein. Any intentional or willful misrepresentation of the facts included on this application may result in denial of housing. I understand and give full permission to the Wayne Housing Commission to check my background, including but not limited to credit check, reference checks, rental history, utility payment history, and criminal background check.

I understand that this is only an application and does not guarantee that I will be housed with the Wayne Housing Commission.

You **MUST** notify us, **IN WRITING**, immediately if any of the following events occur. Changes will not be accepted over the phone:

You move to a new address, You get a new telephone number, Your household size increases or decreases, Your household income increases or decreases

Signature	of Head	of Hou	sehold
Digilatale	OI IICuu	OI IIOU	CIICIG

Date