

# Preliminary Housing Application

PIONEER RESOURCES, Inc.  
1145 Wesley Ave.  
Muskegon, MI 49442

## FOR OFFICE USE ONLY:

Received by: \_\_\_\_\_

Date/Time: \_\_\_\_\_

## APPLICANT:

**Please check the statement below that best describes your needs:**

- I am in need of barrier-free housing due to mobility disability
- I do not require barrier-free housing

I understand that Pioneer Resources assists people with disabilities and offers a limited number of housing units of various types all intended to serve persons with disabilities. I also understand that waiting list priorities exist for those persons with disabilities.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## **PRELIMINARY APPLICATION: PIONEER RESOURCES HOUSING**

Pioneer Resources assists people with disabilities in attaining independence and dignity by creating opportunities for participation in the community.

Pioneer Resources does not discriminate on the basis of race, color, national origin, religion age, sex, familial status or disability.

Pioneer Resources offers a limited number of housing units of various types all intended to serve persons with disabilities.

**If you feel you do not qualify for any of our units, please contact the Community Access Line by dialing 211 from any cell phone or visit [www.211.org](http://www.211.org) for information on other housing resources in the Muskegon area.**

**Pioneer Arbour** at 2300 Barclay, Muskegon is a HUD Section 202/8 rent subsidized apartment building designed specifically for people with mobility impairments that:

- (1) are expected to be of long-continued and indefinite duration;
- (2) substantially impede the person's ability to live independently; and
- (3) is such that the person's ability to live independently could be improved by more suitable housing conditions.

Pioneer Arbour has 1 and 2 bedroom barrier-free apartments.

**Pioneer House** at 1390 Brusse Ave, Muskegon is a HUD Section 202/8 rent subsidized Adult Foster Care home. It is designed for people who are developmentally or physically disabled. Staff stays on-site with residents. There are 12 one bedroom apartments in the facility, with a community kitchen and living area.



Please fill out the application as completely and accurately as you can. If you have questions, please contact:

Karsandra Williams  
616-392-1784

**Please return COMPLETED application via email to:**

housing@pioneerresources.org



# PRELIMINARY APPLICATION: PIONEER RESOURCES HOUSING

*Each Adult age 18 years and older must complete a separate application.*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Which of our housing facilities are you interested in:** \_\_\_\_\_

How long have you and all household members lived at your current address?

\_\_\_\_\_

List ALL states where you and all household members have lived?

\_\_\_\_\_

Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

DOB \_\_\_\_\_

List below all persons who will live in your household:

Name	Relationship	Age	Gender



## Present Housing Information

Do you own a home?  Yes  No

If yes, do you owe a balance on the mortgage?  Yes  No

Complete this section if you currently rent your present home or apartment.

**List Landlords for past 5 years.**

Landlord Name	Address	How Long?

Have you ever been evicted from subsidized housing?  Yes  No

If yes, explain reason for eviction:

---

Are you or any member of your household required to register with the state sex offender registry?  Yes  No

If yes, what state(s) \_\_\_\_\_

Are you or any member of your household subject to a state lifetime sex offender registration requirement in any state?  Yes  No

If yes, what state(s) \_\_\_\_\_

Family Composition: What is your current living situation?

Alone  With Family  Adult Foster Care  Other \_\_\_\_\_



**Race and Ethnic Data Reporting Form**

**U.S. Department of Housing and Urban Development**

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Office of Housing

**Name of Property** \_\_\_\_\_ **Project No.** \_\_\_\_\_ **Address of Property** \_\_\_\_\_

**Name of Owner/Managing Agent** \_\_\_\_\_ **Type of Assistance or Program Title:** \_\_\_\_\_

**Name of Head of Household** \_\_\_\_\_ **Name of Household Member** \_\_\_\_\_

**Date (mm/dd/yyyy):** \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***There is no penalty for persons who do not complete the form.***

\_\_\_\_\_  
**Signature**

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

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



## Income Information

*Include income from all members of the household*

Employer(s): \_\_\_\_\_

Average monthly employment earnings: \$ \_\_\_\_\_

Social Security monthly amount: \$ \_\_\_\_\_ SSI monthly amount \$ \_\_\_\_\_

Quarterly State Supplement: \$ \_\_\_\_\_ or Monthly State Supplement: \$ \_\_\_\_\_

Pension-monthly: \$ \_\_\_\_\_

Other monthly income: \$ \_\_\_\_\_

## Asset Information

Have you disposed of any assets for less than Fair Market Value in the past two years?

Yes       No

**If yes, please complete a Divestiture of Asset statement on the back of this application.**

6 month average balance of checking account: \$ \_\_\_\_\_ Interest Rate % \_\_\_\_\_

Current balance of savings account: \$ \_\_\_\_\_ Interest Rate % \_\_\_\_\_

Balance of credit union shares \$ \_\_\_\_\_

Stocks or bonds (market value) \$ \_\_\_\_\_ Dividends earned \$ \_\_\_\_\_

Savings bonds (cash value) \$ \_\_\_\_\_

Do you own real estate?       Yes       No

If yes, approximate value: \$ \_\_\_\_\_



## Medical Expenses

Are you paying Medicare premiums?

Yes     No    If yes, monthly amount \$ \_\_\_\_\_

Do you pay for other Medical/Hospitalization Insurance?

Yes     No    If yes, monthly amount \$ \_\_\_\_\_

Do you have out of pocket medical expenses?

Yes     No    If yes, annual amount \$ \_\_\_\_\_

Do you have out-of-pocket Prescription Drug expenses?

Yes     No    If yes, monthly amount \$ \_\_\_\_\_

Have you or any member of your household ever been convicted of a crime?

Yes     No

Were any convictions a felony or a drug related misdemeanor?

Yes     No    If yes, explain: \_\_\_\_\_

***I certify that this information is true and complete to the best of my knowledge and understand that by signing below I hereby give you my permission to contact prior Landlords/Mortgagors for my payment and tenant history and the State of Michigan Police Department for a Criminal Background Check.***

X \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

OMB Control # 2502-0581

Revised 8/2024

Page 8





Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules Other: _____
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

<b>SIGNATURE</b>	<b>DATE</b>

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number. Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. Form HUD- 92006 (05/09)



**FAMILY SUMMARY SHEET**

**Enter Head of Household on first line.**

	Last Name of Family Member	First Name	Relationship to Head of Household	Gender	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					



## DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am

\_\_\_\_\_  
(print or type first name, middle initial, last name):

**A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
    - (a) United States (U.S.) Passport
  - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided (*Note: Proof of identity is not required for minors*)
    - (a) U.S. Birth Certificate
    - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
    - (c) U.S. Citizen ID card issued by USCIS
    - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - (e) Certificate of Citizenship issued by USCIS
    - (f) American Indian card issued by USCIS for the Kickapoo tribe
    - (g) Final Adoption Decree
    - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986 Extract of U.S. hospital birth record established at the time of birth
  - (3) Proof of Identity includes
    - (a) Driver's License
    - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
    - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
    - (d) Day care or nursery record (minors only)
    - (e) School record or report card (under 16 only)
    - (f) School ID with picture
    - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child



**2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

*If you checked this box, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

c. One of the following documents:

- 1. Form I-551, Permanent Resident Card.
- 2. Form I-94, Arrival-Departure Record annotated with one of the following:
  - a. "Admitted as a Refugee Pursuant to Section 207";
  - b. "Section 208" or "Asylum";
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
- 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- 4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- 5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child



**EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child

**3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child

