

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 offers a limited number of housing units of various types all intended to serve persons with disabilities. Our other housing resources can be found here: <https://pioneerresources.org/residential-services/>

Please define which of the below properties you are applying for by placing an "X" on the line before the property below

☐

Pioneer Arbour at 2300 Barclay, Muskegon is a HUD Section 202/8 rent subsidized apartment building. Pioneer Arbour has 16 units with 1 and/ or 2 bedroom barrier-free apartments.

☐

Pioneer House at 1390 Brusse Ave, Muskegon is a HUD Section 202/8 rent subsidized home. There are 12 -one bedroom units rooms with a community kitchen and living area.

Please fill out the application as completely and accurately as you can.

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 for information on other housing resources in the Muskegon area.

Revised 4/2026



Pioneer Resources Inc.
1145 Wesley Ave
Muskegon MI 49442
231-773-5355
 Please return the form to the above address
 or
email to: Residential@pioneerresources.org

To be completed by Property Management:

Date Application received: _____ Application complete: ☐ Yes ☐ No
 Time Application received: _____ Application received by: _____
 Application ☐ approved or ☐ declined by _____ Date _____

General Applicant Information		
1) Head of Household:		
Name: _____		
Current Street Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Date of Birth: _____	Gender: male ☐ female ☐ Prefer not to disclose ☐	
Social Security Number: _____	E-Mail Address: _____	
May we contact you electronically (via email, text, etc.)? ☐ Yes ☐ No		
Please indicate race/national origin:		
☐ American Indian	☐ Alaskan Native	☐ Native Hawaiian/Pacific Islander
☐ Black/African American	☐ White/Caucasian	☐ Hispanic
☐ Asian	☐ Other (Specify) _____	☐ Prefer Not To Disclose
Ethnicity: ☐ Hispanic or Latino or ☐ NOT Hispanic or Latino		
☐ Yes ☐ No I am either a citizen or an eligible non-citizen with immigration status. Declaration of Citizenship form will be completed at later date and attached to application.		
List additional household members		Total Number of household members: _____
2) Name: _____		Date of Birth: _____
Social Security Number : _____		
3) Name: _____		Date of Birth: _____
Social Security Number : _____		
4) Name: _____		Date of Birth: _____
Social Security Number : _____		
Are you expecting an addition to your family due to any of the following:		☐ Yes See Below ☐ No
☐ Pregnancy	☐ Adoption	☐ Foster Care
☐ 50% Custody of a Minor	☐ Other: _____	



2) Are you or any member of the household a member of the U.S. Armed Forces or a veteran of the U.S. Armed Forces?		☐ Yes	☐ No
If Yes, Please Specify Branch:			
3) Do you have any pets?		☐ Yes	☐ No
If Yes, what types?		Weight of Animals	
4) Do you or a member of your family require the special features of a unit designed for persons with mobility impairment?		☐ Yes	☐ No
5) Do you live or have you ever lived in subsidized housing, currently using a Section 8 Voucher or receive any federal or state housing assistance? If so, where & when?		☐ Yes	☐ No
6) Have you ever been asked to sign a repayment agreement to return money to HUD?		☐ Yes	☐ No
When: From		To	
7) Have you ever been evicted or is your current landlord attempting to evict you or another person living with you?		☐ Yes	☐ No
8) Are you a victim of a recent presidentially declared disaster?		☐ Yes	☐ No
9) Are you lacking fixed nighttime residence or are you fleeing/attempting to flee from violence?		☐ Yes	☐ No
10) Please list ALL states where ALL household members have EVER lived:			
11) If you are now renting, who is your landlord? Please list the last 5 years of rental history use additional page if necessary.			
Name of Present Landlord:			
Street Address:			
City/State/Zip Code:			
Telephone Number:			
How long have you lived at this location?		Reason for Moving:	
Previous Landlord (1):			
Street Address:			
City/State/Zip Code:			
Telephone Number:			
How long did you live at this location?		Reason for Moving:	
Previous Landlord (2):			
Street Address:			
City/State/Zip Code:			
Telephone Number:			
How long did you live at this location?		Reason for Moving:	
12) Have you or any member of your household ever been convicted of a felony, or a misdemeanor other than a traffic violation?		☐ Yes	☐ No
If Yes, please explain:			
13) Is any member of the household subject to a state lifetime sex-offender registration or have been a registered sex offender in the past?		☐ Yes	☐ No
If Yes, please explain:			

14) Do you or any member of your household use an illegal drug or other illegal controlled substance?	☐ Yes	☐ No
If Yes, please explain:		
15) Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance?	☐ Yes	☐ No
If Yes, please explain:		
16) Have you or your spouse/co-applicant ever used different names (including birth/maiden name) from the names given on this application?	☐ Yes	☐ No
If Yes, please provide names:		
17) This property exists as a smoke free campus. This means that smoking, including all tobacco products, vaping/electronic cigarettes and marijuana are prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.		
18) Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free Policy?	☐ Yes	☐ No
19) Do you understand that failure to comply with Smoke Free Policies as described in the House Rules will result in termination of tenancy (eviction)?	☐ Yes	☐ No
20) Have you or any members of your household ever used social security numbers different from those listed on this application?	☐ Yes	☐ No
If Yes, please provide numbers:		
21) Do you receive Social Security Benefits under another person's Social Security Number?	☐ Yes	☐ No
22) Are you a student of Higher Education?	☐ Yes	☐ No
If Yes, Full ☐ Part time ☐ Institution Name _____		
23) Do you own a vehicle? ☐ Yes ☐ No Year _____ Make _____		
24) How did you hear about this property, example: Newspaper, word of mouth, internet, etc.?		

Verification Checklist - In order to determine eligibility please complete:				Amount	Annual Income
Declaration of Assets:					
☐	Yes	☐	No	Savings Account(s)	
☐	Yes	☐	No	Direct Express Debit Card (Prepaid/Direct Deposit Card)	
☐	Yes	☐	No	Checking Account(s)	
☐	Yes	☐	No	Interest/Dividends	
☐	Yes	☐	No	Certificates of Deposit/Time Certificates	
☐	Yes	☐	No	Money Market Funds/Treasury Bills	
☐	Yes	☐	No	IRA(s)/Keogh Accounts/Annuities/Retirement Funds	
☐	Yes	☐	No	Stocks/Bonds	
☐	Yes	☐	No	Trusts; revocable or non-revocable	
☐	Yes	☐	No	Personal Property Held as an Investment (Jewelry, Coins, Antiques, Etc.)	
☐	Yes	☐	No	Inheritances/Lottery Winnings (lump sum)	
☐	Yes	☐	No	Home and/or Property	
☐	Yes	☐	No	Cash on Hand/In Safe Deposit Box	

☐	Yes	☐	No	I have disposed of assets for less than Fair Market Value in the last two years – Valued at \$1,000.00 or more		
☐	Yes	☐	No	Life Insurance that has cash value		
☐	Yes	☐	No	Other		

Declaration of Income: Gross income is defined as all income prior to any deductions					Amount	Frequency
☐	Yes	☐	No	Wages, Salaries		
☐	Yes	☐	No	Public Assistance (AFDC, GA, or State SSI)		
☐	Yes	☐	No	Social Security		
☐	Yes	☐	No	Supplementary Security Income (Federal SSI)		
☐	Yes	☐	No	Disability or Death Benefits		
☐	Yes	☐	No	Veterans Administration/GI Bill Benefits		
☐	Yes	☐	No	Military Pay		
☐	Yes	☐	No	Unemployment Compensation		
☐	Yes	☐	No	Workman's Compensation		
☐	Yes	☐	No	Pension and/or Retirement Funds		
☐	Yes	☐	No	Do any of your retirement accounts have a Required Minimum Distribution?		
☐	Yes	☐	No	Insurance Policies		
☐	Yes	☐	No	Trusts		
☐	Yes	☐	No	Annuities		
☐	Yes	☐	No	Alimony		
☐	Yes	☐	No	Ownership of a business or profession		
☐	Yes	☐	No	Real or Personal Property (Land Contract)		
☐	Yes	☐	No	Severance Pay		
☐	Yes	☐	No	Regular continuous support from persons not residing in the unit, such as monetary gifts, food, clothing, payment of bills, etc.		
☐	Yes	☐	No	Gig income (i.e. Door Dash, ride share, Shipt, etc.)		
☐	Yes	☐	No	Mobile Payment Service (i.e. Venmo, Cash App, PayPal, etc.)		
☐	Yes	☐	No	Other		

Declaration of Deductions:						
☐	Yes	☐	No	Disability Assistance/Auxiliary Apparatus		
☐	Yes	☐	No	Medical Insurance Premiums		
☐	Yes	☐	No	Medicare		
☐	Yes	☐	No	Prescriptions/Medical Bills		
☐	Yes	☐	No	Other (Child care of minor under 13)		
☐	Yes	☐	No	I am a full-time student 18 or older, am <u>not</u> the head, spouse or co-head of my unit, and thus am eligible for dependent status in my household. The school I attend is:		

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand the above information is being collected to determine eligibility for federal housing assistance. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge. I/we understand that false statements or information are punishable under federal law. I/we understand that this is only an application and completing this form gives no lease or rental rights. Additional information will be required to complete the processing of all applicants.

I/we authorize Management to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate federal, state or local agencies. I/we specifically authorize a criminal background check for all states which I have lived in; a check of the state/national sex offender registry; and, a full credit report from one of the three nationally recognized credit reporting agencies through a private contractor.

Applicant Signature

Date

Co-Applicant Signature

Date

Applications are recorded and filed according to the date and time of submission. Your early return of this form is important. Complete all questions. Incomplete applications may be rejected. To keep our waiting list up to date, we ask you to contact our office every 6 months.

Penalties For Misusing This Consent: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

For Management use only:

The HUD 92006 must be completed at the time of application submission.

Supplement to Application for Federally Assisted Housing - HUD Form 92006

Prior to processing a Move-In make sure the following reports are attached to this application.

Criminal Background, Sex Offender and Credit Check reports; Declaration of Citizenship; Race & Ethnic Data Form

Sarah Parker
Section 504 Coordinator
Samaritas Affordable Living

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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Signature of Applicant

Date

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.

**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

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): _____

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

Definitions of these categories may be found on the reverse side.*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.



Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

First Name: _____ Last Name: _____

Relationship to Head of Household: _____

D.O.B. _____ SSN: _____

Alien Registration No. _____

Admission No. _____

if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)

Nationality _____

(Enter the foreign nation or county to which you owe legal allegiance. This is normally but not always the country of birth.)

Save Verification No. _____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I
am _____
(print or type first name, middle initial, last name)



1. 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.

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:**

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (*see Sample Verification Consent Form in Exhibit 3-6*).

AND

- b. One of the following documents:

1. Form I-551, *Permanent Resident Card*
2. Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - i. "Admitted as Refugee Pursuant to section 207";
 - ii. "Section 208" or "Asylum";
 - iii. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - iv. "Paroled Pursuant to Sec. 212(d)(5) of the INA."
3. If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - i. A final court decision granting asylum (but only if no appeal is taken);
 - ii. 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 (if application was filed before October 1, 1990);
 - iii. A court decision granting withholding or deportation; or
 - iv. A letter from an DHS 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 format 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 2.b. above are not currently available; complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: ☐

REQUEST FOR 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 financial assistance.**

If you checked this block, no further information is required, and 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: ☐