

2WARREN EMA TENANT BASED RENTAL ASSISTANCE PROGRAM APPLICATION

Please print all answers and fill out every item including the Person Diagnosed (Living) with HIV/AIDS (PLWH/A) signature or your application will not be accepted, use ink and print clearly.

Name of Person Living with HIV/AIDS	Name of Parent or Guardian PLWH/A resides with if PLWH/A is under 18 years of age
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Section A – Applicant Information			
Where is PLWH/A currently living Number and Street		Apartment Number	
City, State, ZIP Code		County where PLWH/A currently lives: (Proof of residency must be attached to be eligible for a residency preference)	
Home Phone ()	Work Phone ()	Cell Phone ()	Name and phone number where a message can be left
			Name ()
Mailing Address for PLWH/A (if different from above) Number and Street			Apartment Number
City, State, ZIP Code			

Section B – Family Information (Complete for PLWH/A & all other persons who will live in unit)					
Last Name	First Name	Middle Initial	Social Security #	Age	Sex M F
Relationship PLWH/A	Birthplace	Date of Birth / /	Occupation	U.S. Citizen Y N	
Ethnicity Required for Statistical Reporting (check only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
Race Required for Statistical Reporting (check only one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American <input type="checkbox"/> Other Multi-racial					

Last Name	First Name	Middle Initial	Social Security #	Age	Sex M F
Relationship to PLWH/A:	Birthplace	Date of Birth / /	Occupation	U.S. Citizen Y N	
Ethnicity Required for Statistical Reporting (check only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
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Last Name	First Name	Middle Initial	Social Security #	Age	Sex M F
Relationship to PLWH/A:	Birthplace	Date of Birth / /	Occupation	U.S. Citizen Y N	
Ethnicity Required for Statistical Reporting (check only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
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Relationship to PLWH/A:	Birthplace	Date of Birth / /	Occupation	U.S. Citizen Y N	
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Relationship to PLWH/A:	Birthplace	Date of Birth / /	Occupation	U.S. Citizen Y N	
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Relationship to PLWH/A:	Birthplace	Date of Birth / /	Occupation	U.S. Citizen Y N	
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If more than 8 family members use TBRA Supplemental Information Form.

Section C – Income Information (Your application WILL NOT be processed if you do not provide this information)

Does your household have any income? yes no. If "YES", enter all the income of all persons who will be living in the unit. Examples of income include full or part-time employment, self-employment, Public Assistance (FIP, SDA), Social Security, SSI, pensions, disability benefits, unemployment benefits, interest income, alimony, child support, annuities, dividends, income rental property, Armed Forces Reserves or National Guard.

Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> week <input type="checkbox"/> biweekly <input type="checkbox"/> month <input type="checkbox"/> other _____
Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> week <input type="checkbox"/> biweekly <input type="checkbox"/> month <input type="checkbox"/> other _____
Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> week <input type="checkbox"/> biweekly <input type="checkbox"/> month <input type="checkbox"/> other _____
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Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> week <input type="checkbox"/> biweekly <input type="checkbox"/> month <input type="checkbox"/> other _____
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Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> week <input type="checkbox"/> biweekly <input type="checkbox"/> month <input type="checkbox"/> other _____

If more than 8 sources of income use TBRA Supplemental Information Form.

Check here if supplemental information form is attached.

CERTIFICATION:

I certify to the best of my knowledge that the information provided in this application (including supplemental information form if required) is complete and accurate. I understand that my application will not be accepted if I provide false or incomplete information.

Signature of Person Living with HIV/AIDS or Parent or Guardian PLWH/A resides with if PLWH/A is under 18 years of age

Date



I understand that the City of Warren is responsible for administering the HOPWA program in the Warren EMA through which funds for the rental assistance are being provided.

I understand the Rental Assistance I am applying for is available only to Income Eligible Persons Living with HIV/AIDS.

I understand the Rental Assistance I am applying for may only be used in the Warren EMA (Lapeer, Livingston, Macomb, Oakland, or St. Clair County).

I understand that the waiting list will be divided into three groups. Group A will be very low income (at or below 30% of adjusted median area income) households currently residing in the Warren EMA, Group B will be low income households currently residing in the Warren EMA (between 31% and 50% median area income), and Group C will be moderate income households residing in the Warren EMA (between 51% and 80% of the median area income) and non-residents of the Warren EMA who fall in any of the eligible income categories.

I understand accepted applications in each group will be assigned a random number drawn by lot to determine the order that they will be placed on the waiting list for that group.

I understand applications from the Group A waiting list will be given the highest preference and processed first followed by Group B and finally Group C which will be given the lowest preference.

I understand verification of eligibility will be obtained at the time an application is processed; placement on a waiting list does not guarantee an applicant will be determined to be eligible to receive rental assistance under this program.

I understand that applicants must inform the OLHSA immediately in writing of changes in residency, household income status mailing address, and/or phone number. Notices must be delivered to the OLHSA, 196 Cesar E. Chavez Ave., P.O. Box 430598, Pontiac, MI 48343-0598.

I understand that this application will expire in 24 months and that I must reapply the next time the waiting list opens.

Additional information about the Warren-EMA TBRA Program is contained in the Warren EMA Tenant Based Rental Assistance Application and Waiting List Procedures which follow.

CERTIFICATION:

I acknowledge that I have read and accept the above statements and the Warren EMA Tenant Based Rental Assistance Application and Waiting List Procedures.

Signature of Person Living with HIV/AIDS or
Parent or Guardian PLWH/A resides with
if PLWH/A is under 18 years of age

Date

Return completed and signed application to
Attention Sherry Hatrick, TBRA Program
Oakland Livingston Human Service Agency (OLHSA)
196 Cesar E. Chavez Ave., P.O. Box 430598
Pontiac, MI 48343-0598

Application must be mailed and postmarked by October 15, 2018

Alternatively applications may be submitted in person from September 17, 2018 through October 15, 2018 from 9:00 a.m. to 5:00 p.m. to:

OLHSA
Main Lobby Reception Desk
196 Cesar E. Chavez Ave.
Pontiac, MI 48343
A map showing the location of OLHSA is available on OLHSA's website www.olhsa.org



WARREN EMA TENANT BASED RENTAL ASSISTANCE (TBRA) APPLICATION AND WAITING LIST PROCEDURES

The Funded Housing Agent will maintain a waiting list of persons who are interested in receiving rent assistance payments under the Warren EMA TBRA Program (applicants). The waiting list will expire after 24 months from date of establishment. At least once every two years the waiting list will be opened.

ELIGIBILITY REQUIREMENTS

To be eligible, the applicant must meet the following requirements:

1. At least one member of the household must be a person living with HIV/AIDS (PLWH/A), defined as a person having acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).
2. The total household income must be less than 80 percent of the median area income in the Warren EMA.
3. All members of the household must be U.S. citizens or non-citizens who have eligible immigration status.
4. The household must have at least one member 18 years of age or older. Minors cannot execute a lease legally in the State of Michigan and, therefore, cannot participate in the TBRA Program.

Families owing money to the City of Warren or another agency from whom they received federal rent payment assistance, including MSHDA, for special claims paid on their behalf to a former landlord for damages, unpaid rent or vacancy loss, may be denied future assistance when applying or reapplying to the TBRA Program

SUBMITTING APPLICATIONS

Applications must be submitted in person from September 17, 2018 through October 15, 2018 from 9:00 a.m. to 5:00 p.m. at OLHSA's main lobby reception desk. OLHSA is located at 196 Cesar E. Chavez Ave., Pontiac, MI 48343. The TBRA application and a map showing OLHSA's location are available on OLHSA's web site www.olhsa.org.

Applications not submitted in person must be mailed and postmarked on or before October 15, 2018 to:

TBRA Program
Oakland Livingston Human Service agency (OLHSA)
196 Cesar E. Chavez Ave., P.O Box 430598
Pontiac, MI 48343-0598
Att: Sherry Hatrick

Incomplete applications will not be processed and applications received after the deadline will not be processed.

PRIORITIZING APPLICATIONS/PREFERENCES

The signature of the PLWH/A (or their parent or guardian if they are under 18 years of age) on the application shall serve as initial verification of HIV/AIDS diagnosis, income and other household characteristics except residency for the purpose of assigning applicants to a preference group. Applicants who wish to receive a residency preference must submit a copy of one of the following as proof of residency with their application:

- Driver's license/state ID
- Social Security printout or other official document from governmental or social service organization/agency that includes the name and home address of the PLWH/A
- Voter's registration card



Applications will be assigned to a preference group using the following criteria:

- Group A (highest preference) – very low income households (at or below 30% of adjusted median area income) residing in the Warren EMA.
- Group B – low income households (between 31% and 50% median area income) residing in the Warren EMA.
- Group C (lowest preference) – moderate income households residing in the Warren EMA (between 51% and 80% of the median area income) and non-residents of the Warren EMA who fall in any of the eligible income categories.

Within each group, applications will be assigned a random number drawn by lot to determine the order that they will be placed on the waiting list for that group.

WAITING LIST NOTIFICATION

Within 30 days after the waiting list is closed, all applicants will be informed of the preference group they’ve been placed in and their priority number. If the information provided on the application indicates that the applicant’s household would not be eligible to participate in the TBRA Program, they will not be assigned a place on the waiting list and will be informed of the decision not to accept their application. Any applicant who believes they have been assigned to the wrong preference group or denied a place on the waiting list may request an informal review. Such requests must be submitted in writing within 10 business days of notification.

WAITING LIST MAINTENANCE

Applicants on the waiting list are responsible for updating OLHSA in writing when changes in residency or income status occur. **Failure to provide timely updates may result in cancellation of an application.** Updates must be mailed to:

TBRA Program
 Oakland Livingston Human Service agency (OHSA)
 196 Cesar E. Chavez Ave., P.O Box 430598
 Pontiac, MI 48343-0598
 Att: Sherry Hatrick

An applicant who informs the City that their residency or household income status (very low, low, or moderate) has changed shall be reclassified and assigned the next available priority number in the appropriate preference group.

**WARREN EMA TBRA PROGRAM
 HOUSEHOLD INCOME ELIGIBILITY*
 (April 2018)**

Household Size	Very Low Income (30% AMI)	Low Income (50% AMI)	Moderate Income (80% AMI)
1	\$14,900	\$24,850	\$39,700
2	\$17,000	\$28,400	\$45,400
3	\$20,780	\$31,950	\$51,050
4	\$25,100	\$35,450	\$56,700
5	\$29,420	\$38,300	\$61,250
6	\$33,740	\$41,150	\$65,800
7	\$38,060	\$44,000	\$70,350
8	\$42,380	\$46,800	\$74,850

* Annual income for all household members

