



# CHECKLIST

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Complete a separate form for **each** household member who is age 18 or older. For all items checked **YES**, provide ORIGINAL verification (not photocopies) additional information as requested. Complete in ink, initial any/all changes.

Household Member Name	Head of Household Name	
	Address	City

Each item must be fully completed. Please print clearly using black or blue ink.

## Section A – Income

	Yes	No	
A-1	<input type="checkbox"/>	<input type="checkbox"/>	I am <b>self-employed</b> . If yes, describe _____.
A-2	<input type="checkbox"/>	<input type="checkbox"/>	I earned \$ _____ in the last 12 months. I have _____ job(s) and <b>receive money/wages</b> . Name of Employer: 1) _____ 2) _____ Date of Hire: _____ Name of Employer: 3) _____ 4) _____ Date of Hire: _____
A-3	<input type="checkbox"/>	<input type="checkbox"/>	I receive <b>tips</b> . If yes, in the amount of \$ _____ per week.
A-4	<input type="checkbox"/>	<input type="checkbox"/>	I am <b>unemployed</b> . If yes, I have been unemployed since _____ (date). I receive unemployment/subpay benefits since _____ (date). I <input type="checkbox"/> will <input type="checkbox"/> will not receive an extension.
A-5	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from <b>Workers' Compensation</b> . If yes, Amount \$ _____
A-6	<input type="checkbox"/>	<input type="checkbox"/>	I receive <b>military active-duty</b> allotments. If yes, Amount \$ _____
A-7	<input type="checkbox"/>	<input type="checkbox"/>	I receive <b>Veteran's Administration</b> benefits. If yes, Amount \$ _____ VA File # _____
A-8	<input type="checkbox"/>	<input type="checkbox"/>	I receive <b>Social Security</b> . If yes, Amount \$ _____
A-9	<input type="checkbox"/>	<input type="checkbox"/>	I receive <b>Supplemental Security Income (SSI)</b> . Federal Amount \$ _____ State Amount \$ _____
A-10	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from <b>retirement funds or pensions</b> . If yes, how many? _____ Source Name: 1) _____ Amount: \$ _____ per _____ Source Name: 2) _____ Amount: \$ _____ per _____
A-11	<input type="checkbox"/>	<input type="checkbox"/>	I receive <b>disability or death benefits other than Social Security</b> . If yes, from how many sources? _____ Source Name: 1) _____ Amount: \$ _____ per _____ Source Name: 2) _____ Amount: \$ _____ per _____
A-12	<input type="checkbox"/>	<input type="checkbox"/>	I receive a <b>CASH Public Assistance</b> grant (FIP, SDA, RAP). DHS Case #: _____ Amount: \$ _____ per _____
A-13	<input type="checkbox"/>	<input type="checkbox"/>	I receive <b>child support</b> . If yes, from how many persons do you receive support? _____ How many Friend of the Court(s) do you receive support from? _____ If yes, is child support paid directly to Department of Human Services (DHS)? Yes No If not paid directly to DHS: Friend of the Court Name: 1) _____ Amount: \$ _____ per _____ Friend of the Court Name: 2) _____ Amount: \$ _____ per _____ Friend of the Court Name: 3) _____ Amount: \$ _____ per _____
A-14	<input type="checkbox"/>	<input type="checkbox"/>	I receive <b>alimony</b> . If yes, from how many persons do you receive alimony? _____ How many Friend of the Court(s) do you receive alimony from? _____ If yes, is alimony paid directly to Department of Human Services (DHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If not paid directly to DHS: Friend of the Court Name: 1) _____ Amount: \$ _____ per _____ Friend of the Court Name: 2) _____ Amount: \$ _____ per _____

Yes No

A-15   I receive **adoption assistance payments**. If yes, how many sources? \_\_\_\_\_  
 Source Name: 1) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Source Name: 2) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

A-16   I receive periodic payments from a **trust, annuity, or inheritance**. If yes, how many sources? \_\_\_\_\_  
 Source Name: 1) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Source Name: 2) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

A-17   I receive periodic payments from **insurance policies**. If yes, how many sources? \_\_\_\_\_  
 Source Name: 1) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Source Name: 2) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

A-18   I receive periodic payments from **lottery winnings**.  
 Source Name: 1) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Source Name: 2) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

A-19   I am a **full-time student**.  
 Name of School: \_\_\_\_\_  
 Address City State Zip: \_\_\_\_\_

A-20   I receive **CASH** contributions or gifts including rent, groceries, car payments, or utility payments on an ongoing basis from persons not living with me. If yes, from how many sources? \_\_\_\_\_ (List each source separately)  
 Source Name: 1) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Source Name: 2) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

A-21   I have **cryptocurrency or other income** than those listed above.  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 Source Name: 1) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Source Name: 2) \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

**To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.**

Yes No

A-22   I have a family member(s) age 17 or under who has **unearned** income (examples: Social Security, SSI).  
 List their names and type(s) of income:

Name	Type	Amount	Name	Type	Amount

A-23   I have a family member(s) age 17 or under who has **earned** income (list each job separately).

Name	Amount	Name	Amount

**Section B – Assets**

Yes No

B-1   I have the following accounts  **Savings**  **Checking**  **Retirement account provided by Employer**  
 [check which one(s)]:  **IRA's or Keogh**  **Other** \_\_\_\_\_  
 How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately)  
 Name of bank: 1) \_\_\_\_\_ Acct # \_\_\_\_\_  
 Name of bank: 2) \_\_\_\_\_ Acct # \_\_\_\_\_  
 Name of bank: 3) \_\_\_\_\_ Acct # \_\_\_\_\_

B-2   I own **additional real estate**. Describe: \_\_\_\_\_

B-3   I have a **land contract(s)**. Describe: \_\_\_\_\_

B-4   I own a **mobile home**. Describe: \_\_\_\_\_

Yes No

B-5   I receive **income from rental** of real estate or personal property. Describe \_\_\_\_\_

B-6   I receive income from **Indian Trust Land**. Describe \_\_\_\_\_

B-7   I have **personal property held for investment** purposes (gems, jewelry, coin or stamp collections, etc.)  
Describe: \_\_\_\_\_

B-8   I have **Treasury Bills, Stocks or Bonds**. Check which one(s):  Treasury Bills  Stocks  Bonds  
How many do you have? \_\_\_\_\_ (List each separately)  
Name of each source: <sup>1)</sup> \_\_\_\_\_ Account # \_\_\_\_\_  
Name of each source: <sup>2)</sup> \_\_\_\_\_ Account # \_\_\_\_\_  
Name of each source: <sup>3)</sup> \_\_\_\_\_ Account # \_\_\_\_\_

B-9   I have a **life insurance policy with a cash surrender value**.  
Source Name: <sup>1)</sup> \_\_\_\_\_ Policy #: \_\_\_\_\_  
Source Name: <sup>2)</sup> \_\_\_\_\_ Policy #: \_\_\_\_\_

B-10   I have **sold, given away, or otherwise transferred ownership of assets** within the last two (2) years.  
List items: \_\_\_\_\_ Sale amount \$ \_\_\_\_\_

B-11   I have **cryptocurrency or other assets** than those listed above.  
Describe: \_\_\_\_\_  
\_\_\_\_\_  
Source Name: <sup>1)</sup> \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_  
Source Name: <sup>2)</sup> \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

**To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.**

B-12 Yes No   I have a family member(s) age 17 or under who has assets (example: savings accounts, bonds, etc.).

Name	Type	Amount	Name	Type	Amount

How many banks, credit unions, savings and loans, etc. do you have accounts with? \_\_\_\_\_ (List each separately)  
Name of bank: <sup>1)</sup> \_\_\_\_\_ Acct # \_\_\_\_\_  
Name of bank: <sup>2)</sup> \_\_\_\_\_ Acct # \_\_\_\_\_  
Name of bank: <sup>3)</sup> \_\_\_\_\_ Acct # \_\_\_\_\_

**Section C – Rental Rehabilitation Only**  NA for DRR  NA for HIP

Yes No

C-1   I am disabled and receive Supplemental Security Income (SSI).

**To be filled out on Head of Household's form only. Leave blank if you are not the Head of Household.**

C-2 Yes No   I have a family member(s) under age 6 who has an *identified* Environmental Intervention Blood Lead Level (EIBLL).  
List their names: \_\_\_\_\_

Please return to:

**Certification:**  
I certify that only the people listed on the Family Composition form will occupy the unit.  
I certify the house will be my principal residence.  
I will not live anywhere else without notifying MSHDA immediately in writing.  
I will not sublease my assisted residence.  
I hereby attest that I have reviewed this entire form, and all information has been accurately reported.  
I understand that providing false information will result in denial or termination of benefits.

\_\_\_\_\_  
Signature Date