



FOR OFFICE USE ONLY

Pre-Application

BISHOP CO-OP APARTMENTS- Section 8 Units

Thank you for your interest in residing in one of CSI Support & Development's properties. We look forward to processing your application. **Please note that we will not be able to place your name on the waitlist unless this form is fully completed and signed. Please print.** Check our website at www.csi.coop or speak to a specialist at 800-593-3052 (TTD 800-348-7011) for waitlist status information. Do not hesitate to contact us with any questions about our application process, a friendly CSI staff member is just a phone call away.

RETURN ALL Forms to:
CSI Support & Development
Attention: Waitlist Department
8425 East 12 Mile Road
Warren, MI 48093
Or Fax to 1-586-751-3066
Or seniorhousingmi@csi.coop

Applicant Information LAST NAME		FIRST NAME		M.I.
(Head of Household)				
TELEPHONE NUMBER AND AREA CODE ()			DATE OF BIRTH / /	
Name of other person who is applying for this apartment, if applicable:				
CURRENT ADDRESS				
Street No.	Street Name	Apt. No.		
City	State	Zip Code		
PLEASE CHOOSE ONLY ONE UNIT TYPE (Occupancy standards: minimum 1 person, maximum 2 persons)				
☐ Standard Studio (head-of-household, the co-head-of-household or the spouse must be 62+.)				
OR				
☐ Standard One Bedroom (head-of-household, the co-head-of-household or the spouse must be 62+.)				
OR				
☐ Studio Mobility Accessible (head-of-household, the co-head-of-household or the spouse must be 62+, disabled and require the features of an accessible unit. Some features of an accessible unit include lower kitchen cabinets and counters, wheelchair accessible doorways. Verification of the need for these features will be required to qualify.)				
OR				
☐ One Bedroom Mobility Accessible (head-of-household, co-head-of-household or spouse must be 62+, disabled and require the features of an accessible unit. Some features of an accessible unit include lower kitchen cabinets and counters, wheelchair accessible doorways. Verification of the need for these features will be required to qualify.)				
How did you hear about us? ☐ Yelp ☐ Zillow ☐ Other:				
Income limits may apply: <u>1 Person</u> <u>2 Persons</u> <i>Please note: Income limits subject to change by HUD.</i> \$36,700 p/yr. \$41,950 p/yr. Estimate of your anticipated annual income: _____				
Preference may be given to individuals with incomes at or below 30% of the area median income. Is your income at or below (1) person \$22,050 p/yr. or (2) persons \$25,200 p/yr.				☐ Yes ☐ No
Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?				☐ Yes ☐ No
Have you ever been evicted from a property managed by CSI Support & Development for a lease violation?				☐ Yes ☐ No
Bishop Co-op has become a healthier and safer environment to live in by becoming 100% smoke free. Smoking is not allowed within the individual apartments, the common areas, and within 25 feet of the building. Do you acknowledge that you are aware of this smoke free policy?				☐ Yes ☐ No
X APPLICANT SIGNATURE DATE				
X CO-APPLICANT SIGNATURE (if applicable) DATE				

We are required by the Department of HUD to have your signature on file in order to be placed on the waitlist. The head of household or co-head must be at least 62 at the time we receive this pre-application in order to qualify for a standard unit. Call for eligibility requirements. Please note that the building has no health support services or personal assistance.

During the application process, if your address and/or phone number is to change, it is your responsibility to provide us with the new address and/or phone number.

Pre-applications received for a closed waitlist will not be processed. If you are in search of more immediate housing, note that some of our co-ops have shorter waitlists than others. Please contact our Waitlist Department at 800-593-3052 for waitlist information.

If you are interested in reviewing our Tenant Selection Plan, you may request a copy by calling us at 586-753-9002 or emailing us at seniorhousingmi@csi.coop.

CSI Support & Development does not discriminate on the basis of race, color, religion, sex, national origin, familial status or disability or any other applicable state or local prohibitions against discriminatory practices against otherwise qualified individuals in admission or access to, or treatment or employment in, its programs and activities. If you feel you have been discriminated against, you may file a written complaint with the President of the Board of Directors of CSI Support & Development at the following address: President, Board of Directors, 8425 E. Twelve Mile Road Suite 100, Warren, MI 48093

Note: This facility is committed to serving all eligible and qualified individuals regardless of disability. If you need a reasonable accommodation to reside or continue to reside in this facility and have an equal opportunity to participate in the project, you should bring that fact to the management's attention. The management will try to work with you to reach an accommodation in keeping with the fundamental nature of the project and within the budgetary and administrative limits of the facility.

Notification of Non-Discrimination Based on Disability

CSI Support & Development does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. We have a 504 coordinator designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): CSI Support & Development, Attn: Corporate Controller, 8425 E. 12 Mile Road, Warren, MI 48093, 586-753-9002, TDD 800-348-7011

Penalties for Misusing Form

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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).



PROJECT BASED VOUCHER PROGRAM

Waiting List Application

Please print all answers and complete every item including the Head of Household's signature or your application will be returned. To add additional household members to your application, complete page 2 of this application.

Waiting List / Development Name: Bishop Co-op Apartments							
Part 1: Head of Household Information							
First Name:			Middle Initial:		Last Name:		
Social Security Number:			Date of Birth:			Age:	
Address:			City:		State:		Zip Code:
Phone:			E-Mail Address:				
Gender:		Race (check one or more):			Is the Head of Household...		
☐ Male ☐ Female		☐ American Indian / Native Alaskan			Pregnant? ☐ Yes ☐ No Disabled? ☐ Yes ☐ No U.S. Citizen? ☐ Yes ☐ No U.S. Veteran? ☐ Yes ☐ No		
Ethnicity (check only one):		☐ Asian					
Required for statistical reporting:		☐ Black/African American					
☐ Hispanic or Latino		☐ Native Hawaiian / Other Pacific Islander					
☐ Non-Hispanic or Latino		☐ White					
Part 2: Income and Unit Information							
What is the household's total gross income (before taxes or deductions) per year? Please include all income from each household member and the head of household.						\$	
What is the total number of people in the household including yourself?							
Does a member of the family require a unit with mobility features?						☐ Yes ☐ No	
Does a member of the family require a unit with hearing and/or visual feature?						☐ Yes ☐ No	
Do you need assistance in completing future paperwork?		☐ Yes ☐ No		If "Yes", name of designee to receive paperwork:			
Designee Address:			City:		State:		Zip Code:
Part 3: Certification of Information							
I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance. I do hereby certify that the information provided by me on this application is true, accurate, and complete to the best of my knowledge. I understand that it is my responsibility to keep my application information current with the Michigan State Housing Development Authority (MSHDA). All information must be provided to MSHDA in writing or through Applicant Portal at https://mshda.myhousing.com/account .							
Head of Household Signature: X						Date:	

All assistance requires the appropriate submission and verification of documentation of citizenship or eligible immigration status. Documentation will be requested after your name is selected for assistance. If you are a non-citizen claiming eligible immigration status, you will be required to present Form I-551, Form I-94, or Form I-688. If appropriate documentation is not received, assistance will be prorated, denied, or terminated based on a final determination of ineligibility.

If you or a member of your household is a person with a disability and require a reasonable accommodation in order to participate in MSHDA's affordable housing program(s) or services, please submit your request in writing to your Housing Agent.

Return completed AND SIGNED application to:

CSI Support & Development
 Attention: Waitlist Department
 8425 East 12 Mile Road
 Warren, MI 48093
 Or Fax to 1-586-751-3066
 Or seniorhousingmi@csi.coop

MSHDA Use Only	
Date Received:	
Time Received:	
☐ AM	☐ PM

Part 4: Other Household Member Information - OVER →

MSHDA PBV-322_Program Application (4/1/21)

Previous Version Obsolete Distribution: MSDHA File

PROJECT BASED VOUCHER PROGRAM

Waiting List Application

Complete the following information for each person who will be living in the unit with the Head of Household.
 Use additional sheets as needed.

Part 4: Other Household Member Information						
First Name:		Middle Initial:		Last Name:		
Social Security Number:		Relationship to the Head of Household:			Age:	
Date of Birth:	Gender: ☐ M ☐ F	Pregnant? ☐ Yes ☐ No	U.S. Citizen? ☐ Yes ☐ No	Disabled? ☐ Yes ☐ No	U.S. Veteran? ☐ Yes ☐ No	
Required for statistical reporting:		Ethnicity (check only one):		☐ Hispanic or Latino ☐ Non-Hispanic or Latino		
Race (check one or more):		☐ American Indian/Native Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White				

First Name:		Middle Initial:		Last Name:		
Social Security Number:		Relationship to the Head of Household:			Age:	
Date of Birth:	Gender: ☐ M ☐ F	Pregnant? ☐ Yes ☐ No	U.S. Citizen? ☐ Yes ☐ No	Disabled? ☐ Yes ☐ No	U.S. Veteran? ☐ Yes ☐ No	
Required for statistical reporting:		Ethnicity (check only one):		☐ Hispanic or Latino ☐ Non-Hispanic or Latino		
Race (check one or more):		☐ American Indian/Native Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White				

First Name:		Middle Initial:		Last Name:		
Social Security Number:		Relationship to the Head of Household:			Age:	
Date of Birth:	Gender: ☐ M ☐ F	Pregnant? ☐ Yes ☐ No	U.S. Citizen? ☐ Yes ☐ No	Disabled? ☐ Yes ☐ No	U.S. Veteran? ☐ Yes ☐ No	
Required for statistical reporting:		Ethnicity (check only one):		☐ Hispanic or Latino ☐ Non-Hispanic or Latino		
Race (check one or more):		☐ American Indian/Native Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White				

First Name:		Middle Initial:		Last Name:		
Social Security Number:		Relationship to the Head of Household:			Age:	
Date of Birth:	Gender: ☐ M ☐ F	Pregnant? ☐ Yes ☐ No	U.S. Citizen? ☐ Yes ☐ No	Disabled? ☐ Yes ☐ No	U.S. Veteran? ☐ Yes ☐ No	
Required for statistical reporting:		Ethnicity (check only one):		☐ Hispanic or Latino ☐ Non-Hispanic or Latino		
Race (check one or more):		☐ American Indian/Native Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White				

First Name:		Middle Initial:		Last Name:		
Social Security Number:		Relationship to the Head of Household:			Age:	
Date of Birth:	Gender: ☐ M ☐ F	Pregnant? ☐ Yes ☐ No	U.S. Citizen? ☐ Yes ☐ No	Disabled? ☐ Yes ☐ No	U.S. Veteran? ☐ Yes ☐ No	
Required for statistical reporting:		Ethnicity (check only one):		☐ Hispanic or Latino ☐ Non-Hispanic or Latino		
Race (check one or more):		☐ American Indian/Native Alaskan ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White				

PROJECT BASED VOUCHER PROGRAM

Authorization for Release of Information

Head of Household Name:		Last 4 SSN:		Date:	
Address:			City:		State:
Phone #:			Fax #:		Email Address:
Zip Code:					

I hereby certify that I am the individual listed above and that I am a current applicant or participant of the Michigan State Housing Development Authority (MSHDA) Housing Choice Voucher (Section 8) Program, Low Income Housing Tax Credit Program, and/or other rental assistance program financed or administered by MSHDA (the "Programs").

I hereby authorize the release of information to the organizations listed below regarding my income, assets, expenses, and household status for the purposes of determining my eligibility for participation in the Programs. The information will only be used for determining eligibility in the Programs and will be kept confidential and not released outside of this scope. I understand and agree that photocopies of this authorization may be used for the purpose stated above.

Head of Household Signature: X	Date:
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Housing Agent Name: MSHDA Voucher Program Services
Property Management Agent/Landlord Name: Bishop Co-op
Servicer Provider Name: CSI Support & Development

Note: This authorization may be revoked at any time by providing written notice to your housing agent and will automatically expire fifteen (15) months from the date of signature.

If you have any questions, please contact:
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 For questions, please call 800-593-3052