



**COMMUNITY MANAGEMENT
ASSOCIATES, INC.**

Central Office
18051 Northland Dr.
Big Rapids, Michigan 49307

Phone: 231-796-8883
Fax: 231-796-1242
E-mail: staff@cma-inc.org
www.cma-inc.org

HAMILTON CROSSING

PROJECT BASED VOUCHER (PBV) APPLICATION

South Haven Office

11225 Park Meadows Dr, Ste H
South Haven, MI 49090

Mount Pleasant Office

311 W. Broadway St
Mt Pleasant, MI 48858

Fort Gratiot Office

3041 Commerce Dr, Ste A4-1
Ft Gratiot, MI 48059

Ypsilanti Office

301 W Michigan Ave, Ste 406
Ypsilanti, MI 48197

Detroit Office

882 Oakman Blvd, Ste 101
Detroit, MI 48238

Please Submit Completed PBV Applications
Via Mail: 18051 Northland Dr., Big Rapids, MI 49307
OR
Via Fax: 231-421-7365

Previous versions are obsolete

Updated: 09/29/2022



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: Hamilton Crossing					
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...	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> American Indian / Native Alaskan		Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity (check only one): Required for statistical reporting:		<input type="checkbox"/> Asian			
		<input type="checkbox"/> Black/African American		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Native Hawaiian / Other Pacific Islander		U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Non-Hispanic or Latino		<input type="checkbox"/> 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?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a member of the family require a unit with hearing and/or visual feature?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need assistance in completing future paperwork?		<input type="checkbox"/> Yes <input type="checkbox"/> 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:

Community Management Associates, Inc.
18051 Northland Dr.
Big Rapids, MI 49307
Phone: 231-796-8883
Fax: 231-421-7365

MSHDA Use Only	
Date Received:	
Time Received:	
<input type="checkbox"/> AM	<input type="checkbox"/> PM

Part 4: Other Household Member Information - OVER →

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



**PROJECT BASED VOUCHER PROGRAM
Authorization for Release of Information**

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

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: Community Management Associates, Inc.	Molly Bopp, Housing Agent for MSHDA
Property Management Agent/Landlord Name: KMG Prestige / Hamilton Crossing	
Servicer Provider Name: N / A	

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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You are required to furnish a copy of *Birth Certificates* and *Social Security Cards* for yourself **and all other family members** that will be residing in your rental unit.

Please Note: Social Security Cards must have the *Correct Current Legal Name* on them. Do not send the originals.

If the name on your Social Security Card is incorrect or if you are not able to locate your Social Security Card, please go to the local Social Security Administration Office and ask to complete a SS-5 form to replace a lost card or to change the name on the card.

If you are not able to locate copies of Birth Certificates for certain family members, you may provide other forms of proof of birth: Hospital Record or Baptism Record. You may also go to the County Clerk's Office for the County where you were born to receive a duplicate copy of your birth certificate.

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Ft Gratiot, MI 48059

Ypsilanti Office
301 W Michigan Ave, Ste 406
Ypsilanti, MI 48197

Detroit Office
882 Oakman Blvd, Ste 101
Detroit, MI 48238

NAME: _____

ADDRESS: _____

PHONE: _____

COUNTY: _____