

### ***Rivertown Assisted Living – Admission Criteria***

**Each incoming tenant must need services for help in any two of the following areas:**

- Bathing; washing body and includes stand by assistance.
- Eating; including meal planning and preparation.
- Managing medications; remembering, opening bottles, correct dosage, etc.
- Personal hygiene; dressing, grooming, etc.
- Unsteady with walking, wheeling or in using assistive devices or has experienced recent falls.
- Help with moving in and out of bed, from a wheelchair, toilet, etc.
- Daily decision making; self direction about daily activities.
- Isolation or lack of caregiver support that is likely to result in a depressive state, health damaging behaviors, an unsafe environment or poor health.
- A current or recurrent condition that is likely to result in a poor nutritional status, skin conditions or communication or vision deficits.

**In addition, tenants must:**

- Be free of infectious or contagious diseases.
- Have the financial resources to pay the balance of the monthly rental fee and charges for needed services or have a funding source to pay for needed services.
- Meet lease requirements including no smoking, weapons or pets.

**Rivertown Assisted Living does not accept:**

- Families with children or live in care givers.
- Individuals convicted of a felony or has attempted or conspired to commit a felony.
- Individuals convicted of misdemeanors involving but not limited to criminal sexual conduct, abuse, neglect, assault, fraud or theft.

**Incoming tenants must be able to live safely in the community and have service needs within the scope and capacity of the on-site service provider. Generally tenants may NOT:**

- Present a wander risk (elopement).
- Have significant behavior issues and/or be a danger to self or others.
- Require a Hoyer lift with more than a 2-person assist.
- Have advanced cognitive impairment issues.
- Require bed alarms.
- Have IVs or feeding tubes.
- Require frequent suctioning or other skilled nursing functions.





## HCV Project Based Program Rivertown Assisted Living Wait List Application

Issued under P.A. 346 of 1996, as amended, and Section 8 of the U.S. Housing Act of 1937.  
Completion is required to apply for assistance.

**Please apply at Rivertown Assisted Living, 250 McDougal Detroit MI 48207  
OR return by mail to: DHC Rivertown Waitlist, P.O. Box 7549 Detroit, MI 48207**

### THIS APPLICATION IS FOR HOUSEHOLDS AGE 62 AND OLDER

Head of Household Name:						
First:		Middle:		Last:		
Address:		City:		State:	Zip Code	Telephone:
Annual Gross Household Income (From ALL Sources) \$\$:				Social Security Number:		
Family Member Name:	Relationship to Head of Household	Date Of Birth	Sex M/F	Disabled Yes/No	Race *Code	U.S Citizen Yes/No
	<b>SELF</b>					

\*Race Code: 1. White 2. Black/African American 3. American Indian or Native Indian 4. Asian 5. Native Hawaiian/Other Pacific Islander 6. Hispanic or Latino 7. Multi-Racial

### Residency Questions

1 Are you age 62 or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Are you enrolled in or have applied to the PACE Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 Are you enrolled in or have applied to the Medicaid MI Choice Waiver Program with the Detroit Area Agency on Aging?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please provide contact information? _____		

I need help completing future paperwork in regards to my application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", I authorize DHC to contact _____		
Designated Representative		Telephone Number

I consent to release criminal conviction records including sexual offense and alcohol abuse pursuant to 24 CFR 982.307 and allow DHC to receive records from law enforcement agencies and use them in accordance with the U.S Department of Housing and Urban Development regulations and DHC policy.

I certify I have not been evicted from any type of Section 8 Program or from Public or Indian Housing within the last three years due to drug-related criminal activity. I certify that no member of my household has been convicted of manufacturing or producing methamphetamine on the premises of assisted housing. I certify that no member within my household has been evicted within the last year from federally-assisted housing. I certify that I do not owe any unpaid debt to DHC or any other Public Housing Agency. I certify that all the information contained in this application is true and complete to the best of my knowledge.

I understand that DHC will screen adult applicants for drug-related and violent criminal activity including sexual offense pursuant to 24 CFR 982.307 and DHC policy. I understand that I must update my mailing address within 10 business days of the changes and that if I do not and mail is returned to DHC, I can be removed from the waiting list.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**Please do not call the office to verify that your application has been received. You will receive a written notice from DHC verifying you have been placed on the Rivertown Project Based Waiting List.**



Equal Housing Opportunity





d. Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual?

Yes or No

2. If you are divorced or separated, please provide date effective: \_\_\_\_\_  
If divorced within last 3 years, please provide full copy of divorce decree.

3. Do you expect any changes in the household in the next 12 months? \_\_\_\_\_  
If yes, please describe change \_\_\_\_\_  
When will this occur? \_\_\_\_\_  
(If adding a new member, this person should be listed as a household member on page 1 of this application.)

Yes or No

4. Are any household members, under age 18, claiming emancipation (yourself included)?  
If yes, please provide documentation to validate emancipation.

Yes or No

CURRENT EMPLOYMENT INFORMATION:		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____
ADDITIONAL EMPLOYER INFORMATION:		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____
PREVIOUS EMPLOYMENT INFORMATION:		
Company Name: _____		Title: _____
Address: _____		Date Left: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____

OTHER INCOME INFORMATION:		
Identify each source of income currently received or anticipated to be received in the next 12 months.	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Self-Employment	Yes or No	\$ _____
2. Not Employed	Yes or No	\$ _____
3. Unemployment Compensation	Yes or No	\$ _____
4. Disability/Worker's Compensation/Severance Pay	Yes or No	\$ _____
5. Social Security/SSI Benefits	Yes or No	\$ _____
6. VA Benefits	Yes or No	\$ _____
7. Pension/Annuity	Yes or No	\$ _____
8. Military Pay	Yes or No	\$ _____
9. Public Assistance (AFDC/TANF/W-2)	Yes or No	\$ _____
10. Child Support/Alimony/Family Maintenance	Yes or No	\$ _____
11. Recurring Gift/Contribution	Yes or No	\$ _____
12. Rental Income	Yes or No	\$ _____
13. Lottery Winnings Paid Periodically	Yes or No	\$ _____
14. Adoption Assistance	Yes or No	\$ _____
15. Trust Income	Yes or No	\$ _____



16. Educational Financial Assistance	Yes	or	No	\$ _____
17. Other Income (i.e. inheritance, insurance policies)	Yes	or	No	\$ _____
18. Zero Income (No income from any source)	Yes	or	No	\$ _____

**ASSET INFORMATION: List all assets for this household member. Complete one for every household member.**

	Name of Financial Institution(s)	Circle One	Amount
1. Checking	_____	Yes or No	\$ _____ \$ _____
2. Savings	_____	Yes or No	\$ _____ \$ _____
3. Cash on Hand		Yes or No	\$ _____
4. Stocks/Mutual Funds	_____	Yes or No	\$ _____ \$ _____
5. CD/Money Markets	_____	Yes or No	\$ _____ \$ _____
6. Treasury Bill	_____	Yes or No	\$ _____ \$ _____
7. Bonds	_____	Yes or No	\$ _____ \$ _____
8. IRA/KEOGH	_____	Yes or No	\$ _____ \$ _____
9. 401K	_____	Yes or No	\$ _____ \$ _____
10. Pension/Annuity	_____	Yes or No	\$ _____ \$ _____
11. Whole Life Insurance	_____	Yes or No	\$ _____ \$ _____
12. Universal Life Insurance	_____	Yes or No	\$ _____ \$ _____
13. Land Contract/Deed of Trust	_____	Yes or No	\$ _____ \$ _____
14. Real Estate	_____	Yes or No	\$ _____ \$ _____
15. Safety Deposit Box	_____	Yes or No	\$ _____ \$ _____
16. Personal Property Held as an Investment	_____	Yes or No	\$ _____ \$ _____
17. Trusts	_____	Yes or No	\$ _____ \$ _____
18. Lottery Winnings (Lump Sum)	_____	Yes or No	\$ _____ \$ _____





19. Lump Sum Receipts		Yes	or	No	\$ _____ \$ _____
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1. Do all combined assets of the entire household total less than \$5000? Yes or No
2. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes or No

If yes, please completed the following:

Asset Disposed: \_\_\_\_\_  
 Date Disposed: \_\_\_\_\_  
 Amount Disposed: \_\_\_\_\_

Was the disposal of this asset due to:

Bankruptcy	Yes	No
Foreclosure	Yes	No
Marital Separation	Yes	No
Divorce	Yes	No

Asset Disposed: \_\_\_\_\_  
 Date Disposed: \_\_\_\_\_  
 Amount Disposed: \_\_\_\_\_

Was the disposal of this asset due to:

Bankruptcy	Yes	No
Foreclosure	Yes	No
Marital Separation	Yes	No
Divorce	Yes	No

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: \_\_\_\_\_  
 Date Gifted: \_\_\_\_\_  
 Amount Gifted: \_\_\_\_\_

Gifted To: \_\_\_\_\_  
 Date Gifted: \_\_\_\_\_  
 Amount Gifted: \_\_\_\_\_

**RESIDENTIAL HISTORY: Please provide 3 years of housing history**

Current Address: _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
City/State/Zip: _____		Date Moved In: _____
Landlord Name/Mortgage Company: _____		Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____	
Previous Address: _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
City/State/Zip: _____		Date Moved In: _____
Landlord Name/Mortgage Company: _____		Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____	
Previous Address: _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
City/State/Zip: _____		Date Moved In: _____
Landlord Name/Mortgage Company: _____		Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____	



1. Have you ever been evicted from tenancy?  
If yes, please list date: \_\_\_\_\_ Yes or No
2. Have you ever filed for bankruptcy?  
If yes, please list date: \_\_\_\_\_ Yes or No
3. Have you ever been convicted of a felony?  
If yes, please list what for: \_\_\_\_\_ Yes or No
4. Will this be your only place of residence?  
If no, please explain: \_\_\_\_\_ Yes or No
5. Will you have 50% or more physical custody of all minor members in household?  
If no, please explain: \_\_\_\_\_ Yes or No
6. Will you be receiving rental assistance while living at this community?  
If yes, please list source of assistance: \_\_\_\_\_ Yes or No
  - a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify?  
If yes, please explain: \_\_\_\_\_ Yes or No
7. Do you own any pets that would be moving with you into the community?  
If yes, please list types: \_\_\_\_\_ Yes or No

<b>OTHER INFORMATION:</b>		
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____

<b>EMERGENCY INFORMATION: <i>In case of emergency, notify...</i></b>	
Name: _____	Phone #1 _____ Phone #2 _____
Address: _____	Relationship: _____

**CERTIFICATION OF ACCURACY AND COMPLETENESS**

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

**I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**





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.

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