

## RIVERTOWN ASSISTED LIVING – ADMISSION CRITERIA

**Each prospective tenant must need services for help in at least three of the following areas:**

- Bathing: washing body, including stand by assistance
- Eating; including meal planning and preparation
- Managing and taking medications; remembering, opening bottles, correct dosage, etc.
- Personal hygiene; dressing, grooming, etc.
- Unsteady with walking, wheeling or in using assistive devices
- 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 and/or poor health
- A current or recurrent condition that is likely to result in poor nutritional status, adverse skin conditions, communication or vision deficits

**In addition, tenants must:**

- Be free of infectious or contagious diseases
- Have the financial resources to pay the balance of their assigned and designated monthly rental fee and charges for needed services as determined by the on-site service provider or have a funding source to pay for said needed services
- Meet lease requirements including no smoking (including the smoking of marijuana), no weapons and no pets
- Have the ability to manage their own medical equipment, with only intermittent or occasional assistance
- Ability to safely reside in the community with intermittent service

**Rivertown Assisted Living does not accept:**

- Families with children or live in caregivers
- Individuals convicted of a felony or have 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. Rivertown Assisted Living Facility is not a nursing home; nor do we provide medical services. Prospective tenants are NOT eligible for admission if he/she has or needs any of the following:**

- Present a wander risk (elopement); and/or is a fall risk
- Has significant behavior issues and/or be a danger to self or others
- Requires a Hoyer lift and/or is more than a 1-person assist
- Has advanced cognitive impairment issues
- Requires a bed alarm
- Requires IV treatment or has a feeding tube
- Requires frequent suctioning and/or any other skilled nursing functions
- Is in need of 24-hour care continuous and/or supervision
- Exhibits unmanageable assaultive and/or aggressive behavior
- Has unmanageable incontinence, bowel or bladder
- Is bed bound and/or cannot assist with their ambulation
- Is a hospice candidate or is need of hospice care



## MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY Project Based Voucher (PBV) Program Application

Please print all answers and complete every item including the Head Of Household's signature or your application will be returned.

1. Name:		County of Application	Development Name
2. Current Address: Number and Street		Apartment Number	
City, State, ZIP Code		County you live in now	
3. What is your mailing address (if different from above)? Number and Street		Apartment Number	
City, State, ZIP Code			
4. Current telephone numbers: Home ( )   Work ( )   Cell Phone ( )		5. Name of person and telephone number where a message can be received. Name   Telephone Number ( )	
6. Have you ever received rental assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes",		When?	What county?
7. Are you homeless now? <input type="checkbox"/> Yes <input type="checkbox"/> No		For additional resources, please visit <a href="http://www.michigan.gov/mshda">www.michigan.gov/mshda</a> .	

### Family Information

Complete the following family information for all persons who will live in the unit.

Head of Household's Last Name:		First Name:	Middle Initial	Social Security #:	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Birthplace	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	Occupation	
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						
Last Name		First Name	Middle Initial	Social Security #	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Relationship	Date of Birth	Birthplace	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	Occupation
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						
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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						

Si usted no puede leer este documento porque no lee Ingles, o requiere que esta comunicacion sea interpretada o traducida y nadie que usted conoce se la puede traducir, por favor llame a nuestra oficina para una interpretacion o traduccion gratuita. El numero de telefono de nuestra oficina es 517.373-9344.

If you or a member of your household is a disabled person and require a reasonable accommodation in order to participate in MSHDA's affordable housing program(s) or services, please submit your request to your Housing Agent. We prefer that your request be submitted in writing. If you are unable to submit a written request for a reasonable accommodation, you may make your request by calling your Housing Agent at the phone number provided to you.

**OVER →**

# Income Information

Your application **WILL NOT** be processed unless you 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 from rental property, Armed Forces, Reserves, or National Guard.

Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Other:
Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Other:
Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Other:
Name of Person with Income	Source of Income	Gross Amount	Per <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Bi-week <input type="checkbox"/> Other:

I need assistance in completing future paperwork:  Yes  No  
 If "Yes", send all future correspondence to help me to:  
 \_\_\_\_\_  
 Name of Designee to receive paperwork Telephone Number  
 \_\_\_\_\_  
 Address (Street or PO BOX / City / State / ZIP Code)

Does a member of the family require a barrier-free/accessible unit?  Yes  No

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?  Yes  No  
 List specific accommodation(s) required: \_\_\_\_\_

Do you or any member of your household have a criminal record?  Yes  No  
 (Please note that a criminal history will not necessarily exclude you from participation with the HCV/PBV Program. MSHDA conducts a criminal screening on all applicants to ensure all HUD Program requirements are met)

Are you working with the Michigan Prisoner Reentry Initiative (MPRI)?  Yes  No  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I consent to release criminal conviction records including sexual offenses and alcohol abuse, pursuant to 24 CFR 982.307 and allow MSHDA to receive records and use them in accordance with the U.S. Department of Housing and Urban Development regulations and MSHDA policy. I certify that I have not been evicted from any type of Section 8/Housing Choice Voucher Program or from Public or Indian Housing within the last three years due to drug related criminal activity, no member of my household has been convicted of manufacturing or producing methamphetamine on the premises of assisted housing, no member of my household has been evicted within the last five years from federally assisted housing. I will not receive Section 8/HCV tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, and all information contained in this Application is true and complete to the best of my knowledge. I understand that MSHDA will screen adult applicants for drug-related and violent criminal activity including sexual offenses pursuant to 24 CFR 982.307 and MSHDA policy.

**X** \_\_\_\_\_  
 Signature of Head of Household Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the Housing Agent, including all Social Security Numbers you and all other household members have and use. Giving the Social Security Numbers of all household members is mandatory and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Return completed AND SIGNED application to:

MSHDA USE ONLY				
Date Received	Time Received <input type="checkbox"/> AM <input type="checkbox"/> PM	Type <input type="checkbox"/> E <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> O	MSHDA-322s <input type="checkbox"/> Yes <input type="checkbox"/> No	
County	Residency? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. in Household	Adjusted Annual Income \$	Primary Income Source
Random #	Ethnicity <input type="checkbox"/> H or L <input type="checkbox"/> N-H or L	Race <input type="checkbox"/> A/N <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> NH/OPI <input type="checkbox"/> W		
Random Table #	Comments			

**PHA Project Specific Preferences  
Supportive Housing Target Populations  
Definitions**

**Chronically Homeless**

A person who is "chronically homeless" is an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years." An episode of homelessness is a separate, distinct, and sustained stay in a place not meant for human habitation, on the streets, in an emergency homeless shelter and/or in a HUD-defined Safe Haven. A chronically homeless person must be disabled during each episode. A disabling condition is defined as "a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

**Special Need**

An adult person/prospective tenant with a physical (including profound deafness and legally blind), mental or emotional impairment that is of long-term duration, and, at the same time, the tenant must have a *substantial and sustained* need for supportive services in order to successfully live independently. In order to meet the "special needs definition," tenants must require assistance in at least two life-skill areas, such as:

- Ability to independently meet personal care needs;
- Economic self-sufficiency (capacity for sustained and successful functioning in vocational, learning or employment contexts);
- Use of language (ability to effectively understand, be understood and handle communication as needed on a daily and ongoing basis);
- Instrumental living skills (managing money, getting around in the community, grocery shopping, complying with prescription requirements, meal planning and preparation, mobility, etc.), or
- Self-direction (making decisions/choices about one's day-to-day activities and regarding one's future) **or**

The person is a recipient of SSI/SSDI.

**Homeless Categories**

**(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence**, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

**(2) An individual or family who will imminently lose their primary nighttime residence** provided that:

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

**(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise**

**qualify as homeless under this definition, but who:**

(i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

**(4) Any individual or family who:**

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

**Domestic violence (target population definition)**

In addition to Category 4 of the Homeless definition, "Domestic Violence" means the occurrence of any of the following acts by a person that is not an act of self-defense:

- Causing or attempting to cause physical or mental harm to an intimate partner;
- Placing an intimate partner in fear of physical or mental harm;
- Causing or attempting to cause an intimate partner to engage in involuntary sexual activity by force, threat of force, or duress;
- Engaging in activity toward an intimate partner that would cause a reasonable person to feel terrorized, frightened, intimidated, threatened, harassed, or molested.



**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing**

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b></p>				
	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Signature</td> <td style="border: none; width: 40%;">Date</td> </tr> <tr> <td colspan="2" style="border: none; padding-top: 5px;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					