APPLICATION
PIONEER RESOURCES, Inc. 601 Terrace St, Suite 100, Muskegon, MI 49440

FOR OFFICE USE ONLY:
Received by: __________________________
Date/Time: __________________________

APPLICANT:
Please check the statement below that best describes your needs:
1. I am in need of barrier-free housing due to mobility disability. ______
2. I do not require barrier-free housing. ______

I understand that Pioneer Resources assists people with disabilities and offers a limited number of housing units of various types all intended to serve persons with disabilities. I also understand that waiting list priorities exist for those persons with disabilities.

SIGNATURE: __________________________ DATE: ______________
APPLICATION-PIONEER RESOURCES-HOUSING

Pioneer Resources assists people with disabilities in attaining independence and dignity by creating opportunities for participation in the community.

Pioneer Resources does not discriminate on the basis of race, color, national origin, religion age, sex, familial status or disability.

Pioneer Resources offers a limited number of housing units of various types all intended to serve persons with disabilities. If you feel you do not qualify for any of our units, please contact the Occupancy Specialist at 231.773.5355 ext. 1219 and we will provide you with information on other housing resources in the Muskegon area.

**Pioneer Arbour** at 2300 Barclay, Muskegon is a HUD Section 202/8 rent subsidized apartment building designed specifically for people with mobility impairments that:

1. are expected to be of long-continued and indefinite duration;
2. substantially impede the person's ability to live independently; and
3. is such that the person's ability to live independently could be improved by more suitable housing conditions.

Pioneer Arbour has 1 and 2 bedroom barrier-free apartments.

**Pioneer House** at 1390 Brusse Ave, Muskegon is a HUD Section 202/8 rent subsidized Adult Foster Care home. It is designed for people who are developmentally or physically disabled. Staff stays on-site with residents. There are 12 one bedroom apartments in the facility, with a community kitchen and living area.

**Ross Rd. Duplex** at 775 and 787 Ross Rd., Norton Shores consists of (2) 2-BR duplex units that are barrier free. Households with at least one person with a mobility impairment will be given preference.

Please fill out the application as completely and accurately as you can. If you have questions or need assistance filling out the application, please contact the Occupancy Specialist at 231.773.5355 Ext 1219.

Please return COMPLETED application to:

Pioneer Resources-Occupancy Specialist
601 Terrace St., Suite 100
Muskegon, MI 49440
Name of Property | Project No. | Address of Property
--- | --- | ---
Pioneer Resources |  | 

Name of Owner/Managing Agent | Type of Assistance or Program Title: 
--- | ---

Name of Head of Household | Name of Household Member
--- | ---

Date (mm/dd/yyyy): ________________

<table>
<thead>
<tr>
<th>Ethnic Categories*</th>
<th>Select One</th>
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<tr>
<td>Hispanic or Latino</td>
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<tr>
<td>Not-Hispanic or Latino</td>
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</tbody>
</table>

<table>
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<tr>
<th>Racial Categories*</th>
<th>One or More</th>
</tr>
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<tbody>
<tr>
<td>American Indian or Alaska Native</td>
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<tr>
<td>Asian</td>
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<td>Black or African American</td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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<tr>
<td>White</td>
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<tr>
<td>Other</td>
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</table>

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature ________________ Date ________________

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.
APPLICATION-PIONEER RESOURCES-HOUSING
Each Adult 18 or over must complete a separate application.

NAME ______________________________________________________________

ADDRESS _______________________________________________________________________

CITY _______________________ STATE _____ ZIP __________

Which of our housing facilities are you interested in: _______________________________

How long have you lived at your current address?________
List ALL states where you have lived: __________________________________________

Phone Number __________ Social Security Number __________ DOB: __________

List all persons who will live in your household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Sex</th>
</tr>
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<tbody>
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</table>

Present Housing Information

A. Do you own a home?  Yes____ No____
   If yes, do you owe a balance on the mortgage?  Yes____ No____

B. Complete this section if you currently rent your present home or apartment. **List Landlords for past 5 years.**

<table>
<thead>
<tr>
<th>Landlord Name</th>
<th>Address</th>
<th>How long?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landlord Name</td>
<td>Address</td>
<td>How long?</td>
</tr>
<tr>
<td>Landlord Name</td>
<td>Address</td>
<td>How long?</td>
</tr>
</tbody>
</table>

Have you ever been evicted from subsidized housing?  Yes____ No____.  If yes, explain reason for eviction:_________________________________________________________________________________

Family Composition
What is your current living situation:

Alone______ With Family______ Adult Foster Care______ Other ____________
APPLICATION-PIONEER RESOURCES HOUSING
INCOME INFORMATION

Include income from all members of the household

Employer(s):
_________________________  _____________________________

Average monthly employment earnings: $ _______________________

Social Security monthly amount: $ _______ SSI monthly amount: $ _______

Quarterly State Supplement: $ _______ or Monthly State Supplement $ _______

Pension-monthly: $ ____________________________

Other monthly income: $ __________________________________________

ASSET INFORMATION

Have you disposed of any assets for less than Fair Market Value in the past two years?
(YES)___ (NO)___ if yes, please complete a Divestiture of Asset statement on the back of this application.

6 month average balance of checking account: $ _____________________ Interest Rate% ______

Current Balance of savings account: $ _____________________ Interest Rate% ______

Balance of credit union shares $ _____________________

Stocks or bonds (market value) $ _____________________ Dividends earned $ __________

Savings bonds (cash value) $ _____________________

Do you own real estate: Yes ____ No _____ (approximate value if owned $ __________) 

MEDICAL EXPENSES

Are you paying Medicare premiums? Yes ____ No ____ If yes, monthly amount:$ __________

Do you pay for other Medical/Hospitalization Insurance? Yes ____ No ____ If yes, monthly amount:$ __________

Do you have out of pocket medical expenses? Yes ____ No ____ If yes, annual amount:$ __________

Do you have out-of-pocket Prescription Drug expenses? Yes ____ No ____ If yes, monthly$ __________

Are you or any member of your household subject to a lifetime registration requirement under a state sex offender program? YES_____NO____

Have you or any member of your household ever been convicted of a crime? Yes ____ No ____. Were any convictions a felony or a drug related misdemeanor? YES_____NO _____. Explain________________________

I certify that this information is true and complete to the best of my knowledge and understand that by signing below I hereby give you my permission to contact prior Landlords/Mortgagors for my payment and tenant history and the State of Michigan Police Department for a Criminal Background Check.

X ___________________________ _______________________
Signature Date
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.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
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<tr>
<td>Telephone No:</td>
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<tr>
<td>Name of Additional Contact Person or Organization:</td>
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<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone No:</td>
</tr>
<tr>
<td>E-Mail Address (if applicable):</td>
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<table>
<thead>
<tr>
<th>Relationship to Applicant:</th>
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<tbody>
<tr>
<td>Reason for Contact: (Check all that apply)</td>
</tr>
<tr>
<td>Emergency</td>
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<tr>
<td>Unable to contact you</td>
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<tr>
<td>Termination of rental assistance</td>
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<td>Eviction from unit</td>
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<td>Late payment of rent</td>
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<tr>
<th>Commitment of Housing Authority or Owner:</th>
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<tbody>
<tr>
<td>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.</td>
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<tr>
<th>Confidentiality Statement:</th>
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<tr>
<td>The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.</td>
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<tr>
<th>Legal Notification:</th>
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<tr>
<td>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.</td>
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</table>

Check this box if you choose not to provide the contact information.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
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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. (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. 509
# FAMILY SUMMARY SHEET

<table>
<thead>
<tr>
<th>Member No.</th>
<th>Last Name of Family Member</th>
<th>First Name</th>
<th>Relationship to HOH</th>
<th>Sex</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td>Head</td>
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APPLICANT CITIZENSHIP DECLARATION

Instructions: Complete this format for each member of the household listed on the Family Summary

Last Name _______________________________

First Name ______________________________

Relationship to Head of Household __________            Sex _______            Date of Birth _________________

Social Security Number ________________    Alien Registration Number ________________

Admission Number _________________________ if applicable (This is an 11-digit number found on INS Form I-94, Departure Record)

Nationality _________________________________ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

Save Verification Number ________________________________________

(to be entered by owner if and when received)

Instructions: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3:

DECLARATION
I, ____________________________________________________________________ hereby (Print or type first name, middle initial, last name)

declare, under penalty of perjury, that I am:

_____ 1. A citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

________________________________________      ___________
Signature                                      Date

Check here if adult signing for child____

_____ 2. A non citizen with eligible immigration status in the category checked below:
__ (i) A non citizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15), of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively). [immigrants]. (This category includes a non citizen admitted under section 210 or 210A if the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);

__ (ii) A non citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

__ (iii) A non citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7) ) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;

__ (iv) A non citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5) [parole status];

__ (v) A non citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h) ) [threat to life or freedom]; or

__ (vi) A non citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block, you should submit the following documents:

a. Verification Consent Format (Attachment 9)

AND

b. (1) Form I-151, Alien Registration Receipt Card (for permanent resident aliens);

(2) Form I-94, Arrival-Departure Record, with one of the following annotations:

(i) "Admitted as Refugee Pursuant to section 207";

(ii) "Section 208" or "Asylum"

(iii) "Section 243 (h)" or, "Deportation stayed by Attorney General"

(iv) "Paroled Pursuant to Sec. 212 (d) (5) of the INA"

(3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

(i) A final court decision granting asylum (but only if no appeal is taken);

(ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
(iii) A court decision granting withholding or deportation; or

(iv) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).

(4) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";

(5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274a.12";

(6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

---

REQUEST FOR EXTENSION

I hereby certify that I am a non citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

________________________________________________________   __________________
Signature                                                                                                      Date

Check here if adult signed for a child: ______

---

3. not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

________________________________________________________   __________________
Signature                                                                                                    Date

Check here if adult signed for a child: _____