

ESCANABA HOUSING COMMISSION- HARBOR TOWER



Picture taken by resident Bud LeMire

Dear Friend:

Thank you for your interest in Harbor Tower Apartments. Here is some information on the Tower and the Escanaba Housing Commission.

LOCATION: Escanaba Housing Commission
Harbor Tower Apartments
110 South 5th Street
Escanaba, MI 49829
(906) 786-6229
(906) 786-9411 Fax
email- mlsweeney@harbortower.org

TOTAL UNITS: 175 apartments
174 one-bedroom apartments for residents
1 apartment for Maintenance Superintendent

FEATURES: 21" electric range
Frost free refrigerator
Free Wireless Internet
Coin-operated laundry room on main floor
Cable TV hook-up, \$27.00/ month, premium channels available through Charter for a small fee
Multi-purpose room, lounge, computer room, game/exercise room on main floor
Parking lot with assigned spots
Outdoor area with picnic tables, benches, sidewalks
Security entrance

HARBOR TOWER IS A SMOKE FREE BUILDING INCLUDING ALL APARTMENTS. PLEASE CONSIDER THIS WHEN APPLYING FOR AN APARTMENT.

HUD CONTROLS: Harbor Tower is a Public Housing Commission subsidized by the Department of Housing and Urban Development and maintained and managed through their guidelines. The staff consists of the Executive Director, Administrative Assistant, Maintenance Superintendent and two Building Maintenance personnel. The Housing Commission consists of a five-member board, appointed by the Escanaba City Council, and meets monthly.

RENT: A resident's rent is based on 30% of their net income: rent includes heat, electricity and water. The Housing Commission has established a \$50.00 Minimum rent charge and offers a Flat Rent.

FAMILY COMPOSITION: Harbor Tower is an Equal Housing Opportunity available to all regardless of race, creed, religion or national origin. All residents/applicants must meet the income guidelines established by HUD: for 2010 those income limits are:
1 person - \$29,300.00
2 people - \$33,500.00
Your yearly income from Social Security, wages, pensions, alimony, SSI, SSDI, and asset income may not exceed the income limits
Applicants can be Elderly or Handicapped/disabled; Near-Elderly, age 50-61; or Single Person, age 18-49.
Family size is limited to 2 adults except for the single person as all apartments are one-bedroom.

DEDICATION: Harbor Tower was dedicated on July 13, 1970

APPLICATION: Please fill out the enclosed application and Release of Information, Records Check, Landlord Check forms, include a **copy of birth or Baptism Certificate, social security card, drivers license** and return to

**Escanaba Housing Commission
110 South 5th Street
Escanaba, MI 49829**

Sincerely,

Mary Lynn Sweeney
Executive Director

Declaration of Section 214 Status

Notice to applicants: In order to be eligible to receive the housing assistance Sought, each applicant of housing assistance must be lawfully within the United States of America. Please read the Declaration statement carefully And sign and return to the Housing Commission office with your application. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States of America because (please check the appropriate box:)

I am a citizen by birth, a naturalized citizen, or a national of the United States

I have eligible immigration status and I am 62 year of age or older
(Attach evidence of age) or

I have eligible immigration status as checked below
Attach INS document(s) evidencing eligible immigration status and signed consent form.

- Immigration status under 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA): or
- Permanent residence under 249 of INA or
- Refugee, asylum, or conditional entry status under 207,208 or 203 of the INA: or
- Parole status under 212(d)(5) of the INA: or
- Threat to life or freedom under 243(h) of the INA: or
- Amnesty under 245A of the INA

Signature Date

HA: Enter INS/SAVE Primary Verification # _____
Date



ESCANABA HOUSING COMMISSION



Harbor Tower Apartments

110 South 5th Street

Escanaba, MI 49829

Phone: (906)786-6229 Fax: (906)786-9411

mlsweeney@harbortower.org

APPLICATION FOR HOUSING

APPLICANT INFORMATION- PLEASE PRINT IN INK

Name(First,Middle,Last)		Phone	
Co-Applicant (First,Middle,Last)		Phone	
Address	City	State	zip

PROVIDE ALL INFORMATION REQUESTED BELOW FOR YOURSELF AND CO-APPLICANT

Name	Maiden Name	Date of Birth	Social Security Number	U.S. Citizen Y or N	Sex M or F	Smoker Y or N
IS ANY PERSON:		Yes	No	If yes, who?	If yes, who?	
Attending School:						
Name of School:						
Telephone Number:						
IS ANY PERSON:		Yes	No	If yes, who?	If yes, who?	
Working:						
Employer:						
Address:						
Telephone & Fax Number:						
Hours worked per week:						
Hourly Wage or Salary:						

OTHER INCOME	Yes	No	Head of Household Monthly amount	Co-Head of Household Monthly
Alimony				
FIA Benefits				
Food Stamps				
Other Income				
Other Disability Benefits				
Retirement Pension Benefits				
Social Security				
Social Security Disability				
SSI				
Unemployment Benefits				
Veterans Benefits				
Workers Compensation				
Zero Income				

If claiming Zero income explain below where you get money to pay for rent, utilities, phone, car, gas, insurance, food, personal items, toiletries, etc. _____

ASSETS	Yes	No	Name (s) on Account	Name of Financial Institution Phone # and Fax #	Account Number	Current Balance
Checking						
Savings/Shares						
Annuity						
Certificates of Deposit (CD'S)						
Christmas Club						
Life Insurance Cash in Value						
Money Market						
Mutual Funds						
Pre-Paid Funeral						
Stocks or Bonds						

MEDICAL EXPENSES: Complete this section ONLY if Head of House or Co Head of House is Elderly or Disabled.

EXPENSES:	Yes	No	Name of Household Member	Monthly Amount
Medicare Part D				
Medicare Premiums				
RX				
Supplement Insurance				

Have you ever been convicted of a felony or crime other than a minor traffic violation? **No** ___ **Yes** ___ If yes please explain:

Have you ever been convicted of the manufacturing or distribution of a controlled substance? ___ **Yes** ___ **No** If yes, when and where _____.

Harbor Tower has a **ONE STRIKE and OUT POLICY FOR ILLEGAL DRUGS**. If you or a guest are caught with illegal drugs you will be evicted in 7 days. Do you understand and accept this Policy? ___ **Yes** ___ **No**

Please complete all portions of the next section:

How many people would be living in your apartment: ___1 ___2

Do you have a pet? ___ **Yes** ___ **No** **NO** pet can be over 20 pounds and you **MUST** read and sign a Pet Policy. All pets **MUST** be spayed or neutered and cats declawed. All pets **MUST** be current with license and shots.

Do you **SMOKE**? ___ **Yes** ___ **No** If yes, do you understand and accept that Harbor Tower is a totally **SMOKE FREE** building including the apartments? ___ **Yes** ___ **No**

When would you be interested in an apartment? _____

Since we have 18 floors how high do you want to go? Up to floor _____

VEHICLE INFORMATION

Name on Vehicle Title	Type of Vehicle	Year	Make/Model	License Plate #

LANDLORDS:

Name & Address	Phone	Fax	How Long?

If you do not have Landlord references you **MUST** provide three (3) non related references below:

REFERENCES:

Name	Address	Phone	Cell

Have you ever lived in subsidized housing? ___Yes ___No If yes, name of Housing Commission and dates you lived there _____ from _____ to _____.

Have you ever been evicted from subsidized housing? ___Yes ___No If yes, name of Housing Commission and for what reason _____

Do you owe **ANY** Housing Commission any money for rent or damages? ___Yes ___No If yes, name of Housing Commission? _____ amount owed
\$_____.

EMERGENCY CONTACT:

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Doctor _____ Health Problems _____

POWER OF ATTORNEY

Has any household member signed a "Durable Power of Attorney" ___Yes ___No

If Yes, please supply the Escanaba Housing Commission a copy for your file.

(HUD) places a high priority on preventing fraud. If your application contains false or incomplete information you may be: **Penalties for Committing Fraud:** The United States Department of Housing and Urban Development

- Evicted from your apartment
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned for up to 5 years and/or
- Prohibited from receiving future assistance
- Your state and local government may have other laws and penalties as well.

I hereby declare that the information contained in this document is true and correct to the best of my knowledge. I further assert that I have declared all income, assets and (if applicable) medical expenses. Any intentional or willful representation of the facts included on the application may result in denial of housing. I understand that this is not a contract and is not binding o either party.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

FOR OFFICE USE ONLY

___ELDERLY ___DISABLED ___NEAR ELDERLY ___SINGLE PERSON

DATE RECEIVED _____

Escanaba Housing Commission

HUD PUBLIC HOUSING

Harbor Tower – 110 South 5th Street, Escanaba, MI 49829

Phone: 786-6229 Fax: 786-9411

Mary Lynn Sweeney - PHM

Judi Good, Administrative Assistant

DATE: _____

AUTHORIZATION FOR RECORDS CHECK for application to Harbor Tower Apartments, 110 South 5th Street, Escanaba, MI 49829

The applicant(s) listed below have provided authorization to release any criminal and/or disturbance background records. You are also authorized to release any information in regard to complaints from neighbors or other member of your jurisdiction, which resulted in a police officer being dispatched to investigate the incident. This applicant(s) has applied for federal housing assistance with Harbor Tower.

I authorize and direct any Federal, State or local agency, organization, business or individual to release to Escanaba Housing Commission any information or materials needed to complete and verify my application for participation, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I agree that a photocopy and/or fax copy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

Applicant Name	Applicant Signature	Date
----------------	---------------------	------

Other Names including Maiden _____

Current address	City	Date of Birth	Social Security Number
-----------------	------	---------------	------------------------

DO NOT WRITE BELOW THIS LINE _____

RECORDS CHECK:

- 1) Does this person have a criminal history from you local record? ___Yes ___No
- 2) Please indicate date and type of charges:(Dispositions must be obtained from Delta County Courthouse)
 - a) _____
 - b) _____
 - c) _____
 - d) _____
- 3) Please provide any information regarding domestic problems which resulted in a police officer being dispatched, whether or not there were arrests or convictions related to the case:
 - a) _____
 - b) _____
 - c) _____
- 4) Please provide any information regarding complaints from neighbors or any other persons, which resulted in an office being dispatched.
 - a) _____
 - b) _____
 - c) _____

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110 South 5th Street
Escanaba, MI 49829
(906) 786-6229 Fax (906)786-9411
e-mail – mlsweeney@harbortower.org

Dear Applicant:

In order to process your application you need to furnish the Escanaba Housing Commission your current Landlord's name, address and telephone number. If you have moved in the last two years we will need to have your past two Landlord's name, address and telephone number. Please sign the bottom of this page or give the Escanaba Housing Commission permission to contact these Landlords.

Current Landlord _____

Address _____ Phone _____

Number of months or years at present address _____

Former Landlord _____

Address _____ Phone _____

Number of months or years at this address _____

Former Landlord _____

Address _____ Phone _____

Number of months or years at this address _____

By signing this form I (we)

_____ give the above Landlord permission to release any information on my tendency with such Landlord to the Escanaba Housing Commission.

Signature of Applicant (s) _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	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 who is six years old or older. 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 HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older 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.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

ESCANABA HOUSING COMMISSION

HARBOR TOWER APARTMENTS

SMOKING POLICY

To insure the quality of air and the safety of residents in Harbor Tower, the Escanaba Housing Commission has declared that Harbor Tower, located at 110 South 5th St., Escanaba, MI, is a smoke free building. Smoking is not permitted in any area of the building, including apartments, except for residents with temporary exemptions from this policy, as described within. Smoking is only permitted in specifically designated areas, if any, outside the building. All residents, employees and guests must abide by the following rules and regulations.

Adopted: December 17, 2007

Effective: January 1, 2008

BACKGROUND

Numerous studies have found that tobacco smoke is a major contributor to indoor air pollution, and that breathing secondhand smoke (also known as environmental tobacco smoke) is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer. The National Cancer Institute determined in 1999 that secondhand smoke was responsible for the early deaths of approximately 53,000 Americans annually.

The Public Health Service's National Toxicology Program (NTP) has listed secondhand smoke as a known carcinogen.

Based on a finding by the California Environmental Protection Agency in 2005, the California Air Resources Board has determined that secondhand smoke is a toxic air contaminant, finding that exposure to secondhand smoke has serious health effects, including low birth-weight babies; sudden infant death syndrome (SIDS); increased respiratory infections in children; asthma in children and adults; lung cancer, sinus cancer, and breast cancer in younger, premenopausal women; heart disease; and death.

Inasmuch as there is no safe level of exposure to secondhand smoke, the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) bases its ventilation standards on totally smoke-free environments. ASHRAE had determined that there is currently no air filtration or other ventilation technology that can completely eliminate all the carcinogenic components in secondhand smoke and the health risks caused by secondhand smoke exposure, and recommends that indoor environments be smoke-free in their entirety.

The Escanaba Housing Commission finds that:

Whereas, the 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, has concluded that (1) secondhand smoke exposure causes disease and premature death in children and adults who do not smoke; (2) children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory problems, ear infections, and asthma attacks, and that, smoking by parents causes respiratory symptoms and slows lung growth in their children; (3) exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer; (4) there is no risk-free level of exposure to secondhand smoke; (5) establishing smoke-free workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace, because ventilation and other air cleaning technologies cannot completely control for exposure of nonsmokers to

secondhand smoke; and (6) evidence from peer-reviewed studies shows that smoke-free policies and laws do not have an adverse economic impact on the hospitality industry.

Therefore, the Escanaba Housing Commission adopts this smoke-free housing policy for Harbor Tower, located at 110 South 5th St., Escanaba, MI.

1. Smoking is not permitted anywhere in the building including apartments, in accordance with the following schedule. Effective on and after January 1, 2008, all current residents, all employees, all guests and all new residents of Harbor Tower will be prohibited from smoking anywhere in the building, including in apartment units. There is a temporary exception to this policy for current residents (residents prior to January 1, 2008) who are smokers. Any current resident as of January 1, 2008 who smokes must complete a temporary smoking exemption form allowing them to smoke in their own apartment only. This exemption will continue only until March 1, 2009, at which time the smoking policy will apply to all residents. Failure to follow the smoke-free policy will be considered a lease violation.
2. "No Smoking" signs will be posted outside and inside the building. Management will also post the smoking policy in appropriate locations throughout the building.
3. Smoking outside the building is limited to an area to be designated.
4. Any resident smelling tobacco smoke any place in the building, is to report this to the office as soon as possible. Management will seek the source of the smoke and take appropriate action.
5. For the health and safety of Escanaba Housing Commission employees and their representatives, no resident shall have any type of tobacco or related product burning at such time as any employee or representative of the Escanaba Housing Commission enters and remains in their apartment. If any resident refuses to put out the burning tobacco or related product prior to the employee or representative entering the apartment, or if the resident lights a tobacco or related product while an employee or representative remains in the apartment, the employee or representative shall vacate the apartment and shall not return until such time as there is no longer any tobacco or related product burning. This may result in a delay of services to the resident.
6. Prospective residents will be advised of the smoke-free policy prior to application for residency. New residents will be given two (2) copies of the smoking policy at the time the lease is signed. After review, the resident will sign both copies of the agreement,

returning one to the Escanaba Housing Commission's office. The copy will be placed in the resident's file and be considered as part of the lease agreement.

7. Upon adoption of this policy, all residents living in Harbor Tower on January 1, 2008 will be given two (2) copies of this policy. After review, the resident will sign both copies of the agreement, returning one to the Escanaba Housing Commission's office. The copy will be placed in the resident's file and be considered part of the lease agreement.
8. The Escanaba Housing Commission will partner with the Delta County Public Health Department to offer help to residents wishing to stop smoking. This may consist of informational meetings, workshops, counseling, support groups, etc.

TENANT CERTIFICATION

I have read and understand the above smoking policy and I agree to comply fully with the provisions. I understand that failure to comply may constitute a violation of the lease, including but not limited to termination of my lease.

Resident Signature: _____

Apartment Number: _____ Date: _____

Escanaba Housing Commission

TEMPORARY SMOKING EXEMPTION FORM

Resident Name: _____

Apartment Number: _____ Date: _____

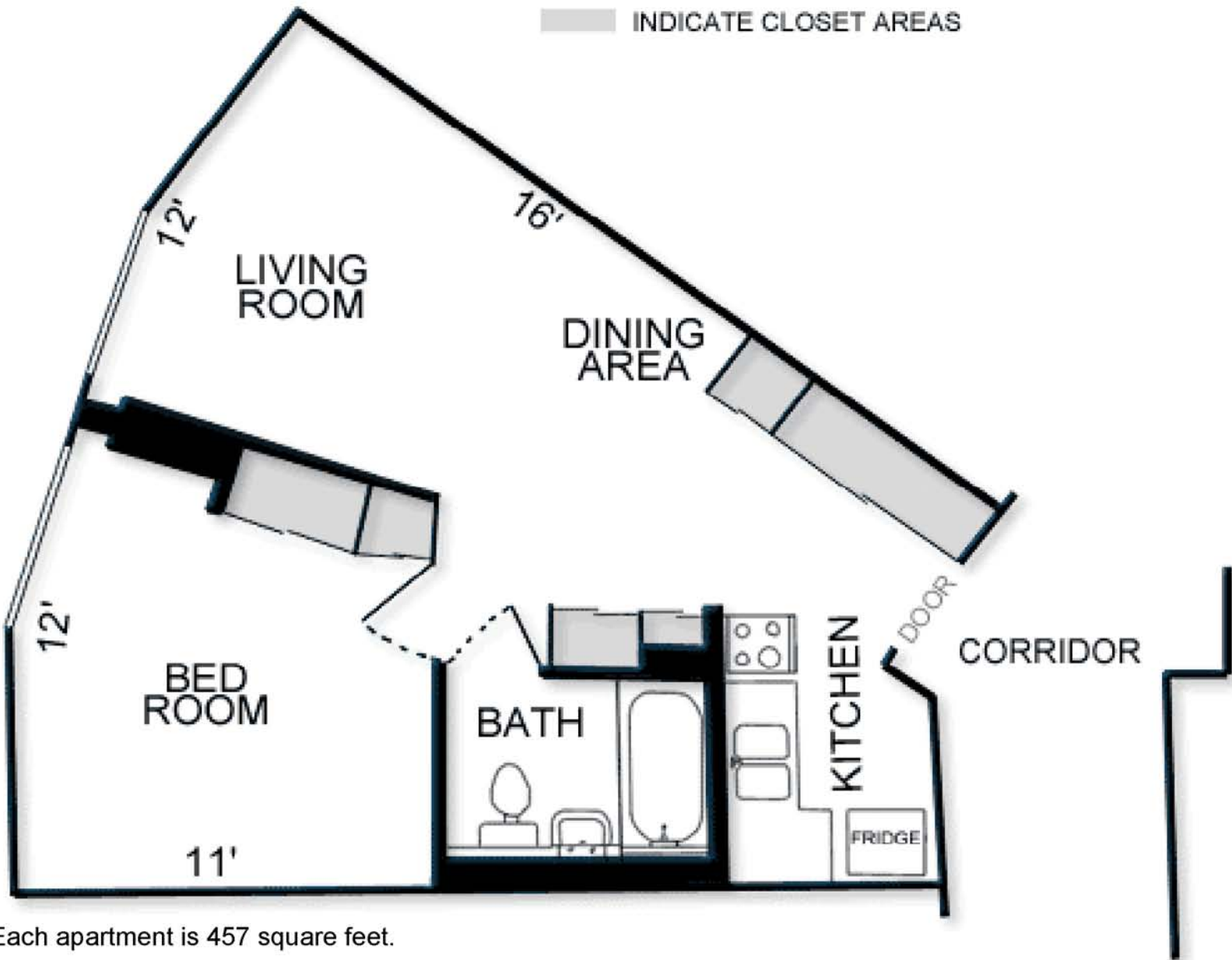
As a current resident of Harbor Tower and a smoker, I am requesting a temporary exemption from the Harbor Tower smoke-free policy adopted on December 17, 2007, and effective on January 1, 2008. I understand that my exemption will only apply to me and not any of my guests. I also realize that my exemption will only allow me to smoke in my own apartment or in designated smoking areas outside the building, if any.

Further, I understand that should I move to another apartment in the building, or should I leave Harbor Tower as a resident and then return as a new resident at a later time, my exemption will be permanently lost.

Further, I understand that this exemption is temporary and will expire on March 1, 2009, at which time I will be required to adhere to the no smoking policy adopted on December 17, 2007.

Resident Signature: _____

INDICATE CLOSET AREAS



Each apartment is 457 square feet.

Each apartment includes a living room/dinette area, a bedroom, a kitchen and a full size bathroom with tub and shower.

