

HOUGHTON HOUSING COMMISSION
401 E. Montezuma Ave
Houghton, MI 49931
Phone : (906)482-0334 Fax: (906)487-5936

Short Application For Waiting List
Low Income Public Housing

Name: _____

Date: _____

Address: _____

Phone No: _____

What size Apt or Home are you applying for? 1 bedroom 2 bedroom 3 bedroom 4 bedroom

List all persons who will be living in the apartment or home:

Name	Social Sec. No.	Date of Birth	Monthly Income

To determine your current federal preference, please check the situation(s) that apply.

- Working 20 hours a week, or attending school full time.
- Involuntarily displaced or homeless
- Living in substandard housing
- You or your spouse is a veteran or serviceman
- You or your spouse is over 62 or disabled
- You are paying in excess of 50% of your income
- Resident of Houghton County
- In a child re-unification program

How soon do you want to move? _____

Do you have any pets? Yes _____ No _____

If yes, please describe _____

I, the undersigned, hereby verify the above information to be correct.

Applicant (s) Signature: _____

* This is a short application to place you on the waiting list for Public Housing.
As your application moves to the top of waiting list, we will contact you to complete a full application.