



**City of Manistee  
Housing Commission**

273 6th Avenue, Manistee, Michigan 49660

PROVIDING SAFE AFFORDABLE HOUSING

**Waiting List Application**  
**Please Print**

***It is your responsibility to keep the Housing Commission informed of any changes in your contact information and/or household status.***

Date Completed: \_\_\_\_\_

Applicant Name (head of household): \_\_\_\_\_

Current Address Information

\_\_\_\_\_  
 ADDRESS                      APT. #                      CITY                      STATE                      ZIP                      PHONE #

**Contact Information:**

Phone: \_\_\_\_\_  Personal  Contact (Name): \_\_\_\_\_

Phone: \_\_\_\_\_  Personal  Contact (Name): \_\_\_\_\_

Phone: \_\_\_\_\_  Personal  Contact (Name): \_\_\_\_\_

Email: \_\_\_\_\_

Household Information						
Name	Relation to Head	Disabled Y/N	Date of Birth	Registered Sex Offender	MI Registered Medical Marijuana User*	Social Security # (If no SS# is given we cannot process application)
	HEAD					

**\*\*Does anyone in your household require any type of accommodation to fully utilize our programs and services?  Yes  No**

What do they require? \_\_\_\_\_

**Is anyone in your household a veteran?  Yes  No** - If yes, who? \_\_\_\_\_

**\*\*Is anyone in your household employed or receiving a monthly income?  Yes  No** If yes, who?

Name: \_\_\_\_\_ Hrs. Per Wk. \_\_\_\_\_

Name: \_\_\_\_\_ Hrs. Per Wk. \_\_\_\_\_

**\*\*Have you or anyone in your household ever been evicted from a Housing Commission or Public Housing Authority?  Yes  No** If yes, who? \_\_\_\_\_

**\*\*Have you or anyone in your household ever been arrested or convicted of a crime?**

Yes  No - If yes who and when?

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Offense \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Offense \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Offense \_\_\_\_\_

**\*\*U.S. Department of Housing and Urban Development Occupancy Standards determine the size of unit offered to families/households. Please inform us of the number of bedrooms you would desire: HUD regulations will be followed at all times.**

**1 Bdrm.**  **2 Bdrm.**  **3 Bdrm.**  **4 Bdrm.**

**\*NOTE: THE USE AND/OR POSSESSION OF MARIJUANA IS A VIOLATION OF FEDERAL CONTROLLED SUBSTANCE LAWS, INCLUDING BY THOSE INDIVIDUALS WHO MAY OTHERWISE BE PERMITTED USERS UNDER THE MICHIGAN MEDICAL MARIJUANA ACT.**

OFFICE USE ONLY				
Date/Time Stamp	Eligible	Ineligible	Letter Sent	On Wait List—Date Entered