



FAMILY UNIFICATION PROGRAM (FUP)

THE DETROIT HOUSING COMMISSION



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

REFERRAL

The Family Unification Program (FUP) through the Detroit Housing Commission (DHC) is a program to provide eligible families and youths the opportunity to utilize the Housing Choice Voucher (HCV) Program to lease decent, safe, and sanitary housing in the private housing market.

- DHC administers FUP in partnership with Michigan Department of Health and Human Services (MDHHS). The local MDHHS case worker (services worker or payments worker) initially determines if the family or youth meets the FUP eligibility requirements, certifies, and refers those families or youths that meet the requirement to DHC. Once MDHHS makes the referral, DHC places the FUP applicant on its HCV waiting list and determines whether the family or youth meets HCV program eligibility requirements, including income eligibility.

To be eligible, applicants must meet specific FUP eligibility requirements as well as HCV eligibility requirements. **Please complete the application to begin the FUP referral process.**

Should housing be secured for a referred youth or family using another housing authority other than DHC, the referring MDHHS worker is required to inform the MDHHS housing specialist via e-mail at Marksk@michigan.gov. That voucher can then be used for another youth or family.

SECTION I (Completed by Customer)

Customer Name _____ SSN: _____

Date of Birth _____ Telephone #: _____

Street Address: _____ City _____, MI Zip code _____.

Number of Children: _____ Male: _____ Ages: _____ Female: _____ Ages: _____.

Has Customer Ever used Another Name: Yes _____ No _____, If "Yes" List Names: _____

Married ☐

Divorced ☐

Widowed ☐

Single ☐



Equal Housing Opportunity



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DHC will provide a reasonable accommodation to a qualified individual with a disability by providing modifications, alterations or adaptation in policy, procedures, practices. Please advise us if you require a reasonable accommodation.

Referral:

The family is referred to the Family Unification Program because: (please check the appropriate reason- Definitions provided on page 5)

- ☐ Families for whom the lack of *adequate housing* is a primary factor in:
The *imminent placement* of the family's child or children in out-of-home care, or delay in the discharge of the child or children to the family from out-of-home care.
- ☐ Youth at least 18 years old and not more than 21 years old who left *foster care* at age 16 or older and who lack *adequate housing*. FUP vouchers used by youth are limited, by statute to 18 months of housing assistance.

List All Household Members:

Note: Relationship to head of household example: son, daughter, nephew, niece etc.

Name	Relation - ship	Date of Birth	SS Number	Driver's License #
1)				
2)				
3)				
4)				

LIST ADDITIONAL FAMILY MEMBERS ON BACK

List all current household members' income:

Note: All income (such as SS, SSI, wages, MDHHS cash assistance, child support, pension, VA benefits, etc.) received by or for all household members must be listed below.

Select All Applicable Income Sources:
<input type="checkbox"/> FIP <input type="checkbox"/> SDA <input type="checkbox"/> FAP <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Support <input type="checkbox"/> VA Benefits
<input type="checkbox"/> SSI _____ Verified _____ <input type="checkbox"/> SSA-DIB <input type="checkbox"/> Unemployment <input type="checkbox"/> Employment
<input type="checkbox"/> Self-employed <input type="checkbox"/> No Income
<input type="checkbox"/> Other (Source and Monthly Amount): _____
Monthly Income:

LIST ADDITIONAL INCOME ON BACK

If Employed:

Name of Employer _____

Address _____ Phone # _____

Start Date _____ Fax#: _____

List assets for household members:

Note: Assets include all checking, savings, stocks, bonds, certificates of deposits, real estate, etc.

Asset Type	Cash Value	Interest Rate
1)		
2)		
3)		

LIST ADDITIONAL ASSETS ON BACK

Has Customer been on a rental assistance program or lived in public housing? ☐ Yes ☐ No

If "Yes", name of housing commission: _____

Does Customer owe any outstanding debt to a Public Housing Agency (PHA)? ☐ Yes ☐ No

If "Yes" Name of Agency _____ amount of debt. \$ _____

Is Customer or spouse disabled per the Social Security Definition? ☐ Yes ☐ No

If "Yes", is the disability permanent or temporary? _____

Are you or your spouse an honorably discharged Veteran? ☐ Yes ☐ No

If "Yes", what branch of service? _____ Date of Service: _____

Does Customer or any member of their household have Legal Alien Status? ☐ Yes ☐ No

If "Yes",

Name: _____ ARN: _____

Name: _____ ARN: _____

Has customer or any adult member of the household been convicted of a crime? ☐ Yes ☐ No

If "Yes", explain:

Optional:

() White () Black () American Indian/Native Alaskan () Asian/Pacific Islander

() Hispanic () Non-Hispanic () Other _____

(Customer reads and signs)

I certify that the information given is true and complete to the best of my knowledge. I understand that receipt of this application does not obligate either party and does not guarantee acceptance into the Housing Choice Voucher Program. Further, I/We understand that failure to disclose all pertinent information to the best of my ability will be deemed fraudulent and will be turned over to the U.S. Department of Housing and Urban Development, Office of the Inspector General for appropriate action. I understand, also, that false statements or information are punishable under Federal Law by up to ten (10) years in prison and/or a \$10,000 fine.

I consent to release criminal conviction records including sexual offenses and alcohol abuse, pursuant to 24 CFR 982.307 and allow Detroit Housing Commission to receive records and use them in accordance with the U.S. Department of Housing and Urban Development regulations and Detroit Housing Commission 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 is a registered sex offender, no member of my household has been evicted within the last three years from federally assisted housing. I will not receive Section 8 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 the Detroit Housing Commission will screen adult applicants for drug-related and violent criminal activity including sexual offenses pursuant to 24 CFR 982.307 and Detroit Housing Commission policy.

I, _____ have either read or had this read and explained to me. I understand all of the above and do hereby submit my application to the Michigan Department of Health and Human Services for review and to forward, if approved, to the to the Detroit Housing Commission.

Signed this _____ day of _____, 20____

Signature of Applicant

SECTION II (Completed by local MDHHS caseworker)

The family is referred to the Family Unification Program because: **(please check the appropriate reason)**

- ☐ Families for whom the lack of *adequate housing* is a primary factor in:
The *imminent placement* of the family's child or children in out-of-home care, or delay in the discharge of the child or children to the family from out-of-home care.
- ☐ Youth at least 18 years old and not more than 21 years old who left *foster care* at age 16 or older and who lack *adequate housing*. FUP vouchers used by youth are limited, by statute to 18 months of housing assistance.

Definitions:

Lack of adequate housing is defined in the FUP NOFA (see FY 2010 FUP NOFA, section I.B.8, page 4). Specifically, “lack of adequate housing” means:

- ☐ A family or youth is living in substandard or dilapidated housing;
- ☐ A family or youth is homeless;
- ☐ A family or youth is in imminent danger of losing their housing;
- ☐ A family or youth is displaced by domestic violence;
- ☐ A family or youth is living in an overcrowded unit; or
- ☐ A family or youth is living in housing not accessible to the family’s disabled child or children, or to the youth, due to the nature of the disability.

Imminent Placement is defined as active child welfare involvement, including but not limited to an open case with DHS.

Foster care placement can include, but is not limited to, “placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre adoptive homes...”

County: _____ City: _____ State: MI Zip Code: _____

Case Worker Name (required): _____

E-mail address (required): _____

Contact number (required): _____

Supervisor Name (required): _____

E-mail address (required): _____

Contact number (required): _____

Supervisor Signature

Date

Local MDHHS office forwards completed application and current court order to Housing Specialist at Education and Youth Services Unit with Office of Child Welfare Policy and Programs at:
MarksK@michigan.gov

SECTION III *(Completed by MDHHS Housing Specialist at Education & Youth Services Unit in the Office of Child Welfare Policy and Programs/Children's Services Agency)*

I understand that the purpose of the FAMILY UNIFICATION PROGRAM is to provide decent, safe and sanitary housing for families that are either in danger of being separated or have already been separated in part due to lack of a stable environment. In keeping with this goal, as the authorized representative of Michigan Department of Health and Human Services, I certify that the named family in this application qualifies for participation in the program in accordance with U.S. Department of Housing and Urban Development regulations stated in the Federal Register Notices. Further I am requesting that the Detroit Housing Commission upon receipt of required family documents, begin the process to determine if the family is eligible to receive a FAMILY UNIFICATION PROGRAM Housing Choice Voucher.

Signed this _____ day of _____, 20____

Authorized MDHHS Housing Specialist – Program Office
235 South Grand Ave .Suite 515
Lansing, MI 48909
Marksk@michigan.gov
Phone (517) 241-0348

Final notification of approval for the FUP voucher will be made by the
Detroit Housing Commission.