

LIVONIA HOUSING COMMISSION

JAMES M. INGLIS  
DIRECTOR

MEMBERS  
JOHN BRYAN  
CARL DEAL  
DALE MOSER  
BETTI SLACK  
RUSS SMITH



DENNIS K. WRIGHT  
MAYOR

NEWBURGH VILLAGE  
11999 NEWBURGH RD.  
LIVONIA, MICHIGAN 48150-5424  
(734) 591-5935

(734) 591-8190 FAX

Dear Newburgh Village Applicant:

The Livonia Housing Commission requires that your residency be verified at the time you place this application in our office. This will assure your name being placed on the waiting list.

Please be sure to complete the attached application both front and back (don't forget to date and sign it on page two) and indicate your preference as to apartment size desired (one bedroom, two bedroom or no preference). You must attach a copy of your driver's license or State of Michigan photo I.D. card (front and back) to the application and mail both to the above address.

If you are going on the "Immediate family member of Livonia residents" waiting list, you must provide a copy of your driver's license and a copy of your immediate family member's driver's license and birth certificate. If the immediate family member's last name is different than yours, you must submit whatever documents are necessary to confirm your relationship (i.e. a copy of their marriage certificate).

Income requirements for residency are subject to change from year to year. Your eligibility will be based on the income limits in place at the time you are called for a vacancy. Current income limits are available on the city web-site and in the current brochure.

Note that all housing units and community buildings are smoke-free.

Please be advised that the Livonia Housing Commission will review all documents to assure their accuracy.

If you should have any questions regarding this matter, please call the Newburgh Village office at (734) 591-5935.

Yours very truly,

*James M. Inglis*

James M. Inglis, Executive Director  
Livonia Housing Commission

Attachment: Application

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## NEWBURGH VILLAGE APPLICATION FOR RESIDENCY

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Apartment Size Preference: 1-Bedroom \_\_\_\_\_ 2-Bedroom \_\_\_\_\_ First Available \_\_\_\_\_

Are you requesting a barrier free unit? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>FAMILY COMPOSITION</b>						
List yourself and all persons who will live in the rental unit with you						
	Name	Relationship	Date of Birth	Age	Sex	Social Security No.
1		Head				
2						
3						

### HOUSING STATUS

List the last two addresses which you have resided in the past 10 years, exclusive from above.

Address: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_  
Street City Zip Code

Address: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_  
Street City Zip Code

If you are not a current Livonia resident, do you have an immediate family member (parent, child, or sibling) who is a current Livonia resident? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

<b>EMPLOYMENT</b>		
Employer Name	Address	Date of Retirement

**INCOME**

List all income for every member who will be living in the unit.  
(Examples: Social Security, SSI, SSD, Pension, Employment, Unemployment, Alimony, Income from Rental Property, Land Contracts, Self Employment)

Name	Source	Amount	How Often

**ASSETS**

List all assets for every member who will be living in the unit.  
(Examples: Checking Acct, Savings Acct, Money Market, Cert of Deposit, Retirement Acct, Annuity, Stocks, Bonds, Whole Life Insurance)

Account Type	Name of Financial Institution	Value of Asset	Interest Rate

The information requested in this application is needed in order to give you the benefit of any priority to which you may be entitled. Please keep all important documents in your possession. You will be requested to present them at the interview so that the necessary information can be verified.

The undersigned applicant understands that this application form is not a contract and that it creates no legal obligation on the part of the Livonia Housing Commission, the City of Livonia, or the applicant. The undersigned also states that the information provided herein is true and complete to the best of his/her knowledge and further, that he/she has no objection to any inquiry which might be made by the Livonia Housing Commission or its agents, servants, or employees for the purpose of verifying the information provided herein; and further, applicant does hereby give express permission to said Commission, or its agents, servants, or employees, to examine Federal income tax returns of the undersigned.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewed By

\_\_\_\_\_  
Date



**Newburgh Village  
is a Smoke Free  
Environment.**

FOR OFFICE USE ONLY