

Wayne Housing Commission
3355 S. Wayne Rd
Wayne, MI 48184
Phone: (734) 721-8602
Fax: (734) 722-5052

The Wayne Housing Commission offers smoke-free housing at various locations within the city. At this time, we do not offer the Section 8 Voucher Program. Rental charges are based on 10% of the tenant's gross yearly income, or 30% of their net income, whichever is greatest, OR a flat rent fee can be assessed if the tenant prefers.

The Public Housing units offered include:

- 36 - one bedroom units are designated for seniors only (62 or older)
- 18 - one bedroom family units
- 10 - two bedroom family duplexes
- 10 - three bedroom family homes
- 2 - four bedroom family homes

Any applicant may qualify for housing as long as the income level requirement establishing low income status and all other Wayne Housing Commission requirements are met.

The Wayne Housing Commission hereby conforms to the Fair Housing Amendment Act of 1988 and has available barrier-free units for those applicants requiring accommodations.

The wait at this time is **at least five years**, depending on the size of the unit required and the turnover time for each unit. When a unit is available, the next applicant on the waiting list will be contacted by first class mail at the last address on file for that applicant. Letters are sent once a year to applicants to update their contact information, so it is important to supply the Wayne Housing Commission with any **change of address in writing**.

The Wayne Housing Commission will not discriminate on the basis of race, color, sex, religion, familial status, age, disability, national origin, marital status or sexual orientation. If an applicant believes that any family member has been discriminated against by the Wayne Housing Commission, the family should advise the housing commission.

Applications are available by visiting the Wayne Housing Commission office at 3355 S Wayne Rd, Wayne, MI 48184 or on the housing commission website www.waynehousingcommission.com.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Wayne Housing Commission.

Katherine Hartunian, PHM
Executive Director

For office use only
 Unit Size:
 Household Type:

WAYNE HOUSING COMMISSION
3355 S WAYNE ROAD
WAYNE, MI 48184

Ph # (734) 721-8602 Fax # (734)722-5052

PLEASE NOTE:

An application that is not completely filled out will not be processed.

NAME

ADDRESS

APT #

CITY

STATE

ZIP CODE

HOME PHONE #

WORK PHONE #

Please list Head of Household first and then **all** persons who will live in the household.

First Name	Last Name	Social Security Number	Relation To Head of House	Sex	Date of Birth	City & State of Birth

Do you or anyone in your household use illegal drugs?

Yes _____ No _____

Have your or any household member been involved in drug trafficking?

Yes _____ No _____

Have you, or any member of your household, ever been arrested, charged, cited or convicted of a sex crime, drug crime or any other felony.

Yes _____ No _____

Are there any registered sex offenders living in your household?

Yes _____ No _____

List every State that you have lived in for background and sex offender registry checks _____

Have you ever lived in federally assisted housing? Yes _____ No _____

If yes, where and when: _____

Have you ever been evicted from federally assisted housing? Yes _____ No _____

THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY

White _____ American Indian/Native Alaskan _____ Hispanic _____

Black _____ Asian/Pacific Islander _____ Non-Hispanic _____

Is the head of household or spouse 62 years or older? Yes _____ No _____

Does anyone in your household require a barrier free unit (wheelchair accessible)? Yes _____ No _____

Is anyone in your household unable to use stairs? Yes _____ No _____

INCOME: Please indicate any income, for yourself, and each person who will live in the household.

Include: Wages, overtime, tips, bonus or commissions before taxes, Social Security, Supplemental Security Income from Family Independence Agency, V.A. Benefits, Retirement Benefits, Unemployment Compensation, Worker's Compensation, Child Support or Alimony.

Name	Source of Income	Amount per Month

ASSETS: Please indicate assets held by all household members 18 years or older.

Name	Type of Asset	Name of Bank	Account #	Amount

How much is your monthly rent? \$ _____
How much is your monthly gas bill? \$ _____
How much is your monthly electric bill? \$ _____
How much is your monthly water bill? \$ _____

All changes in information regarding this application must be reported **in writing** to the Wayne Housing Commission.

If you have any questions please feel free to contact the Wayne Housing Commission at (734) 721-8602.

I certify that the above information is correct and complete to the best of my knowledge and inquiries may be made to verify the statements made herein. Any intentional or willful misrepresentation of the facts included on this application may result in denial of housing. I understand and give full permission to the Wayne Housing Commission to check my background, including but not limited to credit check, reference checks, rental history, utility payment history, and criminal background check.

I understand that this is only an application and does not guarantee that I will be housed with the Wayne Housing Commission.

You **MUST** notify us, **IN WRITING**, immediately if any of the following events occur. Changes will not be accepted over the phone:

- You move to a new address,
- You get a new telephone number,
- Your household size increases or decreases,

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and serviced, please contact the Wayne Housing Commission office

Signature of Head of Household

Date

REQUEST FOR REASONABLE ACCOMODATION

Reasonable accommodations do not confer special treatment or advantage for the person requesting the accommodation. Rather they make the program fully accessible in a way that would be otherwise not possible for persons with a disability.

I, _____, do hereby request Wayne Housing Commission to grant me a reasonable accommodation.

A reasonable accommodation *must be necessary*, not just desirable.

Accommodation requested:

(Please provide a description of accommodation being requested)

Are you disabled? (please circle) Y N

How is your request related to the disability?

Signature: _____ Date: _____

TO BE COMPLETED BY THE WAYNE HOUSING COMMISSION

Accommodation is: approved or disapproved

If disapproved, reason why:

Katherine Hartunian, Executive Director

Date

c: Resident File

Wayne Housing Commission
Smoke Free Policy

To insure the quality of air and the safety of residents in Wayne Housing Commission scattered sites, all of the Wayne Housing Commission public housing units are smoke-free buildings. Smoking is not permitted in any area of the building including apartments, duplexes, houses, laundry rooms, stairwells, maintenance garage and public housing offices. Smoking is only permitted outside and at least 25 feet away from the buildings.

1. Effective on January 1, 2018, all current residents, all employees, all guests, and all new residents of the Wayne Housing Commission public housing units after this date will be prohibited from smoking anywhere in the building, including apartments, duplexes, houses, laundry rooms, stairwells, maintenance garage and public housing offices.
2. Any deviation from the smoke-free policy set by any tenant, a member of their household, or their guest will be considered a violation of house rules. Three (3) violations will result in eviction.
3. "No Smoking" signs will be posted outside and inside the building.
4. Smoking outside the building is limited to the 25 feet away from the building.
5. If a resident smells tobacco smoke in any place in the building, they are to report this to building management as soon as possible. Management will seek the source of the smoke and take appropriate action.
6. New residents will be given two (2) copies of the smoke-free policy. After review, the tenant will sign both copies and return one to the Wayne Housing Commission office. The copy will be in the resident's file.
7. Upon adoption of this policy, all residents presently living in the Wayne Housing Commission public housing units will be given two (2) copies of the policy. After review, the resident will sign both copies and return one to the Wayne Housing Commission office for placement in resident's file.

RESIDENT CERTIFICATION

I have read and understand the above smoke-free policy and I agree to comply fully with the provisions of the policy. I understand that failure to comply will constitute reason for termination of my lease.

Resident/Applicant Signature _____

Address _____ Date _____

Approved by the Wayne Housing Commission Board
Resolution #09-17-12
Minutes Dated September 20, 2017

Wayne Housing Commission Marijuana (Cannabis) Policy

Introduction:

Due to the Federal prohibition of the manufacture, distribution, and possession of marijuana even when state law authorizes its medical and/or personal use, along with the increased risk of fire, increased maintenance costs, noxious odor, and the known health effects of marijuana, the Wayne Housing Commission (WHC) hereby declares that the WHC continues to have zero tolerance for marijuana use, as defined below. WHC's Marijuana Policy shall be strictly enforced for all residents.

Copies of this Policy shall be distributed to all current residents, new residents, applicants, and employees.

Background:

In Michigan, marijuana for medical use became legal in 2008. However, marijuana is regulated by both state and Federal law, and the Federal Controlled Substances Act, continues to prohibit the manufacture, distribution, and possession of marijuana even when state law authorizes its use. Under the Supremacy Clause of the U.S. Constitution, article VI, paragraph 21, federal law supersedes state law where there is a direct conflict of laws. Further, if a person has a prescription for medical marijuana, the Federal Fair Housing Act states that a disability/handicap "does not include current, illegal use of or addiction to a controlled substance" as defined in the Controlled Substances Act.

The Quality Housing & Work Responsibility Act of 1998 (Public Housing Reform Act), requires that public housing (PH) authorities administering HUD's rental assistance programs and housing choice voucher (HCV) programs establish standards and lease provisions that prohibit admission into the PH and HCV programs based on the illegal use of controlled substances, which includes state legalized marijuana.

Definitions:

Marijuana: The term "marijuana" means any plant of the genus Cannabis which is a coarse bushy annual with palmate leaves and clusters of small green flowers. The plant yields tough fibers and narcotic drugs.

Resident: The term "resident" means any tenant, resident, household member, or family member who resides at any of the WHC properties.

Rules and Regulations:

All residents, employees, business visitors, invitees, and guests must abide by the following rules and regulations:

1. **Notice to Applicants.** All prospective residents and housing applicants will be informed that the Controlled Substances Act (CSA) lists marijuana as a Schedule I drug, and that the possession of marijuana or any other Schedule I drug, even if in possession of a current medical marijuana registration, will not be allowed in any of the Properties.
2. **Admission Prohibited.** Admission into any of the Properties is prohibited to a household with member(s) who are illegally using marijuana, or any other controlled substance.
3. **Prohibition the Use of Marijuana.** WHC will adhere strictly to the HUD federal law with regard to all use of marijuana or any other substance listed as a Schedule I drug under the CSA. Residents may not possess or be engaged in the manufacturing, use of, or distribution of such drugs.
4. **Medical Marijuana is not a reasonable accommodation.** Federal nondiscrimination laws do not require public housing authorities or owners to allow marijuana use as a reasonable accommodation for disabilities.
5. **Compliance by Resident's Guests.** Resident is responsible for informing guests, invitees, and business visitors of this Policy and for ensuring resident's guests, invitees and business visitors' compliance with this Policy.
6. **Lease Violation.** A breach of this Policy will be considered a lease violation which may result in termination of tenancy.
7. **Complaints.** If resident witnesses someone engaged in the use of marijuana in or on the property, resident is encouraged to report the violation to the management office in writing as soon as possible.
8. **Investigations.** Management receiving a compliant will take appropriate measures to investigate and will take subsequent enforcement action, if necessary, as soon as possible. Property Managers are not required to take steps in response to illegal drug use or possession unless the Property Managers know of the illegal use or possession or have been given written notice of the illegal use or possession.

9. **Communication of Policy to Existing Residents.** This Policy shall be communicated by the Property Manager to all new and current residents and employees of WHC at least thirty (30) days prior to its effective date.

- a. New residents shall be given two (2) copies of this Policy. After review, the resident must sign one copy and return the executed copy to the Management office prior to moving in. The Property Manager shall place the signed copy in the resident's file.
- b. Upon adoption of this Policy, all current residents of the Properties covered by this Policy shall be given two copies of the Policy by the Property Manager. After, review resident must sign one copy and return the executed copy to the Property Manager within ten (10) days. The Property Manager shall place the signed copy in resident's file.

10. **Prohibition.** All WHC employees and all new residents of the properties and their guests are prohibited from the use of marijuana or any other Schedule I drug in or on the property, including individual units.

Resident Certification

I have read and understand this Policy, and I agree to abide by its provisions.

I understand that failure to comply with this Policy may constitute a lease violation and that a lease violation may be cause for termination of my tenancy.

I acknowledge the Property Manager's ability to police, monitor, or enforce the agreements of this Policy is dependent in significant part on voluntary compliance by the residents of the property.

Resident/Applicant Signature: _____

Address: _____ Date: _____