

**Tenant Application Form**

**Submit completed application with supporting documents to your local HARA. A list by county can be found online at**

[https://www.michigan.gov/documents/mshda/EDP\\_Contact\\_List\\_002\\_696637\\_7.pdf](https://www.michigan.gov/documents/mshda/EDP_Contact_List_002_696637_7.pdf)

**Please:**

Print clearly.

Do NOT include original documents (we require photocopies only).

**Avoid Processing Delays:**

Eligibility cannot be determined until you provide all required documentation.

The most common cause of processing delays is missing documents.

Applications must:

- Be complete, signed and dated.
- Complete all sections and declarations.
- Include all supporting documents as listed in the attached checklist.
- Be submitted to your local HARA.

Applications submitted without required supporting documents can be held for a maximum of 30 days.

The Coronavirus Relief Fund (CRF) Eviction Diversion Program (EDP) is designed to keep Michigan residents who fell behind on their rent during COVID-19 in their homes. The program utilizes a specially designed process to quickly provide rental assistance for eligible renters who have been impacted.

**Who is eligible?**

You may be eligible for the Eviction Diversion Program (EDP) if you and your family, if applicable, meet **all** the following conditions:

1. Have received a notice to quit or a court ordered summons, complaint or judgment for unpaid rent after March 1, 2020.
2. Gross household income up to 100% area median income (AMI)
  - Must provide at least 4 weeks or one month of pay stubs or benefit information to document current earned and/or unearned income.
3. A state ID in the tenant's name (with supporting proof of residency if the address does not match the unit)
4. A lease agreement in the tenant's name (if a written lease was completed)

For more information on eligibility, please see the Eviction Diversion Program (EDP) FAQ (online at <https://michigan.gov/edp>) or call your local Housing Assessment and Resource Agency (HARA). A list by county can be found online at [https://www.michigan.gov/documents/mshda/EDP\\_Contact\\_List\\_002\\_696637\\_7.pdf](https://www.michigan.gov/documents/mshda/EDP_Contact_List_002_696637_7.pdf)

Disclaimer: All applications submitted to MSHDA will be discarded. Applications will only be reviewed and approved by your local HARA.

**LIVE UNITED**


Barry County United Way  
& Volunteer Center

231 S. Broadway • Hastings, MI 49058  
Phone 269.945.4010  
[www.bcunitedway.org](http://www.bcunitedway.org)

# Eviction Diversion Program (EDP) Tenant Application

## 1. Tenant Information

Full Name (Head of Household)		Date of Birth (mm/dd/yyyy)		Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
				Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 2. Household Information – List all other persons living with you.

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
				Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member					

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\*Complete additional pages as needed to respond for all household members

# Eviction Diversion Program (EDP) Tenant Application

### 3. Household (Contract Unit) Address

Address (number, street, and apt. or suite no.)	City	State	Zip Code
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### 4. Mailing Address, if different than above

Address (number, street, and apt. or suite no.)	City	State	Zip Code
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### 5. Contact Information

Phone Number to reach you	Contact name and number to leave messages	Email Address
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### 6. Household Income – Does your household have any income? ☐ No ☐ Yes → Total monthly household income \$ \_\_\_\_\_

Please check **all** sources of income that your household received in the last 30 days. **ATTACH PROOF**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Social Security benefits   | <input type="checkbox"/> Disability benefits    | <input type="checkbox"/> Employment/earned income  |
| <input type="checkbox"/> Supplemental Security Income (SSI)   | <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Worker's Compensation     |
| <input type="checkbox"/> Pension/retirement benefits  | <input type="checkbox"/> Unemployment           | <input type="checkbox"/> Money from family/friends |
| <input type="checkbox"/> Veteran's benefits/Military allotments   | <input type="checkbox"/> Child Support          | <input type="checkbox"/> Other, please list        |
| <input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) |   |  |
| <input type="checkbox"/> Rental income or a land contract, mortgage or other payment payable to a household member                |   |  |

Household Member Name*	Source of Income (include employer name) If Applicable	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)

\*Complete additional pages as needed to respond for all household members

### 7. Rental Information

Number of Bedrooms in Unit	Move-in date
Contract Rent amount	Date of Last Payment
Owner/Landlord Name	
Are you past due or delinquent on your rent?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount past due or delinquent (without late fees)

### 8. Tenant Signature

I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect; fully discloses my household income from all sources; and accurately represents my/our current living circumstances.	
Tenant Signature	Date

## Checklist

Before submitting this application for the Eviction Diversion Program (EDP), please review the following to make sure that all required information is included with the application.

- ☐ Copy of a notice to quit or a court ordered summons, complaint or judgement
- ☐ Copy of state ID for the tenant applicant (with proof of residency if address does not match the unit)
- ☐ Most current copy of lease agreement in tenant's name (if a written lease was completed)
- ☐ Provide all proof of earned and unearned income for household members that live at the property and that are over the age of 18;
- ☐ Eviction Diversion Program (EDP) Owner/Landlord Application (owner/landlord may also submit separately)