



**Housing Choice Voucher
Project Based Waiting List Application**
Issued under P.A. 346 of 1996, as amended, and Section 8 of the U.S. Housing Act of 1937.
Completion is required to apply for assistance.

Please complete this entire form and return it to:

**Detroit Housing Commission
Assisted Housing Division
Attn: Rivertown Waiting List
P.O. Box 7549
Detroit, MI 48207**

APPLICATIONS WILL ONLY ACCEPTED AT THE P.O. BOX LISTED ABOVE

Head of Household Name:						
First:	Middle:	Last:				
Address:	City:	State:	Zip Code:	Telephone:		
Annual Gross Household Income \$\$:			Social Security Number:			
Family Member Name:	Relationship to Head of Household	Date Of Birth	Sex M/F	Disabled Yes/No	Race *Code	U.S Citizen Yes/No
*Race Code No. 1-White 2. Black/African American 3. American Indian or Native Indian 4. Asian 5. Native Hawaiian/Other Pacific Islander 6. Hispanic or Latino 7. Multi-Racial						

Residency Questions

1. Have you been a victim of Domestic Violence within 30 days of this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you been involuntarily displaced by a natural disaster?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you a Military Veteran?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you elderly, handicapped, or disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I need help completing future paperwork with regards to my application. Yes No

If "Yes", I authorize Angela Buchanan- 15565 Northland Drive Suite 406W, Southfield, MI 48075 313-685-0412
Name of Designated Representative Telephone Number

I consent to release criminal conviction records including sexual offense and alcohol abuse pursuant to 24 CFR 982.307 and allow DHC to receive records from law enforcement agencies and use them in accordance with the U.S Department of Housing and Urban Development regulations and DHC policy. I certify I have not been evicted from any type of Section 8 Program or from Public or Indian Housing within the last three years due to drug-related criminal activity. I certify that no member of my household has been convicted of manufacturing or producing methamphetamine on the premises of assisted housing. I certify that no member within my household has been evicted within the last year from federally-assisted housing. I certify that I do not owe any unpaid debt to DHC or any other Public Housing Agency. I certify that all the information contained in this application is true and complete to the best of my knowledge. I understand that DHC will screen adult applicants for drug-related and violent criminal activity including sexual offense pursuant to 24 CFR 982.307 and DHC policy. I understand that I must update my mailing address within 10-days of the changes and that if I do not and mail is returned to DHC I can be removed from the waiting list.

Please do not call the office to verify that your application has been received. You will receive a written notice from DHC verifying you have been placed on the Rivertown Project Based Waiting List.

Signature of Head of Household

Date

Equal Housing Opportunity



• TDD/TTY (313) 877-8900

Property Name: The
 Address:
 Phone
 Fax:

Date Received: _____
 Time: _____

LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

All co-applicants, age 18 or older, including spouse, should complete a separate application.

The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

PROPERTY INFORMATION (For Office Use Only):

Unit Address: _____
 Unit Number: _____
 # of Bedrooms: _____

_____ Initial Certification
 _____ Recertification
 _____ Other _____

Proposed Effective Date: _____

HOUSEHOLD COMPOSITION AND STATUS:

List the Head of Household (applicant) and all other persons who will be living in your unit. Give the relationship of each family member to the Head. Choose only one member to be Head of Household. **Please answer all questions. Write N/A if a particular question is not applicable. Do no leave any questions blank or unanswered.** List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.

Household Member's Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed.	Social Security Number	Student Y or N	If "yes" Parttime (PT) or Fulltime (FT)*
	Head					

***For each household member listed above - List this member as a full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.**

1. If every household member listed above is indicated as a full-time (FT) student, please answer the following questions:
- Circle One
- a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF) Yes or No
 - b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs? Yes or No
 - c. Are any full-time students married and filing a joint tax return? Yes or No
 - d. Is the household comprised entirely of a single parent & child(ren) none of whom are dependents of another individual? Yes or No



2. If you are divorced or separated, please provide date effective: _____
If divorced within last 3 years, please provide full copy of divorce decree.
3. Do you expect any changes in the household in the next 12 months? Yes or No
If yes, please describe change _____
When will this occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members, under age 18, claiming emancipation (yourself included)? Yes or No
If yes, please provide documentation to validate emancipation.

CURRENT EMPLOYMENT INFORMATION:		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____
ADDITIONAL EMPLOYER INFORMATION:		
Company Name: _____		Title: _____
Address: _____		Date of Hire: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____
PREVIOUS EMPLOYMENT INFORMATION:		
Company Name: _____		Title: _____
Address: _____		Date Left: _____
City/State/Zip: _____		Monthly Gross Wage: \$ _____
Phone: _____	Fax: _____	Supervisor: _____

OTHER INCOME INFORMATION:		
<i>Identify each source of income currently received or anticipated to be received in the next 12 months.</i>	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Self-Employment	Yes or No	\$ _____
2. Not Employed	Yes or No	\$ _____
3. Unemployment Compensation	Yes or No	\$ _____
4. Disability/Worker's Compensation/Severance Pay	Yes or No	\$ _____
5. Social Security/SSI Benefits	Yes or No	\$ _____
6. VA Benefits	Yes or No	\$ _____
7. Pension/Annuity	Yes or No	\$ _____
8. Military Pay	Yes or No	\$ _____
9. Public Assistance (AFDC/TANF/W-2)	Yes or No	\$ _____
10. Child Support/Alimony/Family Maintenance	Yes or No	\$ _____
11. Recurring Gift/Contribution	Yes or No	\$ _____
12. Rental Income	Yes or No	\$ _____
13. Lottery Winnings Paid Periodically	Yes or No	\$ _____
14. Adoption Assistance	Yes or No	\$ _____
15. Trust Income	Yes or No	\$ _____
16. Educational Financial Assistance	Yes or No	\$ _____
17. Other Income (i.e. inheritance, insurance policies)	Yes or No	\$ _____
18. Zero Income (No income from any source)	Yes or No	\$ _____



ASSET INFORMATION: List all assets for this household member. Complete one for every household member.

	<i>Name of Financial Institution(s)</i>	Circle One	Amount
1. Checking	_____	Yes or No	\$ _____ \$ _____
2. Savings	_____	Yes or No	\$ _____ \$ _____
3. Cash on Hand	_____	Yes or No	\$ _____
4. Stocks/Mutual Funds	_____	Yes or No	\$ _____ \$ _____
5. CD/Money Markets	_____	Yes or No	\$ _____ \$ _____
6. Treasury Bill	_____	Yes or No	\$ _____ \$ _____
7. Bonds	_____	Yes or No	\$ _____ \$ _____
8. IRA/KEOGH	_____	Yes or No	\$ _____ \$ _____
9. 401K	_____	Yes or No	\$ _____ \$ _____
10. Pension/Annuity	_____	Yes or No	\$ _____ \$ _____
11. Whole Life Insurance	_____	Yes or No	\$ _____ \$ _____
12. Universal Life Insurance	_____	Yes or No	\$ _____ \$ _____
13. Land Contract/Deed of Trust	_____	Yes or No	\$ _____ \$ _____
14. Real Estate	_____	Yes or No	\$ _____ \$ _____
15. Safety Deposit Box	_____	Yes or No	\$ _____ \$ _____
16. Personal Property Held as an Investment	_____	Yes or No	\$ _____ \$ _____
17. Trusts	_____	Yes or No	\$ _____ \$ _____
18. Lottery Winnings (Lump Sum)	_____	Yes or No	\$ _____ \$ _____
19. Lump Sum Receipts	_____	Yes or No	\$ _____ \$ _____



1. Do all combined assets of the entire household total less than \$5000? Yes or No
 2. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes or No

If yes, please completed the following:

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

Was the disposal of this asset due to:

Bankruptcy Yes No
 Foreclosure Yes No
 Marital Separation Yes No
 Divorce Yes No

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

Was the disposal of this asset due to:

Bankruptcy Yes No
 Foreclosure Yes No
 Marital Separation Yes No
 Divorce Yes No

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: _____
 Date Gifted: _____
 Amount Gifted: _____

Gifted To: _____
 Date Gifted: _____
 Amount Gifted: _____

RESIDENTIAL HISTORY: Please provide 3 years of housing history	
Current Address: _____	Own _____ Rent _____ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	Own _____ Rent _____ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____
Previous Address: _____	Own _____ Rent _____ Other _____
City/State/Zip: _____	Date Moved In: _____
Landlord Name/Mortgage Company: _____	Rent/Mortgage: \$ _____
Phone: _____	Reason for leaving: _____

1. Have you ever been evicted from tenancy? Yes or No
 If yes, please list date: _____



2. Have you ever filed for bankruptcy? Yes or No
If yes, please list date: _____
3. Have you ever been convicted of a felony? Yes or No
If yes, please list what for: _____
4. Will this be your only place of residence? Yes or No
If no, please explain: _____
5. Will you have 50% or more physical custody of all minor members in household? Yes or No
If no, please explain: _____
6. Will you be receiving rental assistance while living at this community? Yes or No
If yes, please list source of assistance: _____
- a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? Yes or No
If yes, please explain: _____
7. Do you own any pets that would be moving with you into the community? Yes or No
If yes, please list types: _____

OTHER INFORMATION:		
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____

EMERGENCY INFORMATION: <i>In case of emergency, notify...</i>	
Name: _____	Phone #1 _____ Phone #2 _____
Address: _____	Relationship: _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

Applicant's Signature

Date



OFFICE USE ONLY

ADDITIONAL DOCUMENTS REQUIRED FOR THIS HOUSEHOLD

Needed Received

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Household Composition

- Social security cards for each member of household.
- Birth certificates for all minor members.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Student Question

- 1.a. Public Assistance Verification
- 1.b. Documentation of JTPA enrollment or other qualified program
- 1.c. Full copy of most recent federal and state joint tax return
- 1.d. Full copy of most recent federal and state tax return
- 2. Copy of divorce decree including child support and property settlement
- 3. Application for additional household member(s) expected
- 4. Emancipation documentation

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Employment Income

- Employment Verification of current employment
- Employment Verification of additional employment
- Employment Verification of previous employment

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other Income (number corresponds to type of income listed in chart)

- 1. (New)-Complete Newly Self-Employed Verification
- 1. (Established)-Affidavit of Self-Employment Income and a full copy of most recent federal and state tax return, including all schedules
- 2. Non-Employment Affidavit
- 3. Unemployment Compensation Verification
- 4. Disability/Severance Pay/Worker's Compensation Verification
- 5. Social Security/SSI Income Verification
- 6. Veteran's Administration Income Verification
- 7. Pension/Annuity Income Verification
- 8. Military Compensation Verification
- 9. Public Assistance Verification
- 10. Child Support/Spousal Support/Family Maintenance Verification
- 10. Affidavit of Child Support, alimony or Family Maintenance
- 11. Recurring Gift/Contribution Verification
- 12. Affidavit of Rental Income
- 13. Lottery Winnings Income/Asset Verification
- 14. Adoption Assistance Verification
- 15. Trust Income-Asset Verification
- 16. Educational Financial Assistance (unless applicant is over 23 with dependent children)
- 17. Other Income Verification
- 18. Certification of Zero Income

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Asset Information

- 1. Checking/Savings Asset Verification
- 2. Checking/Savings Asset Verification
- 3. Affidavit of Cash Assets
- 4. Stocks/Mutual Funds Asset Verification



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5. CD/Money Market/Treasury Bill Asset Verification
6. CD/Money Market/Treasury Bill Asset Verification
7. Bond Asset Verification
8. IRA/Keogh Asset Verification
9. 401K Asset Verification
10. Pension/Annuity Asset Verification
11. Whole Life/Universal Life Insurance Asset Verification
12. Whole Life/Universal Life Insurance Asset Verification
13. Real Estate Land Contract Verification
14. Real Estate Asset Value Verification
14. Real Estate Mortgage Verification
14. Real Estate Brokerage Verification
15. Affidavit of Safety Deposit Box Assets
16. Personal Property Held As An Investment
17. Trust Income-Asset Verification
18. Lottery Winnings Income/Asset Verification

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- Asset Questions
1. Under \$5,000 Asset Certification
 2. Divestiture of Assets
 3. Divestiture of Assets



UNITED METHODIST RETIREMENT COMMUNITIES, INC.

BACKGROUND CHECK
CRIMINAL RECORD AND
CIVIL ORDER POLICY

DISCLOSURE STATEMENT AND CERTIFICATION

APPLICABILITY: THIS DISCLOSURE STATEMENT AND CERTIFICATION APPLY TO ALL INDIVIDUALS SEEKING RESIDENTIAL SERVICES AT ANY FACILITY OR BUILDING OPERATED BY UNITED METHODIST RETIREMENT COMMUNITIES, INC. ("UMRC") AND TO ANY PERSON WHO LIVES IN WITH OR OTHERWISE PROVIDES PERSONAL SERVICES TO ANY SUCH INDIVIDUAL FOR MORE THAN 7 DAYS IN A CALENDAR YEAR.

I, _____, for the purpose of inducing United Methodist Retirement Communities, Inc. ("UMRC") to accept my application for the following:

(residential services, work as private attendant)

certify that I have not been the subject of any criminal conviction (including guilty but mentally ill), acquittal by reason of insanity or personal protection order described in sections I through III, below, except as otherwise stated in this document.

I. Criminal Convictions

(a) Felony, General. Conviction of any felony or an attempt or conspiracy to commit any felony under Michigan or federal law, **unless 10 years have elapsed since the individual completed all of the terms and conditions of his or her sentencing, parole, and probation for that conviction.**

(b) Felonies, Specific. Conviction of one of the felonies, or an attempt or conspiracy to commit one of the felonies described below, under federal or state law, **unless 15 years have elapsed since the individual completed all of the terms and conditions of his or her sentencing, parole, and probation for that conviction.**

(i) A felony that involves the intent to cause death or serious impairment of a body function, that results in death or serious impairment of a body function, that

involves the use of force or violence, or that involves the threat of the use of force or violence.

(ii) A felony involving cruelty or torture.

(iii) A felony under chapter XXA of the Michigan penal code, 1931 PA 328, MCL 750.145m to 750.145r (abuse of a vulnerable adult).

(iv) A felony involving criminal sexual conduct.

(v) A felony involving abuse or neglect.

(vi) A felony involving the use of a firearm or dangerous weapon.

(c) Misdemeanors, Major. Conviction of any of the following misdemeanors, or a state or federal crime that is substantially similar to the misdemeanors described in this subsection (c), **unless 10 years have elapsed** since the individual completed all of the terms and conditions of his or her sentencing, parole, and probation for that conviction.

(i) A misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.

(ii) A misdemeanor under chapter XXA of the Michigan penal code, 1931 PA 328, MCL 750.145m to 750.145r (abuse of a vulnerable adult).

(iii) A misdemeanor involving criminal sexual conduct.

(iv) A misdemeanor involving cruelty or torture unless otherwise provided under subdivision (e).

(v) A misdemeanor involving abuse or neglect.

(d) Other Misdemeanors. Conviction of any of the following misdemeanors, or a state or federal crime that is substantially similar to the misdemeanors described in this subsection (d), **unless 5 years have elapsed** since the individual completed all of the terms and conditions of his or her sentencing, parole, and probation for that conviction.

(i) A misdemeanor involving home invasion.

(ii) A misdemeanor involving larceny.

(iii) Any other misdemeanor involving assault, fraud, or theft.

(iv) A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.

II. Criminal Charges, Acquittal by Reason of Insanity Charged and found not guilty of a non-property crime described in this Policy by reason of insanity, and the individual has been released from confinement resulting from the finding. Such person shall be evaluated individually to determine whether the individual presents a danger of injury to the public or property at UMRC. Such individual shall release all medical and other records to UMRC upon request, and shall submit to examination by a physician of UMRC's choice if asked. In the event an application is denied, the individual may have the staff decision reviewed by the Executive Committee of the Board of Directors of UMRC. Review shall be upon written submissions, except that the Committee may interview the individual and any other person itself.

III. Personal Protection Orders Been the subject of a personal protection order or other order prohibiting contact with other persons or from being present in any place within 5 years.

Such person shall be evaluated individually to determine whether the individual presents a danger of injury to the public or property at UMRC. Such individual shall release all court records, and waive attorney-client privilege, upon request. In the event an application is denied, the individual may have the staff decision reviewed by the Executive Committee of the Board of Directors of UMRC. Review shall be upon written submissions, except that the Committee may interview the individual and any other person itself.

Disclosure: I hereby disclose the following acts and events which do or may fall within the terms of Sections I through III, above (attach additional sheets if needed):

I hereby certify that I have not been the subject of any criminal conviction (including guilty but mentally ill), acquittal by reason of insanity or personal protection order within the time frames set forth in sections I through III, above, except as stated above. I authorize UMRC to conduct a criminal background check on me to verify the content of this statement, and agree to waive attorney client or physician patient privileges, as UMRC may require. I agree that any omission or false statement in this disclosure and certification will be cause for my immediate ejection from UMRC premises. I agree that the occurrence of any criminal event within the time limits stated above, regardless of the date upon which UMRC discovers the past event, will be deemed to make my continued occupancy of the UMRC premises a danger to other residents, staff and visitors, justifying immediate ejection from UMRC premises.

Date: _____
Date: _____

Signed

Witness