(FOR OFFICE USE ONLY)

Date and Time of [ ]  Elderly [ ]  Accessible Space [ ] Ineligible Specific Housing Request

Application: [ ]  Family [ ]  Moderate Income [ ] Disability

 [ ]  Bdrm Size [ ]  Low Income

 [ ]  RA

***In order to be eligible for our units your income must be at or below the Income limits listed below. Income Limits for the counties listed below are based on the 2014 median family income for the nonmetropolitan portions of the state. Estimated Maximum Family Income at 60% of HUD Estimated 2014 County Median Income. Effective December 18, 2013.***

Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Clark, Crawford, Florence, Forest, Grant, Iron, Jackson, Juneau, Langlade, Marinette, Marquette, Menominee, Price, Richland, Rusk, Sawyer, Shawano, Taylor, Vernon, Vilas, Washburn, Waushara

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Size** | **ONE** | **TWO** | **THREE** | **FOUR** | **FIVE** | **SIX** | **SEVEN** | **EIGHT** | **NINE** |
| **INCOME** | 24,780 | 28,320 | 31,860 | 35,340 | 38,220 | 41,040 | 43,860 | 46,680 | 49,500 |

**APPLICATION FOR OCCUPANCY**

**(Please fill out each section of this application carefully and completely)**

**Head of Household**

 Last Name First Name M.I. Age

Social Security Number Sex (M/F) Date of Birth Place of Birth

**Race :**( Please check one) [ ]  White [ ] Black [ ]  American Indian/Alaska Native [ ] Asian or Pacific Islander

**Ethnicity:** (Please check one) [ ]  Hispanic [ ] Non-Hispanic

Present Address:

 Street City State Zip Code

Mailing Address:

 Street/PO Box City State Zip Code

Home Phone (     )      Work Phone: (     )      Cell Phone: (     )

Email Address:

**Other Members of the Household**, list the legal names of all household members below. Start with your spouse or co-tenant, then minors (oldest to youngest), then any other adults.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **M.I.** | **Sex (M/F)** | **Date of Birth**  | **Place of Birth** | **Social Security #** | **Relationship to Head of Household** |
|       |       |    |   |       |       |       |       |
|       |       |    |   |       |       |       |       |
|       |       |    |   |       |       |       |       |
|       |       |    |   |       |       |       |       |
|       |       |    |   |       |       |       |       |

Do you or any family member require modification or accommodations to fully utilize the unit, the program or its services? (Such as a special handicapped accessible unit?) [ ]  Yes [ ]  No - If yes please explain:

If we are unable to reach you, whom could we contact locally?

Name Relation Phone

Is someone legally empowered to act on behalf of the head of household or co-tenant? [ ]  Yes [ ] No

Name Relation Phone Address

**When completing this application include income and assets of all adults (Over 18 and not in school) in household.**

Are you or any other adults in the household attending school? [ ]  Yes [ ]  No - If yes, [ ]  Full-time [ ]  Part-time

Fill in name of adult(s) in school:

**Salary and Wages**

**Please list Gross Amount (Before Deductions) of wages and salaries, overtime pay, commissions, fees, tips, and bonuses.)**

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Monthly Amount** | **Name, Address & Phone Number of Source** |
|       |       |       |
|       |       |       |
|       |       |       |

**Net income from business or profession or rental or real or personal property**

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Monthly Amount** | **Name, Address & Phone Number of Source** |
|       |       |       |
|       |       |       |
|       |       |       |

**Social Security/SSI Payments (includes SSDI)**

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Monthly Amount** | **Source** |
|       |       |       |
|       |       |       |
|       |       |       |

**Pensions, Annuities, Retirement Funds, IRA Accounts, Interests**

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Monthly Amount** | **Name, Address & Phone Number of Source** |
|       |       |       |
|       |       |       |
|       |       |       |

**All other income:** Include income from all other sources, such as unemployment, workers compensation, severance pay, alimony, child support, regular recurring contributions or gifts of money, educational grants, scholarships, VA benefits, Public assistance, welfare or any other source.

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Monthly Amount** | **Name, Address & Phone Number of Source** |
|       |       |       |
|       |       |       |

**Do you receive food share?** [ ]  Yes [ ]  No - If yes, what is the amount per month? $

**Child Care Expense:** Include amount paid by the family for the care of minor children under 13 years of age when such care is necessary to enable a family member to further education or to be gainfully employed.

|  |  |
| --- | --- |
| **Monthly Amount** | **Name, address and phone number of child care provider** |
|       |       |

**Elderly/Disability Deduction:** Persons who meet the definition of elderly (62 or over) or persons living with disabilities qualify for a $400 deduction to their annual income when determining rent contribution and certain other deductions. If you have indicated your desire to request this adjustment, we will need at the time of your rental only sufficient documentation to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

|  |
| --- |
| **[ ]  Please mark here if you believe you qualify for a Elderly/Disability Deduction**  |

**Medical Expenses:** ***To be completed for households with persons who are handicapped, disabled or over the age of 62.*** Include total expense to be incurred over the next twelve month period, not covered by insurance. May include expenses for dental, prescriptions, medical insurance premiums, eyeglasses, hearing aids/batteries, cost of live-in resident assistant, monthly payments required on accumulated major medical bills, including that portion of spouse’s or child’s nursing home care paid from family income.

**Have you enrolled in the WI Senior Care program? Or do you qualify for the Medicare Prescription Drug, Improvement, and Modernization Act of 2003(MMA)**[ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Monthly Amount** | **Paid to/for** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

Have you or a member of your household ever been assisted by this or any other public housing program (Rental Assistance or a home)? [ ]  Yes [ ]  No, if yes please list the dates and programs:

Have you ever been denied assistance by any Public Housing Authority? [ ]  Yes [ ]  No, if yes please explain with dates and names of agencies and reasons for rejections.

Have you or any adult member of your household lived outside of Wisconsin within the last 10 years? If so, please list the states in which you resided.

**ASSET INFORMATION**

**List all information for applicant, spouse, or co-applicant:**

Important: Have you disposed of any assets at less than fair market value in the last 2 years? [ ]  Yes [ ]  No If yes, please explain on a separate sheet of paper and attach to application.

**CASH ON HAND**

|  |
| --- |
| Amount: $      |

Do you have a Safety Deposit Box? [ ]  Yes [ ]  No if yes what is the value of items in box?

**CHECKING, SAVINGS CD, IRA or MUTUAL FUND ACCOUNT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member** | **Account #** | **Account Type** | **Name of Bank** | **Current Balance** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**STOCKS AND BONDS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Member** | **Type** | **Number Owned** | **Value** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**REAL ESTATE**

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Market Value** | **If sold within the last two years, list sale amount** |
|       |       |       |
|       |       |       |

**PROPERT SOLD UNDER LAND CONTRACT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Member** | **Original Amount** | **Outstanding Balance** | **Term(per month/per year)** |
|       |       |       |       |
|       |       |       |       |

**ALL OTHER ASSETS – Do you have life insurance?** [ ]  Yes [ ]  No, if yes, list below

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Member** | **Original Amount** | **Outstanding Balance** | **Term(per month/per year)** |
|       |       |       |       |
|       |       |       |       |

**LANDLORD REFERENCES**

|  |
| --- |
| Have you ever been evicted: [ ]  Yes [ ]  NoIf yes, by whom:      When (date)?     Why?     **List the names of address of your last three Landlords:** |
| **Landlord Name** | **Landlord Address** | **Address while Residing** | **From/To** | **Landlord Phone #** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Credit and Personal References** (list three)

|  |  |  |
| --- | --- | --- |
| **Company or Name** | **Account Number or Address** | **Phone** |
|       |       |       |
|       |       |       |
|       |       |       |

**Pets -** According to our policies no pets are allowed to occupy any unit or visit the project, except when a pet agreement has been filled out, and approved by the certified occupancy specialist, a $250 pet deposit has been paid and proof of current license and current rabies vaccination has been provided. Only pets allowed on our properties are: cats, dogs, birds and fish.

|  |
| --- |
| **Do you have any pets?** [ ]  Yes [ ]  NoIf yes, What kind?       Size:      Weight:      |

**Criminal Record**

|  |
| --- |
| Have you or a member of your household ever been convicted of a crime? [ ]  Yes [ ]  NoIf so, what, where and when?      Is any member of your household subject to a lifetime sex offender registration program in any state? [ ]  Yes [ ]  No(false response or failure to respond could result in a denial of your application) |

***Please check the sites below for which you would like to be considered for placement on the waiting lists. Each site or program stated below has its own separate waiting list.* If you live in a single person household you will only be able to qualify for one bedroom apartments.**

**The buildings in this section are for elderly, or persons living with disabilities. To be eligible for these the head of household or co-tenant must be at least 62 years of age, or classified as a person living with a disability. If you qualify, please check the lists for which you are applying**.

**WASHBURN** Flowing Well [ ]  One Bedroom [ ] Two-Bedroom

 Lake View Terrace [ ]  One Bedroom [ ] Two-Bedroom

 Autumn Manor (55+ at this site or person living with a disability)

 [ ]  One Bedroom [ ] Two-Bedroom

**IRON RIVER** Columbia Manor [ ]  One Bedroom [ ] Two-Bedroom

 Pine Villa [ ]  One Bedroom [ ] Two-Bedroom

**BAYFIELD** Seagull Bay [ ]  One Bedroom apartments only

 Rittenhouse Commons [ ]  One Bedroom [ ] Two-Bedroom

**The buildings in the section below are for any age person (as long as tenant and/or co-tenant are over 18 years of age). Please check the lists for which you are applying.**

**WASHBURN** Bay Ridge Villa [ ]  One Bedroom [ ] Two-Bedroom

 Bay Ridge Villa II [ ]  One Bedroom [ ] Two-Bedroom

 Family Homes (scattered sites in Washburn)

 [ ]  Two Bedroom [ ]  Three Bedroom [ ]  Four Bedroom

**DRUMMOND** Wilderness View [ ]  One Bedroom [ ] Two-Bedroom

**CABLE** Whispering Pines [ ]  One Bedroom [ ] Two-Bedroom

**GRANDVIEW** Great Divide Apartments [ ]  One Bedroom [ ] Two-Bedroom

**PORT WING** Twin Pines Manor [ ]  One Bedroom [ ] Two-Bedroom

**BAYFIELD** Bayfield Apartments [ ]  Two Bedrooms apartments only

***The housing choice voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments.***

**VOUCHER [ ]**  Housing Choice Voucher Program

**Your signature on this application authorizes the Housing Authority to contact your prior landlords for information regarding your prior tenancies, to check you’re personal and credit references and to obtain credit, employment and court records**.

*“The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the federal government that federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.”*

**APPLICANT’S SIGNATURE:**      DATE

STATEMENT REQUIRED BY FEDERAL PRIVACY ACT: RD’S and HUD are authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C.1471 et. Seq.) To solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that which is unlawful to deny eligibility because of the refusal to disclose certain information. The principal purposes for collecting the requested information are to determine eligibility for occupancy and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate federal, state and local agencies when relevant to civil, criminal or regulatory proceedings. In the event there has been any material misrepresentation on this application the application will be considered null and void. If the applicant is a tenant at the time the misrepresentation is discovered there will be termination of tenancy since the application will then be null and void.

“This institution is an equal opportunity provider and employer”