



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	Source

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

Household Member	Monthly Amount	Source

Social Security/SSI Payments (includes SSDI)

Household Member	Monthly Amount	Source

Pensions, Annuities, Retirement Funds, IRA Accounts, Interests

Household Member	Monthly Amount	Source



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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	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



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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

PROPERTY SOLD UNDER LAND CONTRACT

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



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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 No
 If 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 No
 If yes, What kind? _____ Size _____ Weight _____

Criminal Record

Have you or a member of your household ever been convicted of a crime? Yes No
 If 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)



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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



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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.

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