

# Housing Authority for the City of Amery

300 North Harriman Avenue  
 Amery, WI 54001  
 715-268-2500 (phone) • 715-268-7700 (fax)  
 aha@amerytel.net

Office Use Only: (Date/Time stamp)

## Application for Occupancy

**Please complete the entire form.**

**Programs Applying For: (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Section 8 Housing Choice Voucher | <input type="checkbox"/> Twin Pines (Family housing) |
| <input type="checkbox"/> Water's Edge (Senior housing)    | <input type="checkbox"/> Pinewood (Family housing)   |
| <input type="checkbox"/> Oakbrook (Senior housing)        | <input type="checkbox"/> High Rise (Senior/disabled) |

**All Apartments are  
NON-SMOKING**

Name of Head of Household: _____		
First	MI	Last
Head of Household Social Security Number: _____ Date of Birth: _____		
Current Address: _____		City: _____ State: _____ Zip: _____
Mailing Address: _____		City: _____ State: _____ Zip: _____
Home Phone: _____		Message Phone: _____
Work Phone: _____		Cell Phone: _____

**LIST ALL PERSONS WHO WILL BE LIVING IN THE HOME AND ATTACH COPIES OF SOCIAL SECURITY/GREEN CARDS :**

First Name	MI	Last Name	Social Security Number	Relationship to Head of Household	Date of Birth	Age	Sex	Birthplace (State/Country)	US Citizen	
									Yes	No
				SELF						

**Please attach additional pages, if necessary**

Does anyone in the household require an accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No (please check below)  
 \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Wheelchair \_\_\_\_\_ Physical \_\_\_\_\_ Interpreter \_\_\_\_\_ Other: Specify: \_\_\_\_\_

Is anyone in the household a full or part-time student of higher education? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please list the household member: \_\_\_\_\_

Is someone legally empowered to act on your behalf? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Do you certify that this unit will be your permanent residence and that you do not/will not maintain a separate subsidized unit in a different location? \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_



A person who meets the definition of disabled or handicapped qualifies for a \$400 deduction to their annual income when

determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to your income, please check here: \_\_\_\_\_. If you have indicated your desire to request this adjustment, then we will need only sufficient information to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

Do you have specific housing requirements, such as a special handicapped accessible unit? \_\_\_\_\_

**LANDLORD INFORMATION: (For previous 5 years, please attach additional pages, if necessary)**

Current Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

I/We understand as a procedure of processing my application an investigative report may be prepared whereby information is obtained through personal inquiries at my home, neighbors, friends, employers, landlords, law enforcement personnel, other governmental offices and agencies. The inquiry may include information as to character, mode of living, and performance in meeting financial obligations. \_\_\_\_\_ (Initial)

**Have you ever participated in a Housing Authority rental assistance program?** \_\_\_\_\_ Yes \_\_\_\_\_ No

(Example: Public Housing, Section 8 Voucher or other Housing Program)

Name of Housing Authority: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Live there from: \_\_\_\_\_ to \_\_\_\_\_ Do you owe any money to another Housing Authority: \_\_\_ Yes \_\_\_ No

**Have you ever been evicted?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, When? Where? \_\_\_\_\_

**Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**Does anyone in your household currently use controlled or illegal drugs?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**Is anyone in your household subject to a lifetime sex offender registration requirement in ANY state?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Does anyone outside of your household pay for any of your bills or expenses?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**INCOME: List income for ALL household members 18 years of age and older**

**Sources of Income (including but not limited to):** Employment, Food Stamps, TANF, Social Security, SSI, Pensions, Disability compensation, unemployment, interest, babysitting, alimony, child support, annuities, dividends, income from rental property, Armed Force Reserves, scholarships, and/or grants, etc.

Household Member Name	Type of Income	Name, Address, and Phone Number of Source of Income	Total Gross Monthly Income

Please attach additional pages, if necessary

**ASSETS:** (Bank Accounts {checking/savings}, real estate, stocks, bonds, CD's, IRA's, etc.)

Household Member Name	Type of Account	Name, Address, and Phone Number of Bank or Institution	Current Cash Value	Annual Income

Please attach additional pages, if necessary.

Have you disposed of any assets in the last two years at less than market value? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SENIOR/DISABLED APPLICANTS ONLY**

**MEDICAL EXPENSES:** (to be completed for households with persons who are handicapped, disabled or over the age of 62) Include total expenses to be incurred over the NEXT twelve month period not covered by insurance. May include expenses for dental, prescriptions, medical insurance premiums, eyeglasses/contacts, hearings aids, cost of live-in resident assistant, and monthly payments required on accumulated major medical bills, including that portion of spouses or child's nursing home care paid from family income.

\$ \_\_\_\_\_ Annually

Will you have a pet? \_\_\_\_\_ Yes \_\_\_\_\_ No What kind? \_\_\_\_\_ Weight? \_\_\_\_\_

**Statement Required by the Privacy Act**

The USDA-Rural Development (RD) is 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 is unlawful for USDA-RD to deny eligibility because of a refusal to disclose the Social Security Account Number. The principle purposes for collecting the requested information are to determine eligibility for occupancy in the USDA-RD financed rental project 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.

**CERTIFICATION**

*Title 18 Section 1001 of the United States Code states that a person who knowingly and willfully makes false or fraudulent statements to any Department or Agency of the U.S. Government is guilty of a felony.* I understand that any misrepresentation of information or failure to disclose information in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I understand that this application must be completed in full and that an application that is missing information or signatures will be returned to me for completion before my name will be placed on the waiting list. If any part(s) of the application do not apply to me, I will write non-applicable (N/A) on that line.

I understand that I will be required to provide verification of my family composition, third party income and asset verification, proof of birth in the United States or eligible immigration status at a later date. If I am unable to verify this information, I understand that I may be ineligible for housing or my position on the waiting list may be affected.

I understand that if I do not respond to information or mailings regarding my application as requested by the Housing Authority, I will be dropped/withdrawn as an applicant for housing. I further understand that the Housing Authority updates and purges its waiting list from time to time. I understand that I am responsible for notifying the Housing Authority immediately of any address, family composition or income changes.

I/We do hereby certify that the above information is true, accurate and complete to the best of my/our knowledge. (All household members 18 or older must sign)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

**RACE:** \_\_\_ White \_\_\_ African American/Black \_\_\_ American Indian/Native Alaskan \_\_\_ Asian  
\_\_\_ Native Hawaiian/Other Pacific Islander **ETHNICITY:** \_\_\_ Hispanic/Latino \_\_\_ Not Hispanic/Latino  
**GENDER:** \_\_\_ Male \_\_\_ Female

### Information Release Authorization Statement

"I authorize Rural Development to release any information regarding my employment, wages/earnings, and unemployment claims/benefits that they may have obtained from the State of Wisconsin Department of Workforce Development (DWD) to any manager of a rental unit which I am currently renting/leasing or for which I have completed a rental contract/lease agreement application."

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address (Print)

\_\_\_\_\_  
City, State, Zip Code (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attachments: Notice to applicant/wage matching  
Landlord reference  
Supplement – HUD  
Debts owed – HUD

December 15, 2008

Exhibit A

NOTIFICATION TO APPLICANT/TENANT ON  
IMPLEMENTATION OF WAGE/BENEFIT MATCHING

In addition to direct verification of all income coming into the household, Rural Development will verify income of each adult applicant or tenant with the Wisconsin Department of Workforce Development (DWD).

The goal of the system is to prevent the potential for fraud, waste, and abuse of Federal benefits. This notice is to inform you about the program and how it may affect you.

Since April 20, 1995, Rural Development has had the capability to review wage and benefit information from the DWD for comparison with information provided on your most current income statement(s). This information will be compared against the income statement(s) provided by you and adult members of your household.

Rural Development assumes that income statements are completed as accurately as possible, although errors do occur. There are also those who report erroneous or incomplete information in order to qualify for Federal benefits.

Should a review of DWD data reveal a discrepancy, contact with you will normally be made to solicit added information to account for discrepancies or to correct errors. The intent of Rural Development is not to harass you, but merely to resolve discrepancies and/or errors as early as possible. The agency may also look at your past certifications in an attempt to recover any improper assistance which may have been delivered in past years.

When unauthorized assistance has been granted, Rural Development must make an attempt to collect from you the sum which is determined to be unauthorized, regardless of the amount. The reimbursement may be collected by a lump sum, in a monthly amount added to your scheduled payment, or serviced as an unauthorized assistance account.

If you have any further questions, contact the Rural Development office that services your area.

# Housing Authority of the City of Amery

Twin Pines  
Pinewood  
Housing Choice Voucher

THIS INSTITUTION IS AN  
EQUAL OPPORTUNITY PROVIDER

Hi Rise  
Water's Edge  
Oakbrook  
Evergreen Village

## LANDLORD REFERENCE CHECK

Applicant: Please complete this section

Applicant's Name (s) \_\_\_\_\_

I authorize my current/former landlord to release any information pertaining to my/our rental history to the Amery Housing Authority. This may include, but is not limited to, the questions listed below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY THE LANDLORD ONLY

Property address \_\_\_\_\_

Dates of residency From \_\_\_\_\_ to \_\_\_\_\_

1. What was/is the monthly rent? \_\_\_\_\_ Was it subsidized? Yes NO
2. Was rent paid on time? YES NO  
If no, how often was it late? \_\_\_\_\_
3. Did tenant issue bad checks for rent? YES NO  
If yes, how many times? \_\_\_\_\_
4. Did the tenant leave owing rent, utility or damages outstanding? YES NO  
If yes, what was the amount? \_\_\_\_\_
5. How did tenant maintain their apartment? \_\_\_\_\_
6. Were there problems with the neighbors? YES NO  
Explain: \_\_\_\_\_
7. Were the police ever called as a result of a disturbance? YES NO  
Explain: \_\_\_\_\_
8. Did you have any problems with the tenant(s) or their guest(s)? YES NO  
Explain: \_\_\_\_\_
9. Would you rent to this tenant again? YES NO  
Explain: \_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_



OFFICE: 300 Harriman Avenue North • Amery, WI 54001  
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## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.