

The Housing Authority of the Village of Reedsville

Application for Occupancy

Housing/Rental History (Continued)

Applicant's previous address: _____ How long? _____
 Landlord's name/address: _____ Phone: _____
 _____ Fax: _____

Applicant's previous address: _____ How long? _____
 Landlord's name/address: _____ Phone: _____
 _____ Fax: _____

Are you now, or have you ever, lived in a government subsidized unit (ex: Public Housing, Section 8, Section 236 or 221(d)(3) subsidized projects)? Yes No If yes, dates of occupancy: _____

Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with recertification procedures? Yes No

Have you ever been evicted? Yes No

Have you ever been convicted of a felony? Yes No
 If yes, please explain: _____

Have you ever been convicted of a crime of any kind? Yes No
 If yes, please explain: _____

Are you a smoker? Yes No

Income Information

Put the amount you receive monthly before any deductions (gross amount) from each source that applies. Be prepared to show proof of any income you receive (ex: check stubs, award letter, monthly statements).

Income:	Gross Monthly Income Earned	Income:	Gross Monthly Income Earned
Employment		Unemployment	
Social Security		Child Support	
Supplemental Security Income (SSI) Federal		Alimony	
Supplemental Security Income (SSI) State		Worker's Compensation	
Pension/VA		Rental Property	
Retirement Plans		W2/TANF	
Other		Other	

Asset:	Bank/Financial Institution Name	Amount/Principal Value
Checking		
Savings		
Annuities		
CD's		
IRA's/Stocks		
Savings Bonds		
Other		

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Non-Reimbursed Recurring Medical Expenses (elderly and/or disabled applicants only)

Be prepared to show proof of any medical expenses you are paying.

Type:	Estimated Monthly or Annual Cost	
Medicare Premium		
Supplemental health insurance premium		Insurance Company:
Medicare drug insurance premium		Insurance Company:
Prescription drug co-payments		Pharmacy:
Payments on large hospital/doctor balance		To:
Co-payment on glasses/hearing aid		Within past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		

Character Reference

Please list two character references not related to you:

Name: _____	Phone: _____
Address: _____	How long have you known this person? _____
Name: _____	Phone: _____
Address: _____	How long have you known this person? _____

Application Information

This is a preliminary application and is not binding. Your signature (s) authorize its staff or authorized representative to contact any agencies, police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete your application for housing administrated/managed by the Village of Reedsville Housing Authority and to contact your prior landlords for information regarding your prior tenancies, to check credit references and to obtain credit, employment and court records. Background checks are made and can be reason for rejection. If approved, you will be contacted as to the move-in date. All information requested for eligibility of the program in which you have applied for must be in the office prior to move-in at which time you will be required to sign a lease agreement and pay a security deposit in the same amount as your first month's rent. All applicants must notify us if you have a change of address or income after the application has been taken.

Submittal of false statement of information is punishable under Federal Law

I understand that all information in this application is true to the best of my knowledge and I understand that false statements and/or information are punishable by law and lead to cancellation of this application or termination of tenancy after occupancy.

We have policies that support or assist victims of domestic violence, dating violence or stalking that will protect victims, as well as members of their family from losing their HUD assisted housing as a consequence of domestic violence or stalking.

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Application for Occupancy

Signature (s) of all applicants 18 or older:

Applicant: _____ Date: _____

Co-applicant: _____ Date: _____

Drug Free Housing

The tenant, any member of the tenant's household or guests or other persons under the tenant's control shall NOT engage in any criminal activity on or near the premises. "Drug-related activity" means illegal manufacture, sale, distribution, use or possession with the intent to manufacture, sell, distribute or use of a controlled substance as defined in Section 102 of the Controlled Substance Act (21 U.S.C. 802).

Signatures of all applicants 18 or older:

Applicant: _____ Date: _____

Co-applicant: _____ Date: _____

How did you find out about us?

- Advertising Aging and Disability Resource Center Current Resident: _____
 Website Friend/Relative: Other: _____

Identification

The Reedsville Housing Authority is required to present a copy of the below documents for each person you list on your application for housing. Applicant cannot be placed on our waiting list until all documents are provided.

- Driver's License or Photo ID
 Social Security Card

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Preference in Selection of Tenants

In selecting applicants for assistance in public housing, the Authority will give consideration to individual situations regarding all of the preferences listed below. If more than one applicant on the waiting list have the same priority for admission, date and time of the application will be used to select a Tenant.

Please check any box that you qualify for.

Elderly

A family whose head, spouse or sole member is a person who is at least 62 years of age. It may include two or more persons who are at least 62 years of age living together or one or more persons who are at least 62 years of age living with one or more live-in aides.

Veteran

A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.

Verification of preferences will be required with application.

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431 Madison Street

Reedsville, WI 54230

T: 920-754-4101 F: 920-754-4101

E: cummings.ashleyann@gmail.com

Declaration of Section 214 Status

Notice to applicants and tenants: Federal regulations prohibit providing housing assistance to persons other than United States citizens, nationals or certain other categories of eligible noncitizens. Each family member, regardless of age, is required to submit a declaration of citizenship status. Please read the declaration carefully and feel free to consult with an immigration attorney or other immigration expert of your choice.

I, _____ certify, under penalty of perjury that to the best of my knowledge, I am lawfully within the United States because (check the appropriate box below):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older (attach proof of age) [2];
or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under § 101(a)(15) or § 101(a)(20) of the Immigration and Nationality Act (INA) [3]; or
 - Permanent residence under §249 of INA [4]; or
 - Refugee, asylum, or conditional entry status under §207, §208, or §203 of the INA [5];
or
 - Parole status under §212(d)(5) of the INA [6]; or
 - Threat to life or freedom under §243(h) of the INA [7]; or
 - Amnesty under §245A of the INA [8].

Signature _____

Date _____

Check box if signature is of adult residing in the unit who is responsible for child named on statement.

HA Staff: Enter INS/SAVE Primary Verification #: _____ Date: _____

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Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes uses a document or writing continuing any false fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- [2] Eligible immigration status and 62 years of age or older. For noncitizens who are 62 year of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must provide proof of age. No further documentation of eligible immigration status is required.
- [3] Immigrant status under 101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 110(a)(20) and 1101(a)(15), respectively (immigrant status). This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker status), and who has been granted lawful temporary resident status.
- [4] Permanent residency under 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) (amnesty granted under INA 249).
- [5] Refugee, asylum, or conditional entry status under 207, 208, or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) (refugee status); pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) (asylum status); or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity (conditional entry status).
- [6] Parole Status under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d) (5) of the INA (8 U.S.C. 1182(d)(5) (parole status).
- [7] Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)(threat to life or freedom).
- [8] Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) (amnesty granted under INA 245A).

Supplemental and Optional 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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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

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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.