

OFFICE USE ONLY

Application Received on: Date _____ Time _____ AM/PM PHA Representative: _____

Full legal name of applicant (First) _____ (Last) _____ (MI) _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Phone number: Home _____ Work: _____

Contact person: (who could we contact if we are unable to reach you?) Name _____

Address _____ Phone _____

INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons **age 18 or older** who will be living in the home, beginning with the head of household (applicant).
 Each box must be completed for each member.

| NAME (full legal name) | Relation to Head | US Citizen Y/N | Disabled Y/N | Sex M/F | Date of Birth | Place of Birth | Social Security # or Alien Reg. # |
|---------------------------|---------------------|----------------------|-----------------|------------|------------------|-------------------|--------------------------------------|
| | HEAD | | | | | | |
| | | | | | | | |
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CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

| NAME (full legal name) | Relation to Head | US Citizen Y/N | Disabled Y/N | Sex M/F | Date of Birth | Place of Birth | Social Security # or Alien Reg. # |
|---------------------------|---------------------|----------------------|-----------------|------------|------------------|-------------------|--------------------------------------|
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RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

Race: Check the appropriate box (es). WHITE BLACK/AFRICAN AMERICAN ASIAN
 AMERICAN INDIAN/ALASKAN NATIVE NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

Ethnicity: Check the appropriate ethnicity. HISPANIC OR LATINO NOT HISPANIC OR LATINO

PLEASE ANSWER THE FOLLOWING QUESTIONS (DO NOT LEAVE BLANKS)

Employer (If Applicable) _____ Phone _____

Present Landlord _____ Phone _____

Previous Address _____ How Long _____

List all states that adult household members have resided in (past and present) _____

Have you ever participated in Federally Subsidized Housing Programs in the past? Yes ____ No ____

If yes, where: _____

Do you have any outstanding charges under this program? Yes ____ No ____ Unsure ____

I am a Full-Time Student. Yes ____ No ____

I am a Part-Time Student. Yes ____ No ____

I am attending : _____ (Name of School)

Address _____

Are you or a member of the household pregnant? Yes ____ No ____

If yes, when is baby due? _____

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes/No _____ If yes, please list. _____

Is applicant(s) or any household member a friend or family to any West CAP employee or Board of Director? (family includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child))

Yes ____ No ____ If Yes, please explain:

Have you or anyone in your household ever been convicted of any crime other than traffic violations?

Yes/No _____ If yes, please list. _____

Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/No _____ If yes, explain below.

Please CIRCLE any of the following received by anyone in your household:

General Assistance Food Stamps Badger Care Subsidized Housing

VA Benefits Cash Assistance Dividends/Interest Retirement/Pension

If separated or divorced, list name and address of spouse/ex-spouse as follows:

NAME _____

NAME _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

SOCIAL SECURITY NUMBER (If known) _____

SOCIAL SECURITY NUMBER (If known) _____

INFORMATION ABOUT THE INCOME OF MEMBERS OF THE HOUSEHOLD

Income includes money or contributions from any and all sources paid to or on behalf of a household member.

List the sources and amounts of all income (money) earned or received by everyone living in your household.

| HOUSEHOLD MEMBER NAME | INCOME SOURCE | AMOUNT \$ | FREQUENCY (Circle One) | | | |
|--------------------------|------------------|-----------|------------------------|---------|-------|-------|
| | | | Week | Bi-Week | Month | Other |
| | | | Week | Bi-Week | Month | Other |
| | | | Week | Bi-Week | Month | Other |
| | | | Week | Bi-Week | Month | Other |
| | | | Week | Bi-Week | Month | Other |

INFORMATION ABOUT THE ASSETS OF MEMBERS OF THE HOUSEHOLD

Do you or any household member own or have an interest in any real estate? _____
(house, land, and/or mobile home)

Have you sold any real estate in the last two years? _____

Do you own any stocks or bonds? _____ Do you have savings accounts? _____

If yes, give bank name and address: _____

Does anyone outside of your household pay for any of your bills or give you money? Yes/No _____
If yes, Explain below.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

APPLICANT(S)'S / TENANT(S)'S STATEMENT

I/We certify that the information given to the Polk County Section 8 Program on household composition, income and family assets is accurate and complete to the best of my/our knowledge. I/We understand that false statements and omitted information are punishable under Federal and State Law. I/We also understand that false statements or omitted information are grounds for termination of housing assistance and termination of tenancy.

I/We do hereby swear and attest that all of the information above is true and correct

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Application Agreement

The Polk County Section 8 Program operates off of a waiting list. The waiting list is updated at least once a year or more often if necessary. **Please be informed that the Section 8 Program requires that you notify us whenever you move.** You will be notified by mail when updates are needed or your name reaches the top of the waiting list. Therefore it is important to notify us whenever you move.

By signing below you are in agreement to the above, and request to be put on the HUD Section 8 Program waiting list.

Signature _____ **Date** _____

IF YOU OR ANYONE IN YOUR FAMILY IS A PERSON WITH DISABILITIES AND YOU REQUIRE A SPECIFIC ACCOMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAMS AND SERVICES, PLEASE CONTACT THE SECTION 8 PROGRAM.

Privacy Act Notice:

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1973 (42 U.S.C. 1437 et.seq.) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (4 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) require applicants and participants to submit the Social Security Number of each household member which is six years or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all the information requested by the HA, including all Social Security Numbers from you, and all other household members ages six years and older, have and use. Giving the Social Security numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Any Additional Comments you wish to make:

Pierce/Polk/St. Croix County Section 8 Program
525 Second Street - P.O. Box 308
Glenwood City, WI 54013

**AUTHORIZATION
For Release of Information**

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Pierce/Polk/St. Croix County Section 8 any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested, include but are not limited to:

| | | |
|----------------------------------|--------------------------------|--------------------------------|
| Identity and Marital Status | Employment, Income, and Assets | Residences and Rental Activity |
| Medical or Child Care Allowances | Credit and Criminal Activity | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

| | | |
|--|--|---|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers Human Services | Veterans Administration Retirement Systems |
| Courts and Post Offices | State Unemployment Agencies | Banks and other Financial Institutions |
| Schools and Colleges | Social Security Administration | Credit Providers and Credit Bureaus |
| Law Enforcement Agencies | Medical and Child Care Provider | Utility Companies |
| Support and Alimony Providers | | |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

| | | | |
|-----------------------------------|---------------------|----------------------------|---------------|
| _____ Head of Household (Sign) | _____ Print Name | _____ Social Security # | _____ Date |
| _____ Spouse (Sign) | _____ Print Name | _____ Social Security # | _____ Date |
| _____ Member (Sign) | _____ Print Name | _____ Social Security # | _____ Date |
| _____ Adult Member (Sign) | _____ Print Name | _____ Social Security # | _____ Date |