

# Strong, Secure Families - Sustainable Communities

Serving Barron, Chippewa, Dunn, Pepin, Pierce, Polk and St. Croix Counties.

Peter H. Kilde  
Executive Director



West Central Wisconsin  
Community Action Agency, Inc.

You contacted West CAP requesting an application for the Pierce/Polk/St. Croix Section 8 Housing Choice Voucher Program. We administer the Pierce/Polk/St. Croix Section 8 Housing Choice Voucher Program to eligible families who would like to reside in St. Croix, Polk and Pierce County, except the city limits of River Falls. The rent voucher program is one way the Federal Government helps people with very low income, rent privately owned housing. Rent is based on 30% of an eligible family's adjusted gross income. All participants must locate housing that meets program payment standards. The current payment standards are listed by bedroom size below.

Eligible bedroom size depends on household size. The limits listed below are what HUD defines as what gross rent -or- rent **PLUS ALL UTILITIES**. If you locate rental housing that does not include all utilities, you must minus - \$100-\$300 from the amounts below depending on the bedroom size and type of heat

### PAYMENT STANDARDS EFFECTIVE January 1, 2024

	<u>0BR</u>	<u>1BR</u>	<u>2BR</u>	<u>3BR</u>	<u>4BR</u>
ST. CROIX PIERCE	1408	1592	1946	2625	2973
POLK	829	931	1224	1479	1797

Families must meet the county median income limits that are listed below. **PRIORITY** will be given to families who are at or below 30 percent of the county median income.

### 30, 50, 80% OF COUNTY MEDIUM INCOME EFFECTIVE 2023

<u>COUNTY</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
St. Croix/Pierce	26,100	29,800	33,550	37,250	40,250	43,250
	43,500	49,700	55,900	62,100	67,100	72,050
	66,300	75,750	85,200	94,650	102,250	109,800
Polk	17,850	20,400	24,860	30,000	35,140	40,280
	29,750	34,000	38,250	42,500	45,900	49,300
	47,600	54,400	61,200	68,000	73,450	78,900

Please read over the information carefully. If you think you may be eligible for the Pierce/Polk/St. Croix Section 8 Housing Choice Voucher Program, complete the enclosed application form and return it.

Once your application is received, **you will be put on the waiting list**. Please remember, if there is any change in address and/or telephone number **YOU MUST** call West CAP to update your application. When your name comes to the top of the waiting list, your address must be current so we are able to contact you.

**Completion of an application does not automatically qualify you for the program. It is only one step in the process.**

Sincerely,

West CAP Pierce/Polk/St. Croix Section 8 Housing Choice Voucher Program

525 Second Street, Box 308, Glenwood City, WI 54013  
Phone: 715.598.4750 Fax: 715.265.7031  
www.westcap.org

Member:





**PLEASE PRINT**

**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: \_\_\_\_\_

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. #
	<b>HEAD</b>						

**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. #

**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)

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. \_\_\_\_\_

Does any household members name appear on any lifetime sex offender registry? \_\_\_\_\_ If yes, list the household member. \_\_\_\_\_

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

**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

**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 Pierce/St. Croix 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 Pierce/St. Croix 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:**

**AUTHORIZATION**

**For Release of Information**

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to 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                      Past and Present Employers                      Veterans Administration
- Public Housing Agencies)                      Human Services                      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
_____	_____	_____	_____
Adult Member (Sign)	Print Name	Social Security #	Date
_____	_____	_____	_____
Adult Member (Sign)	Print Name	Social Security #	Date