



November 2004

RETURN APPLICATION TO:

Things You Should Know

HOUSING AUTHORITY OF TREMPPEALEU COUNTY
36358 MAIN STREET, PO BOX 295
WHITEHALL, WI 54773
TELEPHONE: (715) 538-2274

email: trempho@triwest.net

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.				
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>				
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.				
Completing The Application	<p>When you answer application questions, you must include the following information:</p> <p>*COPIES OF SOCIAL SECURITY CARDS ARE REQUIRED FOR EACH PERSON LISTED ON THIS APPLICATION. (Eligible non-citizens must provide eligible immigration status verification)</p> <table><tr><td>Income</td><td><ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</td></tr><tr><td>Assets</td><td><ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</td></tr></table>	Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)	Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)				
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.				

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.





APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



Handicap/disabled, regardless of age

HOUSING AUTHORITY OF TREMPEALEAU COUNTY

Application / Personal Declaration

"This institution is an equal opportunity provider and employer"

OFFICE USE ONLY Date Received _____ Time Received _____ Employee's Initials _____

How did you hear about us? e.g. newspaper, radio, internet(list site), gov't agency(please list agency) _____



Read application carefully & provide complete information. Incomplete applications will not be processed and may be denied.

***APPLICANT (S):** _____
 Applicant Name(s) Street Address, Apt#, City, State & Zip Phone

 Full Mailing Address Email Address

*CONTACT PERSONS (do not list yourself or other household members here):

1. First Contact Name: _____ Relationship _____
 Address: _____ Phone No. _____

2. Second Contact Name: _____ Relationship _____
 Address: _____ Phone No. _____

***Do you have a representative payee, POA or guardian, etc?** ☐ Yes ☐ No

If yes, list name, address and phone number of this person and provide the legal documentation:

***SIGN:** I authorize the Housing Authority of Trempealeau County to contact the persons listed above regarding this application.

Signature(s) of all Applicant(s) over age 18

Date

Please check the programs you wish to be considered for:

Preferred Move-in date: _____

☐ **Section 8 Rental Assistance:** Assists families in paying rent in a qualifying unit of their choice.

Housing Authority of Trempealeau County properties: (eligible for Section 8 Rental Assistance)

- ☐ **Arcadia Housing Redevelopment:** 1 & 2 bedroom units for elderly, handicapped or disabled located on Gillespie Street in Arcadia, WI.
- ☐ **Whitehall Housing Redevelopment:** 1 & 2 bedroom units for elderly, handicapped or disabled located on Claire Street in Whitehall, WI.
- ☐ **Bugle Apartments:** 2- bedroom units located on Elm Street in Independence, WI.
- ☐ **Pigeon Falls Apartments:** 1 & 2 bedroom units located in Pigeon Falls, WI.

Public Housing Properties:

- ☐ **River View Apartments:** 1-bedroom units located on Willow Street in Arcadia, WI.
- ☐ **Ridge View Apartments:** 1- bedroom units located on West Ridge Avenue in Galesville, WI.
- ☐ **Arcadia Family:** 2 & 3 bedroom units located on South Sobotta Street in Arcadia, WI.
- ☐ **Blair Family:** 2 & 3 bedroom units located on Knutson Street in Blair, WI.
- ☐ **Galesville Family:** 2 & 3 bedroom units located on Edgewood Lane in Galesville, WI.
- ☐ **Whitehall Family:** 2 & 3 bedroom family units located on Maranatha Place in Whitehall, WI.

Family units are for households with at least one adult and one dependent

PART A. ADULTS – LIST YOURSELF AND ALL OTHER ADULTS IN HOUSEHOLD

1. _____

Last Name	First Name	MI	Maiden Name	Soc. Sec. #
Birthplace / City, State	Birthdate	Sex	Relationship to Head of Household	
Race and ethnicity:	<input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black/African American <input type="checkbox"/> Other _____	<input type="checkbox"/> American Indian/Alaska Native
Occupation:	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Veteran <input type="checkbox"/> Student
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
	<input type="checkbox"/> Disabled	<input type="checkbox"/> Handicapped		

Separated/Ex Spouse Name and Address: _____

**Copies of Soc Sec cards
are required for ALL
household members**

2. _____

Last Name	First Name	MI	Maiden Name	Soc. Sec. #
Birthplace / City, State	Birthdate	Sex	Relationship to Head of Household	
Race and ethnicity:	<input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black/African American <input type="checkbox"/> Other _____	<input type="checkbox"/> American Indian/Alaska Native
Occupation:	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Veteran <input type="checkbox"/> Student
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
	<input type="checkbox"/> Disabled	<input type="checkbox"/> Handicapped		

Separated/Ex Spouse Name and Address: _____

3. _____

Last Name	First Name	MI	Maiden Name	Soc. Sec. #
Birthplace / City, State	Birthdate	Sex	Relationship to Head of Household	
Race and ethnicity:	<input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black/African American <input type="checkbox"/> Other _____	<input type="checkbox"/> American Indian/Alaska Native
Occupation:	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Veteran <input type="checkbox"/> Student
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
	<input type="checkbox"/> Disabled	<input type="checkbox"/> Handicapped		

Separated/Ex Spouse Name and Address: _____

Signature Required:

* Signature of Head of Household _____ Date _____

* Signature of Co-Head _____ Date _____

PART B. CHILDREN. List children expected to be living with you in the next 12 months, including unborn child.

1. _____
Last Name First Name MI Sex Soc. Sec. #

Birthplace / City, State Birthdate Relationship to Head of Household School Name
Race and ethnicity: ☐ Hispanic or Latin ☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander
☐ Disabled ☐ Handicapped
Absent parent (name and address): _____

2. _____
Last Name First Name MI Sex Soc. Sec. #

Birthplace / City, State Birthdate Relationship to Head of Household School Name
Race and ethnicity: ☐ Hispanic or Latin ☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander
☐ Disabled ☐ Handicapped
Absent parent (name and address): _____

3. _____
Last Name First Name MI Sex Soc. Sec. #

Birthplace / City, State Birthdate Relationship to Head of Household School Name
Race and ethnicity: ☐ Hispanic or Latin ☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander
☐ Disabled ☐ Handicapped
Absent parent (name and address): _____

4. _____
Last Name First Name MI Sex Soc. Sec. #

Birthplace / City, State Birthdate Relationship to Head of Household School Name
Race and ethnicity: ☐ Hispanic or Latin ☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander
☐ Disabled ☐ Handicapped
Absent parent (name and address): _____

➤ Are there any children 7 years and under who have an elevated blood level of lead? ☐ Yes ☐ No

Signature of Parent or Guardian Required:

* Signature _____

Date _____

PART C. Background

1. Have you or any household member on this application ever been arrested or charged with drug-related criminal activity? ☐ Yes ☐ No
2. Have you or any household member on this application ever been arrested or charged with any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person (including sexual offenses) or property? ☐ Yes ☐ No
3. Is any household member (including children) subject to a lifetime state sex offender registration program in any state? ☐ Yes ☐ No

If you answered yes to any of the above questions please complete the following:

Date of arrest	Charges	City, State
----------------	---------	-------------

Date of arrest	Charges	City, State
----------------	---------	-------------

Certification of No Drug Related Criminal Activity/Violent Criminal Activity.

I, the undersigned, do hereby attest that I and all members of my household do not partake in any illegal drug activity, including but not limited to the use, selling, manufacturing or possession of any illegal drugs. I further understand that partaking in any illegal drug activities may result in the removal of my application from the housing assistance waiting list or termination of housing assistance. I, the undersigned, do hereby attest that I and all members of my household do not partake in any criminal activity consisting of use, attempted use or threatened use of physical force/ violence against a person (including sexual offenses) or property. I understand this statement remains in effect for the entire length of my participation in the housing programs.

X	X	
Signature	Date	Signature
		Date

4. Have you or any member of your household listed on your application ever used any other name (such as maiden, married, or name changes) or used any other social security number other than what is listed on your application? ☐ Yes ☐ No

If yes, list all other names used: _____

5. Provide a complete list of all states(including WI) in which any household member on this application has resided:

Name	Cities and States(including WI) you have resided in
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, the undersigned, understand that the Housing Authority of Trempealeau County conducts background checks on all applicants. I, the undersigned certify that the above information is accurate and true to the best of my knowledge and belief. I understand that providing false information is punishable by Federal Law and will result in termination of housing or housing assistance.

X	X	
Signature	Date	Signature
		Date

PART D. INCOME**EMPLOYMENT:** Is anyone working or expecting to work in the next 12 months? ☐ Yes ☐ No

1. _____					
Name of Person Working	Occupation	Start Date	Gross Wages Per Month		
Employer's Name		Complete Mailing Address		Phone Number	
Do you ever receive any of the following:	Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. _____					
Name of Person Working	Occupation	Start Date	Gross Wages Per Month		
Employer's Name		Complete Mailing Address		Phone Number	
Do you ever receive any of the following:	Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Commission	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous employment: List previous employment if with current employer for less than 5 years

1.	Applicant Name	Employer's Name and Address	Start/End Dates
2.	Applicant Name	Employer's Name and Address	Start/End Dates
3.	Applicant Name	Employer's Name and Address	Start/End Dates

CHECK YES OR NO: Do you expect to have the following income in the next 12 months?

Income Type	Yes	No	Who Receives Income	Name/Address of Source of Income	Monthly Amt.
Social Security					
SSI (<i>Federal / State</i>)					
Pension/Retirement					
Child Support - (Court ordered amount)					
Unemployment					
Spousal Support/Alimony					
Business Income					
Disability Benefits-Not SSA					
Education Loans/Grants					
Gifts or Loans					
Military Pay					
Rental Income					
W-2 (Welfare to Work)					
Work Study/ Training					
Workers Comp.					
Other Income including anyone outside your household that pays your bills or gives you money					

PART E. ASSETS

CHECK YES OR NO: Do you have the following assets?

<i>Item</i>	<i>Yes</i>	<i>No</i>	<i>Household Member Names(s) on Asset</i>	<i>Where Held (Name and Complete Address and policy/account #'s)</i>	<i>Approximate Balance/Value</i>
Checking					
Savings					
Life Insurance					
Trust Funds					
Stocks/Bonds					
Cert. Of Deposits					
Money Markets					
Retirement Accts.					
Deferred Comp.					
Real Estate Property					
Real Estate Sold on					
Land Contract/Loan					

If you own any Real Estate Property, land or mobile home, please provide the following information. (You will also have to provide documentation showing the value of the property as well as documentation showing current mortgage balance owed on the property.)

Type	Address	Estimated Value	Mortgage Balance	Bank mortgage held at
------	---------	-----------------	------------------	-----------------------

Has your household sold or given away any assets such as Real Estate Property, money held in bank or investment accounts, cash or a self-owned business in the last 2 years? ☐ Yes ☐ No If yes, complete the following:

Type of Asset	Date Disposed of/Sold	Value of Asset	Mortgage Balance	Amount Received for Asset
---------------	-----------------------	----------------	------------------	---------------------------

Type of Asset	Date Disposed of/Sold	Value of Asset	Mortgage Balance	Amount Received for Asset
---------------	-----------------------	----------------	------------------	---------------------------

Does anyone own or have the use of any vehicle, such as car, truck, motor home, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle? ☐ Yes ☐ No If yes, complete the following:

License Plate #	State	Year	Make and Model	Color
-----------------	-------	------	----------------	-------

License Plate #	State	Year	Make and Model	Color
-----------------	-------	------	----------------	-------

PART F. ALLOWANCES**CHILDCARE EXPENSES**

Do you employ the services of a Care Provider for a child 12 years or under or for a disabled person?

☐ Yes ☐ No

If yes, provide the name and complete mailing address and phone number of childcare provider: _____

Does any other source help pay for your Child Care?

☐ Yes ☐ No

If yes, provide the name of the source and the complete mailing address and phone number: _____

_____\$ _____
Total amount per week paid to your childcare provider\$ _____
Amount you pay yourself to your childcare provider\$ _____
Amount paid for you by another source**MEDICAL EXPENSES**

- Head of household or spouse of the head of household **must be 62 years of age or older, or handicapped, or disabled.**
- Complete the section below **ONLY** for medical expenses you have paid for in the last 12 months or are currently paying out of your own pocket such as:
 - Pharmacy or Medical appointment co-pays
 - Medicare or Medicare supplement
 - Nursing home stays
 - Vision, Dental or Chiropractor co-pays
 - Health Insurance premium
 - Payments on outstanding medical bills

Type of Expense	Facility you pay for medical related expenses (Name and Address)	Yearly Cost
Medications (must be prescribed by doctor)		
(do not list individual medications)		
Medical Treatments		
Dental Treatments		
Medical Appliances		
Health Insurance (provide policy numbers)		
Live-In Aide		
Other:		

I/We certify that the above medical expense information is accurate and complete to the best of my/our knowledge and belief.

X
Signature _____ Date _____X
Signature _____ Date _____

Complete this page only if you are applying for assistance for where you are currently residing or are moving to.

1. Amount of rent the landlord is charging for the unit: \$ _____
2. Number of bedrooms in the unit: _____
3. Address of Unit: _____
4. Name of Landlord: _____
 Landlord's Address: _____

Email Address

 Landlord's Phone: _____

Daytime
Evenings
5. Is the landlord related to you? _____ Yes _____ No If yes, how? _____
6. Circle the type of housing unit: (Proof of manufactured date is required for Mobile Homes)
 Apartment Complex Duplex Four-Plex Single Family House Mobile Home
 Other: _____ Dwelling construction date: _____
7. Indicate the type of utilities in the unit and who pays for them (*use T for tenant and L for landlord*):

Heat: _____	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> LP Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood
Cooking: _____	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> LP Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood
Water Heater: _____	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> LP Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood
Other Electric: _____					
Water: _____	Sewer: _____	Trash Collection: _____			
8. Who owns the stove/range? _____ Refrigerator? _____
9. Have you paid a security deposit? ☐ Yes ☐ No If yes, how much? _____
10. Is the security deposit paid in full? ☐ Yes ☐ No
 If no, explain: _____
11. Are you current with your rent payments? ☐ Yes ☐ No
 If no, explain, include amount owed: _____

FEDERAL PRIVACY ACT NOTICE

Family income and other information is collected by the U.S. Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses family income and other information to assist in managing and monitoring HUD assisted housing programs; to protect the Government's financial interests; and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies when relevant, and to 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 public housing agency, including all social security numbers for all household members age six (6) years and older. Giving the social security numbers of all household members 6 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.

Authority for information collection: The following laws authorize the collection of this information by HUD of the public housing agency: The U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) year old.

APPLICANT CERTIFICATION

I/We certify that the information* given to the Public Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

* After verification by this PHA, the information will be submitted to HUD on Form 50058 (Family Report, a computer generated facsimile of the form or via the Internet. See the Federal Privacy Act Notice.)

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.

I/We do hereby swear and attest that all the information provided on my application about myself and my household is true and correct. I also understand that all changes in household members or income must be reported to the Public Housing Authority **in writing** immediately.

I/We declare under penalty of perjury under the laws of the United States of America and the State of Wisconsin that the information contained in this statement of facts is true, correct and complete.

Please Sign:

Signature of Head of Household Date

Signature of Co-Head/Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date

**RURAL DEVELOPMENT
DISCLOSURE ACT**

Rural Development is authorized by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 ET. SEO.), 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 it is unlawful for Rural Development to deny eligibility because of the refusal to disclose the social security number.

The principal purposes for collecting the requested information are to determine eligibility for occupancy in the Rural Development 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.

DISCRIMINATION ACT

Information as to race, ethnic group, and sex designation is provided on a voluntary basis for statistical purposes only. This information is requested by the apartment owner in order to assure the federal government, acting through Rural Development, that federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, marital 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 evaluation 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 individual applicants on the basis of visual observation or surname.

Applicant Name: _____

Date: _____

Please indicate your sex: ☐ Male ☐ Female

Please indicate ethnicity: ☐ Hispanic or Latino ☐ Not – Hispanic or Latino

Please indicate race:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White



Housing Authority of Trempealeau County

36358 Main St., P.O. Box 295, Whitehall, WI 54773
Telephone: 715-538-2274 Fax: 715-538-2392

"This institution is an equal opportunity provider and employer"



Curtis Johnson, Chairman
Karen Witte, Vice-Chairman
Tim Zeglin

Frances Manka, Executive Director
Scott Brown
Sherry Brasda

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We the undersigned that by signing this form I/we are authorizing the Housing Authority of Trempealeau County to request my/our personal information from the following sources to use in the determination of my/our eligibility for housing assistance and for the determination of the amount of assistance I/we are entitled to.

Law Enforcement Agencies
Banks & Other Financial Institutions
Employers (past and present)
Landlords (past and present)
U.S. Dept. of Veterans Affairs
U.S. Social Security Administration
Western WI Cares

Schools
Family Services
Credit Bureaus
Utility Companies
Clerk of Circuit Courts
State Dept. of Human Services
U.S. Dept. of Social Services

I/We also authorize the release of information to the Housing Authority of Trempealeau County for the above purposes, to the providers of:

Alimony
Child Support
Medical Care/Support
Pension/Annuities
Character References
Landlord References

Child Care
Credit
Handicapped Assistance
Insurance
Volunteer/Community Service
Home Health Services

Dental
Chiropractic
W-2
Veterinary

PLEASE SIGN:

I/We understand that the Housing Authority of Trempealeau County needs this information for the determination of eligibility for housing assistance and/or the amount of assistance I/we are entitled to.

I/We agree that the Housing Authority of Trempealeau County may use photocopies of this document for the purposes stated above. This consent form expires 15 months after signed.

Signature

Date

Signature

Date

Signature

Date

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
 U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (Housing Authority of Trempealeau County
 P. O. Box 295
 Whitehall WI 54773

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
 Housing Choice Voucher
 Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (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 (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



Housing Authority of Trempealeau County

36358 Main St., P.O. Box 295, Whitehall, WI 54773

Telephone: 715-538-2274 Fax: 715-538-2392

"This institution is an equal opportunity provider and employer"



Handicap/disabled, regardless of age

Curtis Johnson, Chairman
Karen Witte, Vice-Chairman
Tim Zeglin

Frances Manka, Executive Director
Scott Brown
Sherry Brasda

NOTICE OF SECTION 214 REQUIREMENTS

The Law. Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Department of Housing and Urban Development (HUD) from financially assisting persons who are not United States citizens, nationals, or certain categories of eligible non-citizens that are either applying to or residing in specified Section 214 covered programs. Section 214 was implemented by a final "Non-citizens Rule" entitled, Restrictions on Assistance to Non-Citizens, which was published in the Federal Register on March 20, 1995 (60 FR 14816-4861). The Non-Citizen Rule became effective on June 19, 1995 and applies to the following HUD-assisted housing programs: 1) Section 8 Housing Choice Voucher Program; 2) Section 8 Moderate Rehabilitation Program; 3) Public and Indian Housing Programs. Section 214 applies to all who apply for housing assistance, applicants who are already on a waiting list for housing assistance, and tenants who are already receiving housing assistance. Section 214 covers citizens and non-citizens who have eligible immigration status.

What the Law Means To You. The receipt of housing assistance is contingent upon you and your family submitting evidence of either 1) citizenship, or 2) eligible immigration status.

What Evidence Will Be Required? Each family member, regardless of age, is required to submit the following evidence:

Citizens or Nationals: A signed declaration of U.S. citizenship

Non-Citizens 62 years of age or older and were receiving housing assistance on June 19, 1995: A signed declaration of eligible immigration status and proof of age.

All Other Non-Citizens: (See back of this form for definition) The evidence consists of 1) a signed declaration of eligible immigration status; 2) the Immigration and Naturalization Service (INS) documents listed below; 3) a signed verification consent form.

Acceptable INS Documents: Note: The Housing Agency is required to take copies of original documents.

- 1) Form I-551, Alien Registration Receipt Card for permanent resident aliens;
- 2) Form I-94, Arrival Departure Record, with one of the following annotations:
 - a) "Admitted as Refugee Pursuant to Section 207"
 - b) "Section 208" or "Asylum"
 - c) "Section 243(h)" or "Deportation stayed by Attorney General"
 - d) "Paroled Pursuant to Section 212(d)(5) of the INA"
- 3) Form I-94, if not annotated, accompanied by one of the following documents:
 - a) A final court decision granting asylum with no appeals taken;
 - b) A letter from an INS asylum officer or INS district director granting asylum (if application is filed before 10/1/1990);
 - c) A court decision granting withholding of deportation; or
 - d) A letter from an asylum officer granting withholding of deportation (if application is filed before 10/1/1990).
- 4) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
- 5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";
- 6) A receipt from the INS indicating that an application for a replacement of one of the above documents has been made and the applicant's entitlement to the document is verified; or
- 7) If other documents are determined as acceptable evidence by the INS a notice will be published in the Federal Register.

All Other Eligible Non-Citizens: A non-citizen would have eligible immigration status under any one of the following six categories determined by the INS:

- 1. Immigration Statuses under 8 U.S.C. 1101(a)(15) or 1101(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence as an immigrant as defined by §§ 101(a)(20) or 101(a)(15) respectively. This includes a non-citizen admitted under §§ 210 or 210A of the INA (8 U.S.C. 1160 or 1161, *special agricultural work status*) who has been granted lawful temporary resident status.
 - 2. Permanent Residence Under §249 of INA.** A non-citizen 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 eligible 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*).
 - 3. Refugee, Asylum, or Conditional Entry Status Under §§207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to: an admission under §207 of the INA (8 U.S.C. 1157, *refugee status*); 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*).
 - 4. Parole Status Under §212(d)(5) of INA.** A non-citizen 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*).
 - 5. Threat To Life or Freedom Under §243(h) of INA.** A non-citizen 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*).
 - 6. Amnesty Under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1244a, *amnesty granted under INA 245A*).
-



Housing Authority of Trempealeau County

36358 Main St., P.O. Box 295, Whitehall, WI 54773

Telephone: 715-538-2274 Fax: 715-538-2392

"This institution is an equal opportunity provider and employer"



Handicap/disabled, regardless of age

Curtis Johnson, Chairman
Karen Witte, Vice-Chairman
Tim Zeglin

Frances Manka, Executive Director
Scott Brown
Sherry Brasda

DECLARATION OF SECTION 214 STATUS

(Notice to applicants and tenants: In order to be eligible to receive housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration Statement carefully, sign it and return it to the Housing Authority of Trempealeau County. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.)

- Each family member must check the appropriate box below to indicate status as a citizen or a national of the United States, or a noncitizen with eligible immigration status.
- All adults of the household must sign and date where indicated. For each child or dependent in the household, the form must be signed and dated by an adult member of the household that is legally responsible for the child or dependent.
- Any household member who does not have a box checked indicates that the household member is claiming not to be a citizen, national or noncitizen with eligible immigration status.
- See reverse side for definitions of eligible immigration status

First Name	Last Name	Age	I am a citizen or national of the U.S.		I am a noncitizen with eligible immigration status	Signatures and Date
_____	_____	_____	<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or	<input checked="" type="checkbox"/>	_____

- Household members claiming eligible immigration status must bring in to this office an original of one of the following documents: (Do not mail these documents to this office)
- Form I-551, Alien Registration Receipt Card
 - Form I-94, Arrival Departure Record with appropriate annotations or documents
 - Form I-688, Temporary Resident Card
 - Form I-688B, Employment Authorization Card
 - A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner 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 pertains to noncitizens who declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years 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 include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

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. 1101(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*], who has been granted lawful temporary resident status.

Permanent residence 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*].

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 of 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*].

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*].

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*].

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*].

PART G. TENANCY HISTORY / REFERENCES

1. Does anyone in your family need a handicapped accessible unit? ☐ Yes ☐ No
2. Can you live in an upstairs apartment? ☐ Yes ☐ No
3. Do you have any pets? ☐ Yes ☐ No
If Yes, provide type/breed and size of pet(s): _____
4. Have you or any adult on this application ever rented? Explain gaps in or lack of rental history. ☐ Yes ☐ No
If currently in a lease, what is your lease end date? _____ Have you given a 30-day notice? ☐ Yes ☐ No

 **You must provide the last 3 places you have rented or lived. Failure to provide information will delay or void this application.**

Name of Tenant	Address of Rental Unit	Landlord's Name, Complete Mailing Address, phone number or Email Address	Move-In Date	Move-Out Date	Reason for Move-Out

5. Have you or any other household member lived in any rental-assisted housing? ☐ Yes ☐ No
If yes, where? _____
6. Has anyone on your application ever been evicted from a rental unit, including federally funded housing? ☐ Yes ☐ No
If yes, give date and reason: _____
7. Have you ever committed any fraud in any housing assistance program, owe money or been requested to repay money for such housing programs? ☐ Yes ☐ No
If yes, explain _____

You must complete item 8 if you are applying to reside in one of the Housing Authority of Trempealeau County properties listed on page 1.

8. List three (3) sources that we may contact for **character references**. For multiple adult applicants, list (2) for each applicant.
Sources may include but are not limited to members of the community, organizations, business or school, or past employers.

 **Do not** list landlords, relatives, friends or friends of family members, roommates, co-workers, therapists, caseworkers, or counselors.

You must provide complete names and addresses below. Failure to do so will delay or void this application.

Full Name	Complete Mailing Address or Email Address	How Do You Know This Person?

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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: _____
<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.

--	--

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.