

Monroe County
Housing Authority

1108 W. Wisconsin St. Apt. 103, Sparta, WI 54656
Monroe County Housing Authority is an Equal Opportunity Provider and Employer
Telephone: (608)269-5017 Toll Free: (800)491-5017 Fax: (608)269-5102

**APPLICATION FOR
HUD SECTION 8 RENTAL ASSISTANCE
HOUSING CHOICE VOUCHER**

All questions must be completed, or this application will be returned to you unprocessed.
APPLICATION MUST BE COMPLETED IN FULL AND FORMS SIGNED AS INDICATED. INCOMPLETE OR UNREADABLE FORMS MAY DELAY YOUR APPLICATION PROCESS.

- You are required to sign this application in six (6) areas.
- We are required to conduct a criminal history search with the "crime information bureau" on all applications. Once received, there are restrictions to participate in this program for charges and/or convictions of: any drug related activity and/or violent criminal activity. These charges and/or convictions will/may prohibit participation in our program.
- Once your application has been processed and you are determined to be eligible you will be placed on a waiting list. When there is an opening in the program, you will be required to attend an orientation briefing. This meeting will inform you of all program regulations. You will be **required** to bring in third party verification of all household members' income, child care expenses (if applicable), medical expenses (if applicable).
- Our program has restrictions on *Income. Current income guidelines are attached to application.
- Housing quality standards. All units must pass an informal inspection. This inspection is only conducted after you receive a "voucher" at the orientation meeting.
- A one-year lease with a private landlord will be required once you are placed on our program.
- Normally applications are processed within 30 days. If you do not receive written notification of your eligibility within this time period – you may contact our office regarding your application.

I understand that my housing application is contingent upon my eligibility based on the rules and regulations established by the US Dept. of HUD and the Housing Authority's Admissions Policy. I understand that my application may be denied/rejected for any one or any combination of the reasons listed below:

1. Unverifiable current and/or past rental history
2. Unacceptable current and/or past rental history
3. Owing money for current and/or past housing rentals
4. Failure to provide requested rental history or proof of residence.
5. Have been evicted/terminated from assisted housing within three (3) years of the projected date of admission because of drug-related criminal activity.
6. There is reasonable cause to believe an applicant illegally uses a controlled substances or abuses alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by the other residents.
7. Applicant has a history of drug-related and/or violent criminal behavior.
8. Failure to disclose requested information on the application.
9. Providing false or misleading information on the application
10. Failure to provide requested information within ten (10) business days of written request.
11. Failure to provide required documentation of Social Security Number for each household member.
12. If applicant's gross income at the time of application is greater than the Low Income by family size listed. Note: Family's that meet the very low-income category may be given priority for admission

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THINGS YOU SHOULD KNOW

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

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:

- * Evicted from your apartment or house;
- * Required to repay all overpaid rental assistance you received;
- * Fined up to \$10,000.00;
- * Imprisoned for up to 5 years; and/or
- * Prohibited from receiving future assistance.

Your state and local governments may have other laws and penalties as well.

ASKING QUESTIONS:

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

COMPLETING THE APPLICATION:

When you give your answers to application questions, you must include the following information:

INCOME:

- * All sources of money you and any "adult" (18 years or older) member of your family
- * 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 savings account, credit union, or certificate of deposit, dividends from stocks, etc);
- * Earnings from second job or part time job;
- * Any anticipated income (such as a bonus or pay raise you expect to receive).

ASSETS:

- * All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owed by any adult member of your family/household who will be living with you.
- * Any business or asset you sold in the last two (2) years for less than its full value, such as your home to your children

Family/Household Members:

- * 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 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 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 of family/household composition immediately.

Be sure to ask when you must recertify. You must report on recertification forms:

All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. For all adult family/household members.

All assets that you or your family/household members own and any asset 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;
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

REPORTING OF 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 project of PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

Applicant's Signature

Date

Co-Applicant's Signature

Date

HOUSING CHOICE VOUCHER PROGRAM ANNUAL INCOME LIMITS

Effective Date: 4/1/21

Family Size	Extremely Low-Income 30%	Very Low-Income 50%
1	\$14,250	\$23,750
2	\$16,460	\$27,150
3	\$20,780	\$30,550
4	\$25,100	\$33,900
5	\$29,420	\$36,650
6	\$33,740	\$39,350
7	\$38,060	\$42,050
8	\$42,380	\$44,750

At least 75% of the families admitted to the Housing Choice Voucher program must have incomes at or below the "Extremely Low Income" level.

Incomes that exceed the "Extremely Low Income" level may be placed on an extended waiting list.

Incomes that exceed the "Very Low Income" limits in the right-hand column are considered to be over income and cannot be served.

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OFFICE USE ONLY: Date received: _____ Time: _____ Initials: _____

HUD SECTION 8 RENTAL ASSISTANCE APPLICATION

Head of Household Name: _____
First Middle Initial: Last: Phone Number:

Address: _____
PO Box or Street Address: City: State: Zip Code:

Mailing address (if different from above): _____

Date moved to above address: _____ Email address: _____

Employer Name:	Work Phone #:
Emergency Contact Name:	Phone #: Relationship:
Does anyone live with you now, who are NOT listed below?	Y or N Explain:
Ethnicity of Head of Household? Hispanic or Non-Hispanic	Race: White AF/American Asian Native American

HOUSEHOLD COMPOSITION: List all persons (including yourself) who will be living in your home, listing head of household first. In order to include the children, they must live with you 50% of the time or more.

Full Legal Name w/middle initials of each household member:	Gender:	DOB:	Relationship to Hd of Hsld:	Social Security #:	Indicate if: Separated, Married or Divorced

IF SEPARATED OR DIVORCED, LIST NAME AND ADDRESS OF SPOUSE/EX-SPOUSE:

Name:	Address:	SS #: (If known)

TOTAL HOUSEHOLD INCOME: List ALL money earned/received by everyone living in household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments, SSI, worker's comp, retirement benefits, TANF, veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

Household Member:	Employer:	Employer Phone Number:	Monthly Wages:	Monthly Child Support:	Circle income:	U/C Benefits:	Pension:
					SS SSI SSDI		
					SS SSI SSDI		
					SS SSI SSDI		

INCOME INFORMATION:

Does any member of your household work for someone who pays them cash: If Yes, amount \$ _____ per week. From: _____	Y or N
Does anyone outside your household give you money for living expenses or pay bills for you? If yes, please explain:	Y or N
If "entitled to child support, but not receiving any support, have you filed a complaint with the child support agency or Clerk of Courts? If no, please explain. If yes, what County?	Y or N
Do you own any personal property held as an investment, such as gems, jewelry, coin collections, antique care, etc.? If yes, what is owed: _____ Value: _____	Y or N
Has any household member sold, gifted or donated property or any other assets worth more than \$1,000.00 in the past two (2) years? If yes, please explain and list address.	Y or N
Is any family member a student in a college or vocational school? If Yes, indicate member's name and school name:	Y or N

ASSET INFORMATION:

Cash on hand:	Whom:	Bank Name:	Balance:
Checking:	Whom:	Bank Name:	Balance:
Checking:	Whom:	Bank Name:	Balance:
Savings:	Whom:	Bank Name:	Balance:
Savings:	Whom:	Bank Name:	Balance:
Real Estate Owned or sold within the last 2 yrs:	Market Value:	Recent annual property tax:	Amount sold for:
Does anyone outside your household pay any of your bills or give you money?	Yes or No	If yes, explain. (Name, address, phone #)	Amount/frequency:
Do you or any household own or have an interest in any real estate, boat, and/or mobile home?	Yes or No Value:	Yes or No Value:	Yes or No Value:
Do you own a car? Y or N	Model/Year:	2nd Car? Y or N	Model/Year:

OTHER ASSETS OWNED: (No vehicles): Stocks or bonds?

Type:	Value:
Type:	Value:
Type:	Value:

MEDICAL EXPENSES:

Family Member (s)	Medicare		Monthly Payment:	
			\$	
			\$	
Family Member (s)	Health Insurance		Monthly Payment:	Frequency:
			\$	
			\$	
Family Member (s)	Title 19 or Badger care	Caseworker:	Spend-down Amount:	Frequency:
Family Member (s)	Outstanding Medical Expenses:	Caseworker	Monthly Payment:	Total Owed:
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

MISCELLANEOUS INFORMATION

The following questions pertain to yourself and each member of your household who will occupy the unit.

Have you or any member of your household ever been arrested of a felony or a misdemeanor other than traffic violation?	Y or N	Explain:
Are you or any member of the household, subject to State Lifetime Sex Offender Registration in any State?	Y or N	List States:
Do you or any member of the household use an illegal drug or other illegal controlled substance?	Y or N	Explain:
Have you or any member of the household ever been convicted of the illegal use, possession, distribution or manufacture of an illegal drug or other controlled substance:	Y or N	Explain:
Have you or any member of your household ever used different names from the names given on this application?	Y or N	Explain:
Have you or any member of your household ever used a social security number different from those listed on this application?	Y or N	Explain:
Has any member lived in any government assisted housing? If yes: Date of Occupancy: _____ Phone Number: _____	Y or N	Name/address of housing:
Have you ever committed any fraud in a Federally Assisted Housing? Program or been requested to repay money for misrepresenting information for such housing programs?	Y or N	If yes, explain:
Do you owe any money for rent, damages, or fraud to any Public Housing? If yes, Amount: _____	Y or N	Name/address of housing:
Do you pay for childcare or handicapped care which enables you or another family member to work or go to school? Weekly amount: _____	Y or N	List care provider:
Has your housing assistance ever been terminated due to fraud, non-payment of rent or utilities?	Y or N	If yes, explain:
Have you lived in any other State other than Wisconsin?	Y or N	If yes, list all states:

Applicant's Signature

Date

Co-Applicant's Signature

Date

Other Adult

Date

Fill in completely.

LANDLORD INFORMATION: Provide for the past five (5) years.

Landlord Name:	Landlord Address:
LL Phone #:	Date moved to this address:
Current Rent? Do you owe rent? Y or N	If yes, how much?
How many people live in your unit now?	How many bedrooms do you have?
Date moved to this address?	
Do you pay utilities? Yes or No	Circle those you pay: Water/sewer Electricity Gas
Do you wish to move? Yes or No	If yes, why?
Are you being evicted?	If yes, why?

Landlord Name:	Landlord Address:
LL Phone #:	Date lived at this address:
Do you currently owe past rent? Y or N	If yes, how much?
Did you pay utilities? Yes or No	

Landlord Name:	Landlord Address:
LL Phone #:	Date lived at this address:
Do you currently owe past rent? Y or N	If yes, how much?
Did you pay utilities? Yes or No	

PERSONAL REFERENCES: List three (3) references who are NOT relative/family members or prior landlords:

Reference Name:	Complete Mailing Address:	Email Address:	Home Phone #:	Cell or Work #:

APPLICANT CERTIFICATION: I/We certify that the information given to the Monroe County Housing Authority on household composition, income, net family assets and allowances/deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information is punishable under federal law and ground for termination of assistance **ALL CHANGES in the income of any member of the household as well as ANY CHANGES in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY.**

Signature – Head of Household Date

Signature of Spouse Date

Signature of other adult Date

Signature of other adult Date

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing & Equal Opportunity National Toll-free Hot Line at 800-424-8590. Within Washington DC, Metropolitan Area, call 426-3500.

SECTION 8 "HOUSING CHOICE VOUCHER": Recent HUD regulations declared that all applicants will have to be prepared to submit evidence of citizenship or eligible immigrant status. This evidence pertains to each family member. Evidence may be in the form of a declaration of citizenship or original documents of eligible immigrant status. ORIGINAL DOCUMENTS to satisfy eligible immigrant status are:

- | | |
|---|--|
| 1. Resident Alien Card (I-551) | 2. Alien Registration Receipt Card (I-151) |
| 3. Arrival – Departure Record (I-94) | 4. Temporary Resident Card (I-688) |
| 5. Employment Authorization Card (I-6883) | 6. Receipt issued by INS for issuance of replacement of any of the above. When final eligibility status is being determined, each family member is requested to provide this information. The head or spouse in the family will make the necessary declaration for each family member under the age of 18. |

DECLARATION OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS

I ATTEST, UNDER PENALTY OF PERJURY THAT I AM (CHECK ONE):

_____ A Citizen of the United States;

_____	_____	_____
Signature of Head of Household	Signature or Spouse of Other Adult	Date

_____ A non-citizen(s) with eligible immigration status. Attach documentation.

_____	_____	_____
Signature of Head of Household	Signature or Spouse of Other Adult	Date

OR

_____ A non-citizen without eligible immigration status:

_____	_____	_____
Signature of Head of Household	Signature or Spouse of Other Adult	Date

I attest, under penalty of perjury, that:

(PRINT CHILD(REN) NAME(S), IF APPLICABLE)

Is/are citizen(s) of the United States.

_____	_____
Legal Guardian Signature	Date

OR

I attest, under penalty of perjury, that:

PRINT CHILD(REN'S) NAME(S), APPLICABLE:

Is/are non-citizen(s) with eligible immigration statuses. ATTACH DOCUMENTATION.

_____	_____
Legal Guardian Signature	Date

DRUG-FREE HOUSING STATEMENT

1. Tenant, any members of the tenant's household, or a guest or other person under the tenant's control shall not engage in criminal activity, including drug-related criminal activity, on or near project premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use or possession with 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)
2. Tenant, any members of the tenant's household, or a guest or other person under the tenant's control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near project premises.
3. Tenant or members of the household will not permit the dwelling unit to be used for, or to facilitate, criminal activity, including drug-related criminal activity, regardless of whether the individual engaging such activity is a member of the household or a guest.
4. Tenant or members of the household will not engage in the manufacture, sale or distribution of illegal drugs at any location whether on or near project premises of otherwise.
5. Tenant, any member of the tenant's household, or a guest or other person under the tenant's control shall not engage in acts of violence or threats of violence, including, but not limited to, the unlawful discharge of firearms, on or near project premises.
6. Any tenant or any member of the tenant's household convicted of manufacturing or producing methamphetamine (commonly referred to as "speed") on an assisted housing premises will be IMMEDIATELY AND PERMANENTLY TERMINATED FROM SECTION 8 ASSISTANCE.
7. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OR DENIAL OF PARTICIPATION. A SINGLE VIOLATION OF ANY OF THE PROVISIONS OF THIS ADDED ADDENDUM SHALL BE DEEMED A SERIOUS VIOLATION AND A MATERIAL NONCOMPLIANCE WITH THE PROGRAM. It is understood and agreed that a single violation shall be good cause for termination from the program. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.
8. In case of conflict between the provisions of this addendum and any other provision of the lease, the provisions of the addendum shall govern.

Head of Household

Date

Spouse or other adult member

Date

Other adult member

Date



EQUAL HOUSING
OPPORTUNITY
AND EMPLOYER

HOUSING AUTHORITY OF THE COUNTY OF MONROE

WESTWOOD MANOR 1108 W. Wisconsin Street, Apt. 103, Sparta, WI 54656
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RELEASE FORM

I hereby give permission to any governmental agency or department (including the Social Security Administration and the Monroe County Department of Human Services), to any financial institution, utility company, physician, employer or source of income, asset or deduction, to release to the Monroe County Housing Authority any information deemed necessary to determine eligibility for a rental subsidy or continuation thereof. I understand the potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected by the privacy regulations. I have the right to revoke this authorization in writing, the right to refuse to sign this authorization and the right to receive a copy of this release form.

Tenant Name: _____

Address: _____

City, State, Zip _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Housing Authority Staff: _____ Date: _____