

Rochester Springs

915 Broadway St—SHEBOYGAN FALLS, WISCONSIN 53085

<http://www.ci.sheboygan.wi.us/departments/housing-authority/>

APPLICATION FOR ADMISSION TO ROCHESTER SPRINGS MUST BE 62 YEARS AND OLDER

If you need assistance with filling out this application, please contact the office of Sheboygan Housing Authority (SHA). *Phone:* (920) 459-3466 *Fax:* (920) 459-4097 *Office Hours:* Monday-Friday 8am-4:30pm

Please read and initial:

I understand information on this application may at times change. I understand it is my responsibility to contact the office of Rochester Springs to update any and all of this information. It is also my responsibility to respond to letters sent to me in updating the waiting list. We (SHA) are not responsible for lost or delayed mail.

_____ (Initial)

Applicant Name: _____
First Middle Last

Address: _____
Number Street Apt. No. City State Zip

Home Phone: _____ Work Phone: _____ Social Security No. _____

Date of Birth: _____ Place of Birth: _____ Age: _____ Sex: _____

Occupation: _____ Employer name/address: _____

Email address: _____

Please list other states you have lived in _____

Spouse Name: _____ Social Security No. _____

Date of Birth: _____ Place of Birth: _____ Age: _____ Sex: _____

Occupation: _____ Employer name/address _____

Please list other states you have lived in _____

Please answer Yes or No to ALL questions and answer the questions completely.

1. Have either you or any other member of your anticipated household ever engaged in any drug related criminal activity or violent criminal activity? ___ Yes ___ No

Explain: _____

2. Are all household members U.S. Citizens or Legal Immigrants? ___ Yes ___ No

3. Are you currently working with any service agencies? ___ Yes ___ No (example: Human Services, Family Services, Economic Support etc...) If yes, please list the names of the service agencies and your contacts with telephone numbers: _____

4. Are you now or have you ever lived in a government subsidized unit/project? ___ Yes ___ No
When? _____ Where? _____

5. Have you ever lived in Public Housing? ___ Yes ___ No
If so, where and when: _____

6. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 program?
___ Yes ___ No If so, please provide the following information: When? _____

Reason? _____

Name of Housing Authority or Owner: _____

7. Have you ever participated in the Section 8 Voucher or Certificate Program? ____ Yes ____ No
If so, where and when: _____

8. Do you owe any money to Sheboygan Housing Authority or any other Housing Authority? ____ Yes ____ No
If yes, name of Housing Authority: _____
Amount owed: _____
Are you currently in a repayment agreement with this Housing Authority? ____ Yes ____ No

9. Are you or any other member of your anticipated household a full or part-time student? ____ Yes ____ No

10. Is anyone in the household subject to a lifetime state sex offender registration program in any state?
____ Yes ____ No If Yes, who? _____

HOUSEHOLD CHARACTERISTICS (For HUD Statistical Purposes Only)

Please identify the Head of Household race and ethnicity by checking one box in each of the 2 categories:

Check One:

- ____ White
- ____ Black/ African American
- ____ American Indian/Alaska Native
- ____ Asian
- ____ Native Hawaiian/ Other Pacific Islander

Check One:

- ____ Hispanic or Latino
- ____ Non-Hispanic or Latino

PEOPLE WE MAY CONTACT IF WE CANNOT REACH YOU

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

PETS

Rochester Springs has a pet policy that pertains to all residents other than those with special needs who require a service animal.

Do you currently have a pet? ____ Yes ____ No

Type and size of pet: _____

Special Needs

Identify any *special housing need* required:



CURRENT HOUSING STATUS

What is your current rent? \$ _____ What utilities do you pay? _____
Have you ever been evicted? ____ Yes ____ No Reason: _____
If evicted, Name of Owner: _____

INCOME SOURCES:

Income Source	Monthly	Yearly
Employment (Gross Wages)-----	_____	_____
Social Security Check-----	_____	_____
Supplemental Security Income (SSI) Federal-----	_____	_____
Supplemental Security Income (SSI) State-----	_____	_____
Pension from _____	_____	_____
Retirement plans-----	_____	_____
Annuities and insurance -----	_____	_____
Interest from:		
Savings accounts-----	_____	_____
Checking accounts-----	_____	_____
CD's-----	_____	_____
Stock Dividends-----	_____	_____
Other _____	_____	_____
Other income (rents, welfare, etc.) _____	_____	_____
<i>TOTAL YEARLY INCOME</i>		_____

ASSETS

Home (Market Value)-----	\$ _____
Other land or buildings-----	\$ _____
Stocks and Bonds, Mutual Funds-----	\$ _____
CD's-----	\$ _____
Money Market funds-----	\$ _____
IRAs-----	\$ _____
Annuities-----	\$ _____
Loans payable to you-----	\$ _____
Mortgages payable to you-----	\$ _____

EXPENSES AND EXEMPTIONS

If you are elderly and/or disabled, please be prepared to show proof of any medical expenses you are paying for out of your pocket, and not reimbursed, at the full application interview.

All applications are subject to and approved by program regulations. If you are currently renting, do not give notice until you have received written approval of your application from Rochester Springs.

APPLICATION REQUEST INFORMATION

This application is for Rochester Springs waiting list only.

If you would like an application or any information for the Section 8 Housing Choice Voucher Program, or Public Housing please stop at the Sheboygan Housing Authority Office 611 N. Water St, Sheboygan Wisconsin, for an application or information on any of these programs.

APPLICANT CERTIFICATION

I/We certify that the information given to Rochester Springs on the household composition, income, net family assets, allowances and deductions are accurate and complete. I/We understand that false statements or information is punishable under state and Federal law. I/We also understand that false statements or information is grounds for termination of housing assistance and termination of tenancy.

I also understand that Rochester Springs will conduct screening such as, but not limited to; criminal background checks, sex offender registry checks, citizenship verification, and credit checks prior to my acceptance of eligibility.

Signature: _____ Date: _____

Signature: _____ Date: _____

*******FOR OFFICE USE ONLY*******

Interviewed By: _____ Application # _____

Date Received _____ Time Received _____

CCAP _____ HAB _____ DOJ/SO _____

Rochester Springs does not discriminate in the admission or access to, or treatment or employment in, its federally assisted programs and activities. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national Toll-free Hot Line at **800-424-8590**.

Rochester Springs

915 Broadway St – Sheboygan Falls, WI 53085

Phone: (920) 459-3466 **Fax:** (920) 459-4097

Sheboygan Housing Authority policy requires us to check the incomes and expenses of applicants/tenants in order to establish their eligibility for subsidized housing.

Organization requesting release of information:

Sheboygan Housing Authority

P.O. Box 1052

Sheboygan WI 53082-1052

Telephone: 920-459-3466

Fax: 920-459-4097

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize release of information to the Sheboygan Housing Authority regarding information on wages or employment compensation from State Employment Agencies.

Inquiries may be made about:

Child Care Expenses	Family Composition	Identity and Marital Status
Child Support	Employment, Income, Pensions, and Assets	Medical Expenses
Credit History	Federal, State, Tribal, or Local Benefits	Residences/ Rental History
Criminal Activity	Handicapped Assistance Expenses	Social Security Numbers

I authorize the following Individuals Or Organizations to Release Information about me:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Providers of:

Banks and Other Financial Institutions	Alimony	U.S. Postal Services
Handicapped Assistance	Child Care	U.S. Social Security Administration
Law Enforcement Agencies	Courts	U.S. Department of Veterans Affairs
Credit Bureaus	Health Insurance	Unemployment Compensation
Employers, Past and Present	Medical Care	Welfare Agencies
Housing Providers, Past and Present	Schools and Colleges	Wisconsin Dept. Motor Vehicles

Conditions:

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated. Each member of my household, who is 18 years of age or older, has signed this authorization.

This consent form expires 15 months after signed.

_____	_____	_____	_____
Head of Household	Date	Spouse	Date
SS# _____		SS# _____	
_____	_____	_____	_____
Other Adult Member	Date	Other Adult Member	Date
SS# _____		SS# _____	

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

WARNING: Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208(a)(6),(7) and (8).** Violations of these provisions are cited as violations of 42 USC **408(a)(6), (7) and (8).**

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Exp. (07/31/2012)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)