

OFFICE USE ONLY

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

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

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Phone number: _____

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

Address _____ Phone _____

INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

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

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

CHILDREN 17 AND YOUNGER

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

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

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

Race: Check the appropriate box (es). WHITE BLACK/AFRICAN AMERICAN ASIAN
 AMERICAN INDIAN/ALASKAN NATIVE NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
 Ethnicity: Check the appropriate ethnicity. HISPANIC OR LATINO NOT HISPANIC OR LATINO

NOTE: THIS FORM IS NOT A FAXABLE FORM, ORIGINAL APPLICATION IS REQUIRED.

PLEASE ANSWER THE FOLLOWING QUESTIONS (*DO NOT LEAVE BLANKS*)

Employer (If Applicable) _____ Phone _____

Previous Address _____ How Long _____

Have you ever participated in Federally Subsidized Housing Programs in the past? Yes ____ No ____
If yes, where: _____

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

How did you hear about the DUNN COUNTY HOUSING AUTHORITY? _____

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

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

I am attending : _____ (Name of School)
Address _____

Education level completed: Circle One (do not include children)

Non-graduate HS Graduate/GED 2+ post secondary 2-4 year college degree

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

If yes, when is baby due? _____

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

Is applicant(s) or any household member a friend or family to any West CAP employee or Board of Director?
(family includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child))
Yes ____ No ____ If Yes, please explain:

Have you or anyone in your household ever been convicted of any crime other than traffic violations?
Yes/No _____ If yes, please list. _____

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

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

General Assistance	Food Stamps	Badger Care	Subsidized Housing
VA Benefits	Cash Assistance	Dividends/Interest	Retirement/Pension

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

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

INFORMATION ABOUT THE INCOME OF MEMBERS OF THE HOUSEHOLD

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

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

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

INFORMATION ABOUT THE ASSETS OF MEMBERS OF THE HOUSEHOLD

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

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

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

If yes, give bank name and address: _____

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

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

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

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

I do hereby swear and attest that all of the information above about me is true and correct

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Dunn County Housing Authority
800 Wilson Ave, Rm 330
Menomonie, WI 54751

AUTHORIZATION For Release of Information CONSENT

I authorize and direct any Federal State, or local agency, organization, business, or individual to release to **DUNN COUNTY HOUSING AUTHORITY** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental, Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

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

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

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Previous Landlords (including	Past and Present Employers	Veterans Administration
Public Housing Agencies)	Welfare Agencies	Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and Other Financial Institutions
Schools and Colleges	Social Security Administration	Credit Providers and Credit Bureaus
Law Enforcement Agencies	<u>Medical</u> and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT

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

CONDITIONS

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

SIGNATURES

Head of Household	Print Name	Social Security #	Date
Spouse	Print Name	Social Security #	Date
Adult Member	Print Name	Social Security #	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN