PLEASE PRINT (if we cannot read it, we cannot process it)

OFFICE USE ONLY							
Application Received on: Da	te	_ Time	AM	/PM	PHA Re	epresentative	
Full legal name of applicant (Firs							(MI)
Street Address							
City							
Mailing Address (if different)							
Phone number:							
Contact person: (who could we co	ontact if we ar	e unable to	reach you?)				
Name		Pho	one				
Ī	NFORMATI	ION AROI	J T MEMBEI	RS OF T	THE HOUSI	ЕНОГР	
List all persons AGE 18 OR OLI							(applicant).
NAME		th box must US	be completed	for eac	h member.		
	Relation to Head	Citizen	Disabled Y/N	Sex M/F	Date of Birth	Place of Birth	Social Security # or Alien Reg. #
(full legal name)	HEAD	Y/N					
	HEAD						
		CHILDR	REN 17 AND	YOUNG	GER		
List all children living in the ho	ome. Only i					R 40% of the	year or more.
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. #
(run legar name)		1/11					
RACE AND ETHNICITY OF HEAD OF HOUSEHOLD							
Race: Check the appropriate box (es). □ WHITE □ BLACK/AFRICAN AMERICAN □ ASIAN							
☐ AMERICAN IND	AN/ALASK	AN NATIV	′E □	NATIV	VE HAWAII	AN/OTHER PA	ACIFIC ISLANDER
Ethnicity: Check the appr	ropriate ethn	icity.	HISPANIC	OR LA	TINO [□ NOT HISPA	NIC OR LATINO

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

Please answer the following questions ($DO\ NOT\ LEAVE\ BLANKS$)

Previous Address			
		lized Housing Programs in the past?	? Yes No
Do you have any outstar	iding charges under th	is program? Yes No Un	sure
I am a Full-Time Studen I am a Part-Time Studen			
Education level complet	ed: Circle One	(do not include children)	
Non-graduate H	IS Graduate/GED	2+ post secondary 2-4	4 year college degree
Are you or a member of If yes, when is baby due		nt? Yes No	
		ed any name other than the one you	
Member, West CAP empehildren and children-in-law, bu	ployee, or West CAP I rothers, brother(s)-in-law, si	riend or family to any Dunn Count Board of Director Member? (family isters, sister(s)-in-law, parents, and parent(s)-in-pted child, foster child)) Yes N	includes self, spouse, Fiancée/Fiancé, -law, and/or anyone who received more
		een convicted of any crime other tha	
Does any household mer If yes, list household me		n any lifetime sex offender registry?	
		lly assisted housing program or been ch housing programs? Yes/No	
Please CIRCLE any of	the following received	l 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, li	st name and address of s	spouse/ex-spouse as follows:	
NAME	ADDRESS	CITY, STATE	
NAME	ADDRESS	CITY, STATE	

INFORMATION ABOUT THE INCOME OF MEMBERS OF THE HOUSEHOLD

Income includes money or contributions from <u>any and all</u> 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		
			Week Month Year Other		
			Week Month Year Other		
			Week Month Year Other		

INFORMATION ABOUT THE ASSET	S OF MEMBERS OF THE HOUSEHOLD
Do you or any household member own or have an inter (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 PEI	RSON WITH DISABILITIES AND YOU REQUIRE A
SPECIFIC ACCOMODATION IN ORDER TO FULL	LY UTILIZE OUR PROGRAMS AND SERVICES,
PLEASE CONTACT THE HOUSING AUTHORITY	
A FELONY FOR KNOWINGLY AND WILLINGLY MAKED DEPARTMENT OR AGENCY OF THE UNITED STATE IMPRISONED FOR NOT MORE THAN FIVE YEARS OR IMPRISONED FOR THAN FIVE YEARS OR	ounty Housing Authority on household composition, he best of my/our knowledge. I/We understand that false ler Federal and State Law. I/We also understand that false innation of housing assistance and termination of tenancy
Signature of Head of Household	Date
Signature of Spouse or Other Adult	Date

Application Agreement					
ates off a Waiting List	The weiting list is				

<u> </u>
The Dunn County Housing Authority operates off a Waiting List. The waiting list is updated at least twice a year or as often as necessary. Please be informed that the DCHA asks that you agree to notify us when you move . You will be notified by mail when your name reaches the top of the waiting list. Therefore it is important to notify as whenever you move.
By signing below you are in agreement to the above, and request to be put on the HUD Section 8 Program Waiting List.
Signature Date

****Dunn County Housing Authority does not serve the City of Menomonie****

Privacy Act Notice:

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1973 (42 U.S.C. 1437 et.seq.) TitleVI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (4 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) require applicants and participants to submit the Social Security Number of each household member which is six years or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUDassisted housing programs, to protect the Government financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all the information requested by the HA, including all Social Security Numbers from you, and all other household members ages six years and older, have and use. Giving the Social Security numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Any Additional Comments you wish to make:

The Dunn County Housing Authority is contracted with West CAP for administration of our
Housing Choice Voucher Program. They would appreciate any feedback on our program.
If you would like to complete a Customer Satisfaction Survey you may do so by visiting the
West CAP website at http://westcap.org.

There is a link on the right-hand side of the homepage.

Thank You!!

Dunn County Housing Authority 1421 Stout Rd 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

Residences and Rental Activity

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

Schools and Colleges

Schools and Colleges

Social Security Administration

Credit Providers and Credit Bureaus

William Administration

Law Enforcement Agencies Medical and Child Care Providers Utility Companies

Support and Alimony Providers Criminal background screening sites/agencies

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

CICNIATIDEC :

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 \	All household members age 18 and older must complete this form			
Print Name	Signature	Social Security Number	Date	
Print Name	Signature	Social Security Number	Date	
Print Name	Signature	Social Security Number	Date	

IMPORTANT WHAT HAPPENS NEXT

Once this application is received by the Dunn County Housing Authority, your household will be placed on a waitlist. We do NOT screen for eligibility until we have an opening on the program and are offering you assistance. Please do not attach extra forms or documents to your application.

At that time, you will be notified BY MAIL that you have come to the top of the list. You will be asked to complete a form updating any household or income changes that have occurred since your initial application.

After you complete the form that is mailed to you, your household will be screened for eligibility.

Those that are eligible to receive assistance through the Dunn County Housing Authority will be required to attend a meeting to learn the program rules/regulations. How to start receiving rent subsidy assistance through the Dunn County Housing Authority will be explained during the meeting.

If you do not currently have a rental unit to begin receiving assistance, you will be given time to find suitable housing.

You may apply and go through the steps of the process as many times as necessary.

Always return to: 1421 Stout Rd, Menomonie, WI 54751