

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

**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 \_\_\_\_\_ Phone \_\_\_\_\_

**INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD**

List all persons **AGE 18 OR OLDER** who will be living in the home, Including the you, 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. #
	<b>HEAD</b>						

**CHILDREN 17 AND YOUNGER**

List all children living in the home. **Only include children living in the home OVER 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. #

**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*)

Previous Address \_\_\_\_\_

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 \_\_\_\_\_

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 Dunn County Housing Authority Board Member, West CAP employee, or West CAP Board of Director Member? (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. \_\_\_\_\_

Does any household member's name appear on any lifetime sex offender registry? \_\_\_\_\_

If yes, list household member. \_\_\_\_\_

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:

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NAME	ADDRESS	CITY, STATE
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NAME	ADDRESS	CITY, STATE
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**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
			Week	Month	Year	Other
			Week	Month	Year	Other
			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

**Application Agreement**

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 us 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.) Title VI 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 HUD-assisted 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!!



# 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