APPLETON HOUSING AUTHORITY – ONEIDA HEIGHTS 525 NORTH ONEIDA STREET--APPLETON, WISCONSIN 54911-4749 *Phone*: (920) 882-2100 *Fax*: 882-9428 *Office Hours:* Mon-Thurs 8am-4pm

APPLICATION FOR ADMISSION TO ONEIDA HEIGHTS

If you need assistance with filling out this application, please contact the office of Oneida Heights.

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 Oneida Heights 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. The Appleton Housing Authority is not responsible for lost or delayed mail.

Applicant Name:			App	lication	No	
First	Middle	L	ast			
Address:						
Home Phone:		No. City		y No		Zip
Date of Birth:	Place of Birth:		Ag	e:	Sex:	
Occupation:	Employer name/addre	ss:				
Any other names you have u	sed:					
Spouse Name:			_ Social Security	y No		
Date of Birth:	Place of Birth:		Ag	e:	Sex:	
Occupation:	Employer name/addre	SS				
Any other names you have u	sed:					
Please answer Yes or No to	ALL questions and answ	er the que	stions completel	y.		
1. Have either you or any oth criminal activity or violent c	•		nold ever engaged	d in any	drug relate	ed
Explain:						
2. Are all household membe	rs U.S. Citizens or Legal Im	migrants?	Yes	No)	
3. Are you currently working Salvation Army, etc) If y number:	ves, please list the name of t	he service	agency and your			
4. Are you now or have you When?	ever lived in a government Where?		1 0			

5. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 program?

Yes	No	If so, please pro	ovide the following informatio	on:		
When?			2			
Reason?						_
Name of	Housing A	uthority or Owner:				_
•			3 Voucher or Certificate Progra		No	_
•	•		ng Authority or any other Hou	•		No
Amount owed Are you curre	l: ntly in a re	payment agreemen	nt with this Housing Authority	y? Yes	No	

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:	Check One:
White	Hispanic or Latino
Black/ African American	Non-Hispanic or Latino
American Indian/Alaska Native	
Asian	
Native Hawaiian/ Other Pacific Islander	

PERSON WE MAY CONTACT IF WE CANNOT REACH YOU

 Name:

 Phone:

PETS

The Appleton Housing Authority has a pet policy that pertains to all residents other than those in need of a service animal for a disability.

Do you currently have a pet? ____ Yes ____ No Type and size of pet: _____

PREFERENCES:

Preferences establish the order of placement on the waiting list. Oneida Heights has a preference for elderly and/or disabled individuals.

Do you fit this Category? ____ Yes ____ No

Identify any *special housing need* required as a result of the disability:

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.)		

TOTAL YEARLY INCOME

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.

LANDLORD/HOUSING INFORMATION FOR PAST 5 YEARS

Current Landlord	l Housing F	Provider is _					<u>.</u>
Address of landlord/pr	ovider:						
1	Number	Street		Apt.	City	State	Zip
You lived there from _		to			Phone:		
_	month & year		month & year				

Rev 07/2017

<i>Previous</i> Landlord _ Address of landlord/Provi		-					
Address of fandiord/110v1	Numbe	er Street			City	State	Zip
Your address at that time:							
You lived there from		Street to ear		Apt.		State	1
<i>Previous</i> Landlord Address of landlord/Provi							
	Numbe				City	State	Zip
Your address at that time:							
	Number	Street		Apt.	City	State	
You lived there from		to			Phone:		
	month & y	ear	month & year				
Previous Landlord _							
Address of landlord/Provi	der Numbe				C:+-	<u></u>	7:
Your address at that time:				_	City	State	Zip
X7 1' 1.1 C	Number				City	State	1
You lived there from					Phone:		
	month & y	ear 1	month & year				
How did you hear about C Advertising – When		•					
Newspaper							
Flyer / Brochure Other Please Expl		Housing Auth	ority				

APPLICATION REQUEST INFORMATION

This application is for Oneida Heights waiting list only.

If you would like an application or any information for the Section 8 Housing Choice Voucher Program, or the Public Housing Scattered Sites please ask the property manager of Oneida Heights for an application or information on any of these programs.

APPLICANT CERTIFICATION

I/We certify that the information given to the Appleton Housing Authority 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 the Appleton Housing Authority will conduct screening such as, but not limited to; landlord references, criminal background checks, sex offender registry checks, citizenship verification, and credit checks prior to my acceptance of eligibility.

Signature:	Date:
Signature:	Date:

Rev 07/2017

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

 Interviewed By:
 _______Application #______

 Required Number of Bedrooms
 Date Accepted

 CCAP
 ________HAPPY

 DOC/SO

The Appleton Housing Authority 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**.



ONEIDA HEIGHTS 525 North Oneida Street, Appleton, WI 54911-4749

Phone: (920) 882-2100 Fax: (920) 882-9428

Affordable Housing for All

To:

Date:		
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From:

Appleton Housing Authority policy requires us to check the incomes and expenses of applicants/tenants in order to establish their eligibility for subsidized housing. Will you kindly complete and promptly return this form. Your cooperation is greatly appreciated.

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 Appleton Housing Authority regarding information on wages or employment compensation from State Employment Agencies. Inquiries may be made about:

Child Care Expenses	Family Composition	Ident
Child Support	Employment, Income, Pensions, and Assets	Medi
Credit History	Federal, State, Tribal, or Local Benefits	Resid
Criminal Activity	Handicapped Assistance Expenses	Socia

tity and Marital Status lical Expenses idences/ Rental History ial 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#		

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Optional and Supplemental 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.

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

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)				
Emergency	Assist with Recertification P	rocess		
Unable to contact you	Change in lease terms			
Termination of rental assistance	Change in house rules			
Eviction from unit	Other:			
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.				
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. 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.



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- Imprisoned for up to five years.
- **Prohibited** from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms <u>will</u> be checked. The local housing agency, HUD, or the Office of Inspector General <u>will</u> check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You <u>must</u> include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI 451 7th Street, SW Washington, DC 20410