

APPLETON HOUSING AUTHORITY
925 West Northland Ave. Appleton, WI 54914
Phone: (920) 739-4564, Fax: (920) 739-6817, TTD: (920) 731-2406
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM APPLICATION

If you need assistance with filling out this application, please contact the Appleton Housing Authority. Yog xav tau kev pab txhais daim ntawv no thov hu International Translators ntawm (920) 380-0980.. Para obtener la traducción de este documento, llame a International Translators, al (920) 380-0980.

Please read and initial:

I understand information on this application may at times change. I understand it is my responsibility to contact the Appleton Housing Authority 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.

_____ (Initial)

1. Head of Household Information:

Last Name _____ First Name _____ Middle _____

Social Security Number _____ Date of Birth _____ Sex _____

Address _____
 (Street) _____ (Apt. No.) _____

_____ (City) _____ (State) _____ (Zip Code)

Telephone Number: (_____) _____

2a. Information about **ALL** Other Household Members:

Household Member's Full Name	Relation to Head Of Household	Birth Date	Sex M or F	Social Security Number
2b. Is anyone in the household currently pregnant: YES NO		Due Date		

Are you a Veteran? Yes _____ No _____ Are you currently homeless? Yes _____ No _____

The following preference changes will apply to participants of the Section 8 Housing Choice Voucher waiting list. The Appleton Housing Authority may select families based on the following preferences:

Preference will be given to working families. Families with head of household, spouse or sole member employed at least 25 hours a week. Self-employed must meet requirements of net monthly earnings equal or the dollar value of 25 hours a week at minimum wage. This preference must also be given to a family where the head, spouse, or sole member is age 62 or older, or is a person with disabilities.

Preference will be given to applicants that live, work, or are attending school in Outagamie County. Attending school is defined as the Head of Household or Spouse attending school full-time at an Institution of Higher Education.

Preference will be given to families who have a legal source of income.

Preference will be given to applicants who currently have a rent burden of paying more than 50% of their monthly income towards their rent. Families who do not have a rent burden will not be given preference before those who do.

Applicants qualifying for the above preferences will be maintained in order of date and time the application was received before those applicants that do not qualify for the preference.

Preference Changes:

- I presently work at least 25 hours a week, am self-employed equal or exceed the dollar value of working 25 hours a week at minimum wage, OR I am a person age 62 or older, OR I am a person with disabilities.
- I presently live in Outagamie County or the City of Appleton.
- I presently work in Outagamie County.
- I presently attend an educational institution in Outagamie County.
Name of Educational Institution _____
- I presently have a legal source of income.
- I presently have a rent burden of paying more than 50% of my income towards rent.

*******Please answer Yes or No to ALL questions and answer the questions COMPLETELY*******

3. Does either the head of household or spouse have a disability? YES ____ NO ____

Name _____

4. Are all household members U.S. Citizens or Legal Immigrants? YES ____ NO ____

If no, please name members that are not U.S. Citizens or Legal Immigrants:

5. Are you currently working with any service agencies: YES ____ NO ____ (example: County Social Worker, Salvation Army)

If Yes, Please list their name, organization they represent, and telephone number:

6. Do you wish to move from the unit you are currently living in? YES ____ NO ____

7. Are you now living in a federally subsidized housing unit? YES ____ NO ____

Name _____

8. Have you ever lived in Public Housing? YES _____ NO _____

If yes, Where and When? _____

9. Have you ever participated in the Certificate or Voucher Program through any Housing Authority?

YES _____ NO _____ If yes, where and when? _____

10. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 Program? YES _____ NO _____

If yes, please provide the following information?

When? _____

For what reason? _____

Name of Housing Authority or Owner _____

11. Do you owe any money to Appleton Housing Authority or any other Housing Authority? YES _____ NO _____

If yes? Housing Authority _____

Amount Owed \$ _____,

If yes? Are you currently in a re-payment agreement with this housing authority? _____

12. Have you or any other member of your anticipated household ever engaged in any drug related criminal activity or violent criminal activity?

YES _____ NO _____ If yes, offense, where and when? _____

13. For HUD Statistical Purposes Only:

Please identify the head of household race and ethnicity by checking **one** box in each of the 2 categories below:

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

14. Household Income (Only include income from persons over the age of 18):

Member Name	Type of Income	Amount received (Yearly)

15. Identify all family assets: (savings, checking, real estate, property, investments, etc.)

16. I/We certify that all information given to the Appleton Housing Authority on household composition and income is accurate and complete. I/We understand that false statements or information is punishable under federal law. I/We understand that false statements or information is grounds for termination of housing assistance and/or may result in the loss of eligibility to participate in the Section 8 Housing Choice Voucher Program.

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

Head of household Signature _____ Date _____

Spouse Signature _____ Date _____

(If Applicable) Guardian Signature _____ Date _____

Application Request Information

This application is for Section 8 Housing Choice Voucher Program only.

If you would like an application or any information for Oneida Heights, Riverwalk Place or the Public Housing Scattered Sites please ask the Intake Specialist for an application or information on any of these programs.

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

Interviewed By: _____ Application # _____

Required Number of Bedrooms _____ Date Accepted _____ Time 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**.