

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

Oneida Heights is a smoke free building.

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. _____ (Initial)

Applicant Name: _____ Application No. _____
 First Middle Last

Address: _____
 Number Street Apt. No. City State Zip

Home Phone: _____ Work Phone: _____ Social Security No. _____

Date of Birth: _____ Place of Birth: _____ Age: _____ Sex: _____

Occupation: _____ Employer name/address: _____

Any other names you have used: _____

Spouse Name: _____ Social Security No. _____

Date of Birth: _____ Place of Birth: _____ Age: _____ Sex: _____

Occupation: _____ Employer name/address _____

Any other names you have used: _____

Please answer Yes or No to ALL questions and answer the questions completely.

1. Have either you or any other member of your anticipated household ever engaged in any drug related criminal activity or violent criminal activity? ___ Yes ___ No

Explain: _____

2. Are all household members U.S. Citizens or Legal Immigrants? ___ Yes ___ No

3. Are you currently working with any service agencies? ___ Yes ___ No (example: County Social worker, Salvation Army, etc...) If yes, please list the name of the service agency and your contact with telephone number: _____

4. Are you now or have you ever lived in a government subsidized unit/project? ___ Yes ___ No
When? _____ Where? _____

5. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 program?
___ Yes ___ No If so, please provide the following information:

When? _____

Reason? _____

Name of Housing Authority or Owner: _____

6. Have you ever participated in the Section 8 Voucher or Certificate Program? Yes No
If so, where and when: _____

7. Do you owe any money to Appleton Housing Authority or any other Housing Authority? Yes No
If yes, name of Housing Authority: _____
Amount owed: _____
Are you currently in a repayment agreement with this Housing Authority? 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:

- White
- Black/ African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/ Other Pacific Islander

Check One:

- Hispanic or Latino
- Non-Hispanic or Latino

PERSON WE MAY CONTACT IF WE CANNOT REACH YOU

Name: _____ Address: _____ 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: _____

DISABILITY/HANDICAPPED

Is either the head of the family or spouse disabled? 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 ___ Housing Provider is _____

Address of landlord/provider: _____

Number Street Apt. City State Zip
You lived there from _____ to _____ Phone: _____
month & year month & year

Previous ___ Landlord ___ Housing Provider was _____

Address of landlord/Provider _____

Number Street Apt. City State Zip
Your address at that time: _____

Number Street Apt. City State Zip
You lived there from _____ to _____ Phone: _____
month & year month & year

Previous ___ Landlord ___ Housing Provider was _____

Address of landlord/Provider _____
Number Street Apt. City State Zip

Your address at that time: _____
Number Street Apt. City State Zip

You lived there from _____ to _____ Phone: _____
month & year month & year

Previous ___ Landlord ___ Housing Provider was _____

Address of landlord/Provider _____
Number Street Apt. City State Zip

Your address at that time: _____
Number Street Apt. City State Zip

You lived there from _____ to _____ Phone: _____
month & year month & year

How did you hear about Oneida Heights?

___ Advertising – Where? _____

___ Newspaper ___ Friend / Acquaintance

___ Flyer / Brochure ___ Housing Authority ___ Start Renting Magazine

___ Other Please Explain: _____

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: _____

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

Interviewed By: _____ Application # _____

Required Number of Bedrooms _____ Date Accepted _____ Time _____

CCAP _____ HAPPY _____ DOC/SO _____



ONEIDA HEIGHTS
525 North Oneida Street, Appleton, WI 54911-4749
Phone: (920) 882-2100 Fax: (920) 882-9428

To: _____

Date: _____

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, Child Support, Credit History, Criminal Activity, Family Composition, Employment, Income, Pensions, and Assets, Federal, State, Tribal, or Local Benefits, Handicapped Assistance Expenses, Identity and Marital Status, Medical Expenses, Residences/ Rental History, Social 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, Handicapped Assistance, Law Enforcement Agencies, Credit Bureaus, Employers, Past and Present, Housing Providers, Past and Present, Alimony, Child Care, Courts, Health Insurance, Medical Care, Schools and Colleges, U.S. Postal Services, U.S. Social Security Administration, U.S. Department of Veterans Affairs, Unemployment Compensation, Welfare Agencies, 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.

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**.