

Appleton Housing Authority

925 W. Northland Avenue Appleton, WI 54914

Phone: (920) 739-6811, Fax: (920) 739-6817, TDD: (920) 731-2406

PUBLIC HOUSING SCATTERED SITES 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 any 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 _____ Gender _____

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

_____ (City) (State) (Zip Code)

Telephone Number: (____) _____ Email _____

2. Preferences:

An admission preference does not guarantee admission. Preferences establish the order of placement on the waiting list. Every applicant must still meet the PHA's selection criteria.

The Appleton Housing Authority will select families based on the following preferences within each bedroom size category:

- A. Displaced person(s): Individuals or families displaced by domestic violence or government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws. (10 Points)
- B. Preference will be given to applicants that live, work (head of household or spouse), or are attending school in the City of Appleton or Outagamie County. Attending School is defined as the Head or Spouse attending school full-time at an Institution of Higher Education to be determined and approved by the Appleton Housing Authority. (10 points)
- C. Working Preference I. will be given to working families with children. Families with head of household, spouse or sole member employed at least 25 hours a week. Self-employed household members must meet requirements of net monthly earnings equal or exceed the dollar value of 25 hours per week at minimum wage. (10 Points)

- D. Working Preference II. will be given to working families. Families with head of household, spouse or sole member employed at least 25 hours a week. Self-employed household members must meet requirements of net monthly earnings equal or exceed the dollar value of 25 hours per 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. (8 points)
- E. Preference will be given to applicants who currently have a rent burden of paying more than 40% of their monthly income towards their rent and utilities. Families who do not have a rent burden will not be given preference before those who do. Families currently receiving a rental subsidy in a stable long-term housing program will not meet this preference. AHA has the right to determine eligibility of this preference on a case-by-case basis due to family circumstance. (5 points)
- F. Preference will be given to families who have a legal source of income. (5 points)
- G. Preference will be given to families who have successfully completed a Transitional Housing Program through Pillars or Salvation Army as part of the TBRA Grant Contract (Tenant Based Rental Assistance). Families will need to provide AHA with a certificate of successful completion. These families are not guaranteed a Voucher upon completion but will be given preference on the Waiting List. (5 points)

Preference: Check all that apply

- ☐ I am currently a Displaced person(s): I am an individual/family currently displaced by domestic violence or government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws. (10 Points)
- ☐ I currently Live, Work or Attend School in the City of Appleton or Outagamie County
- ☐ I am currently a working family with dependent children under the age of 18 and with head of household or spouse employed a minimum of 25 hours a week. I am a self-employed household that meet the requirements of net monthly earnings that equal or exceed the dollar value of 25 hours a week at minimum wage.
- ☐ I am a family/individual with the head of household or spouse employed a minimum of 25 hours a week. I am a self-employed household that meets the requirements of net monthly earnings that equal or exceed the dollar value of 25 hours a week at minimum wage. OR, I am a family/individual where the head, spouse, or sole member is 62 years of age or older, or is a person with disabilities.
- ☐ I presently have a rent burden of paying more than 40% of my income towards rent and utility costs.
- ☐ I currently have a legal source of income.
- ☐ I have successfully completed the TBRA Program.

3. Information about **ALL** Other Household Members:

Household member's Full Name	Relationship to Head of Household	Birth Date	Gender M or F	Social Security Number
2b. Is anyone in the household currently pregnant: Yes or No		Due Date		

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

4. Does anyone in the household require a unit with wheelchair accessibility? ____ Yes ____ No
5. Does anyone in the household require a unit for the hearing impaired? ____ Yes ____ No

Name _____

6. 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:

7. For HUD Statistical Purposes Only:

Please identify the head of household's 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

CURRENT AND PRIOR HOUSING STATUS

8. How many people live in your unit now? _____ How many bedrooms are in your unit? _____

9. When did your tenancy begin? _____

10. What is your current rent?_____What utilities do you pay?_____

11. Are you now or have you ever lived in a government subsidized unit/project? ____ Yes ____ No

If yes, When? _____ Where? _____

12. Have you ever lived in Public Housing? ☐ Yes ☐ No

If yes, when and where: _____

13. 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: (Next Page)

When: _____

Reason: _____

Name of Housing Authority or Owner: _____

14. Have you ever participated in the Section 8 Voucher or Certificate program? ____ Yes ____ No

If so, when and where: _____

15. Do you owe any money to the 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

16. Have you or any household members engaged in any drug related criminal activity or violent criminal Activity? ____ Yes No ____

Explain: _____

CHILD CARE EXPENSE

17. Do you pay for childcare which enables you or another family member to work or go to school?

____ Yes ____ No

If yes, provide child care provider name and address: _____

INCOME INFORMATION

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

Member Name	Type of Income	Hours per wk	Amount Received (Yr)

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

Member Name	Bank Name	Current Balance/Value

20. Please list any other family assets:

21. Do you own a home or other real estate? ____ Yes ____ No

22. Have you sold or disposed of any assets for less than the fair market value in the past two years?
____ Yes ____ No If yes, what is the current market value of the asset? _____

FAMILIES OF PERSONS WITH DISABILITIES ONLY:

23. Do you pay for a care attendant or for any equipment for the disabled member(s) of the family necessary to Permit that person or someone else in the family to work? ____ Yes ____ No

If yes, please describe the expenses and what you anticipate the expenses to be for the next year:

24. Do you receive medical assistance? ____ Yes ____ No

25. Are you paying on any outstanding medical bills? ____ Yes ____ No

PETS

The Appleton Housing Authority only allows pets to individuals for a disability.

Do you currently own a pet? ____ Yes ____ No

Type and size of pet: _____

LANDLORD CONTACTS: (This section must include names, phone numbers and addresses.)

Current Landlord Name _____ Phone (____) _____

Landlord's Address _____ Date moved in _____

Previous Landlord Name _____ Phone (____) _____

Landlord's Address _____ Lived here from _____ To _____

Your Previous Address _____

Previous Landlord Name _____ Phone (____) _____

Landlord's Address _____ Lived here from _____ To _____

Your Previous Address _____

APPLICATION REQUEST INFORMATION

This application is for the Public Housing Scattered Sites program only.

If you would like an application or any information for Oneida Heights, or the Section 8 Housing Choice Voucher program, please ask the Intake Specialist 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.

Head of Household Signature_____ Date_____

Spouse Signature_____ Date_____

(If Applicable) Guardian Signature_____ Date_____

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

Interviewed By_____ Date_____

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**.

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Updated 6/02/2025

Supplemental and Optional 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.

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.	

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

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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 and assist with resolving any tenancy issues arising during the tenancy of such 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.

APPLETON HOUSING AUTHORITY
925 W. NORTHLAND AVE. --APPLETON, WISCONSIN 54914
Phone: (920) 739-4564 **Fax:** 739-6817 **TDD:** 731-2406
Office Hours: Mon-Thurs 8am-4pm, Fri. 7:30am-3:30pm

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	Family Composition	Identity and Marital Status
Child Support	Employment, Income, Pensions, and Assets	Medical Expenses
Credit History	Federal, State, Tribal, or Local Benefits	Residences/ Rental History
Criminal Activity	Handicapped Assistance Expenses	Social Security Numbers

Individuals Or Organizations That May Release Information

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
Landlords, 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

SS# _____

Other Adult Member Date

SS# _____

Spouse Date

SS# _____

Other Adult Member Date

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.

APPLETON HOUSING AUTHORITY
525 NORTH ONEIDA STREET--APPLETON, WISCONSIN 54911-4749
Phone: (920) 882-2100 Fax: 882-9428 TDD: 731-2406

Notice to All Applicants:

Reasonable Accommodations for Applicants with Disabilities

The Appleton Housing Authority (AHA) is a public agency that provides low rent housing to eligible families, elderly, and single persons. AHA does not discriminate against applicants on the basis of their race, religion, sex, national origin, disability or handicap. In addition, AHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

A reasonable accommodation is some modification or change AHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of AHA's programs. Examples of reasonable accommodations would include:

- Making reasonable alterations to an AHA unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a seeing eye dog to assist a vision-impaired family in an AHA family unit where dogs are not usually permitted;
- Making large type documents or a reader available to a visually-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the interview;
- Permitting an outside agency to assist an applicant with a disability to meet the AHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Appleton Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

COMMUNITY SERVICE POLICY

The Department of Housing and Urban Development (HUD) issued a notice to officially reinstate the Community Service and Self-Sufficiency requirement effective 10/01/2003 that applies to participants in the Public Housing Program.

Unless you are exempt, you are required to perform eight hours of Community Service monthly.

You are **exempt** if:

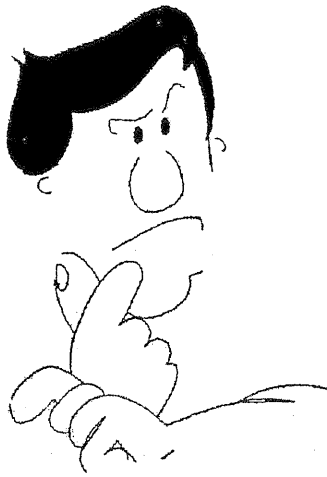
1. you are 62 years or older
2. you are a person with disabilities and you certify that, based on your disability, you cannot comply with the requirement
3. you are a caretaker for a person with a disability who cannot comply with the requirement because of his/her disability
4. you are currently working 30 or more hours each week
5. a state program has already certified that you are exempt from Community Service
6. or you are a member of a family receiving State Welfare and are in compliance with the welfare program's requirements.

Participation in a job readiness, job training, or skills training program or in higher education fulfills the requirement for Community Service.

Upon acceptance into the Public Housing Scattered Site program, three (3) forms will be available for you to disclose your status in regards to this requirement.

1. A ***Community Service Requirement*** form is available to record and report your volunteer hours to the Scattered Sites Family Coordinator.
2. A ***Verification of Exemption from Community Service*** form allows you to certify; based on a disability, that you either can or cannot perform typical Community Service work.
3. The Appleton Housing Authority at your request will mail a form on which your doctor can verify that you are unable, because of your disability, to perform eight hours of Community Service monthly.

Any local public or non-profit institution qualifies as a recipient of your Community Service hours. You may already be doing Community Service work at your church or a non-profit group such as Habitat for Humanity.



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 will be checked. The local housing agency, HUD, or the Office of Inspector General will 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 Carefull

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 must 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