

Kaukauna Housing Authority
Application for Housing Choice Voucher
125 West 10th Street Kaukauna WI 54130
Phone number #766-4772

Date of your application _____

Name _____

ADDRESS; _____

CITY _____ State _____ ZIP _____

Rent paid \$ _____

Home Phone Number (_____) _____

Work PHONE Number (_____) _____

May we call you at work Yes No

FAMILY COMPOSITION

NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP To family head	Date and Place of birth	Sex (M or F)	U.S. Citizen Y or N
		Head of Household			

Is the Head of Household (Please check one-for statistical purposes only):

White non-minority African American Hispanic
 Asian Native American Other

Income

List all sources of income and assets:

Household Member Name	Income source	Monthly Earnings
	Employment	
	Child Support	
	Social Security	
	SSI	
	V.A. Pension	
	Pension	
	Other	

Family Member Name	Bank or Agency Name	Type of Asset	Amount
		Checking	
		Savings	
		Certificate Of Deposit	
		Stocks or Bonds	
		Annuity	
		Life Insurance	
		I.R.A	
		401k/457	
		Burial Trust	
		Other	

Present landlord's name _____
Landlord's address _____
Phone number () _____

Previous landlord's name _____
Prior Landlord's address _____
Phone number () _____

Please answer Yes or No to the following questions:

1. Has your family ever participated in a subsidized housing program?
No [] Yes []
If yes, please list the housing authority or landlord's name and address:

2. Has your family ever been evicted from rental housing? No [] Yes []
If yes, please explain: _____
3. Has anyone in your family ever been charged with possession, manufacture or sale of illegal drugs? No [] Yes []
If yes, please explain: _____
4. Has anyone in your family ever been convicted of felony or other criminal act that may bar your admittance to subsidized housing? No [] Yes [] If yes, please explain: _____
5. Has anyone in your family ever been required to register on any Sexual Offender Registry lists? No [] yes [] if yes, please explain: _____
6. If you are disabled is your sole disability due to drug addiction or alcoholism? No [] Yes [] Not Applicable []

Please list two people we can call if you cannot be reached:

1. Name _____ Phone No. () _____
2. Name _____ Phone No. () _____

Please read before signing

I/WE certify that all of the information on this and previous pages is true and correct. I/We have no objections to inquiries being made for the purpose of verifying the statements made regarding income, assets, and other information requested by the application. I/We understand that this information is for the purpose of determining our eligibility only, and will be kept confidential. It is not a contract and does not bind either party. I/We further certify that I/we have not assigned, conveyed or transferred or otherwise disposed of property or assets within the past 2 years without or remuneration in order to meet the qualifications for tenancy under the program.

Signature of Applicant

DATE

Signature of Spouse or
Other Adult Family Member

DATE

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Housing Authority Of City Of Kaukauna any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

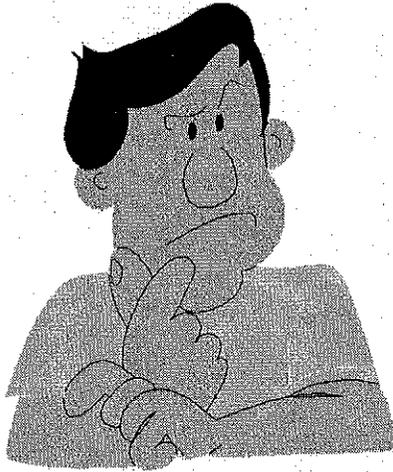
COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household:	_____	Date: _____
Spouse:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only: Initial Annual Interim Occupancy Specialist



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 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 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