

KAUKAUNA HOUSING AUTHORITY

Golden Venture Apartments
 125 W. 10th Street, Kaukauna, WI 54130
 920-766-4772

I. APPLICATION:

Please Type or print using black or blue ink only -

Head of Household Name: _____
 First MI Last

Home Phone: (____) _____ Other Phone: (____) _____

Current Address: _____
 Street City State Zip

Mailing Address: _____
 Street City State Zip

Contact Person/Translator: _____ Phone: _____

(Optional) Do any disabled household members require accessibility features in an apartment? Yes or No If yes explain. _____

II. HOUSEHOLD FAMILY MEMBERS DATA:

List Head of Household person from Section I on the first line. Then list other adult persons, then any children. (If you are expecting a child, please list anticipated birth as "unborn child" and put your due date in date of birth column). NOTE: A Social Security number is required for each family member.

Full Name			Social Security Number	Household Relationship	Sex	Date of Birth	Disabled? (Optional)
First	MI	Last					
				Head of Household			Y - N
							Y - N
							Y - N

III. Check the box of the Race and Ethnicity Code that applies to the Head of Household

= White Non-Hispanic = White Hispanic = Black = American Indian or Alaskan Native = Asian or Pacific Islander

IV. INCOME: List **ALL** household income below:

Please check all applicable sources of income and assets for all household members. Put the amount you receive **monthly before any deductions (Gross amount)** from each source on the line next to it.

- Social Security \$ _____
- SSI \$ _____
- Wages \$ _____
- Family Support \$ _____
- I/We have no sources of income
- Other (Please specify) \$ _____
- Unemployment \$ _____
- Pension \$ _____
- W-2/AFDC \$ _____
- Child Support \$ _____
- Rent paid to you as an owner of real estate.
- Alimony \$ _____
- Church Support \$ _____
- Annuities \$ _____
- Stocks & Bonds \$ _____

Are you currently employed or have a bona fide job offer pending? Yes or No

If yes, list name & address of employer _____

VI. ASSETS: *(include assets of all household members):*

Identify all checking and savings accounts, stocks, bonds, mutual funds, IRA's, and CD's, or real estate that you own, or any other assets. List the type of asset, the current balance and the name of the institution you have it at (i.e. "Savings Account, \$25.00 at Citizen's First C.U.,"). If you have none, please write "None" in this area.

Home (Assessed Value)	\$	<hr/>	
Other Property		<hr/>	
Stocks & Bonds		<hr/>	
Land Contract		<hr/>	
Savings Account		<hr/>	Institution: <hr/>
Certificate of Deposit		<hr/>	Institution: <hr/>
Checking Account		<hr/>	Institution: <hr/>
<hr/>		<hr/>	Institution: <hr/>
<hr/>		<hr/>	Institution: <hr/>
<hr/>		<hr/>	Institution: <hr/>

VII. Section 504 of the Rehabilitation Act

In accordance with Americans with Disabilities Act of 1990, the Housing Authority requests that you notify us if you need any special accommodations. This disclosure is **strictly voluntary** on your part. Please check if you or any member of your household needs any of the following accommodations: Please be aware that if the accommodation being requested poses an undue financial or administrative burden to the Housing Authority, the accommodation need not be made. Please answer the following with a **YES** or **NO**:

Wheelchair accessibility _____	Hearing Impaired accommodation _____
Sign or Braille interpreter _____	Other (_____) _____

VIII. CURRENT & PREVIOUS RESIDENCE INFORMATION: (Attach another sheet if you need additional space.) Indicate where you have been living **for the past five years**. Include any friends or relatives with whom you lived or if you owned your own home during this time. Start with your most recent address and work back. Provide complete address information for yourself and your landlord.

1. Current Address: _____

How long at this address (i.e. 2004-2009): _____

Complete name, address, & phone # of landlord/owner: _____

Are you related to landlord/owner? YES or NO If yes, how? _____

2. Previous Address: _____

How long at this address (i.e. 2004-2009): _____

Complete name, address, & phone # of landlord/owner: _____

Are you related to landlord/owner? YES or NO If yes, how? _____

3. Previous Address: _____

How long at this address (i.e. 2004-2009): _____

Complete name, address, & phone # of landlord/owner: _____

Are you related to landlord/owner? YES or NO If yes, how? _____

4. Previous Address: _____

How long at this address (i.e. 2004-2009): _____

Complete name, address, & phone # of landlord/owner: _____

Are you related to landlord/owner? YES or NO If yes, how? _____

Attach additional sheets if needed.

IX. OTHER REQUIRED INFORMATION:

1. Do you currently own any real estate? Yes or No

If yes, please describe _____ Est. Value? _____

2. Have you ever owned a home? Yes or No

If yes, provide the address _____

and dates of ownership _____

3. Has any household member sold, gifted or donated property or any other assets worth more than \$1,000 in the past two years? Yes or No If yes, explain. _____

4. Has any household member previously lived in assisted housing, or received any form of rent assistance? Yes or No If yes, list where and when. _____

5. Have you or any household member ever used any name (such as maiden name) or Social Security Number(s) other than the one listed on this application? If yes, please explain _____

6. Has any household member ever been convicted of **any** crime, including Drive under the Influence (DUI or DWI)?

Yes or No If yes, disclose any convictions _____

7. Has any household member ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes or No

If yes, explain. _____

8. List all full-time and part-time students **18 years of age and older** (attach another sheet if needed):

Student's Name _____ Name & Address of School _____

Student's Name _____ Name & Address of School _____

Student's Name _____ Name & Address of School _____

I/We do hereby swear and attest that all the information above about me/us is true, complete and correct. I/We also understand that any change in household members or household income can effect my/our eligibility. I/We understand that it is my/our responsibility to promptly report changes, and all such reports must be in writing.

Head of Household _____ (signature) Date _____

Spouse or Other Adult _____ (signature) 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. Further, Wisconsin law and municipal codes also provide for prosecution of such behavior.

For Office Use Only:

Date: _____ Time: _____ By: _____ Unit Size: _____ Census Tract: _____ App.# _____
FamilyAppRevisedMarch2008 (03-26-08)

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 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 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.

**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

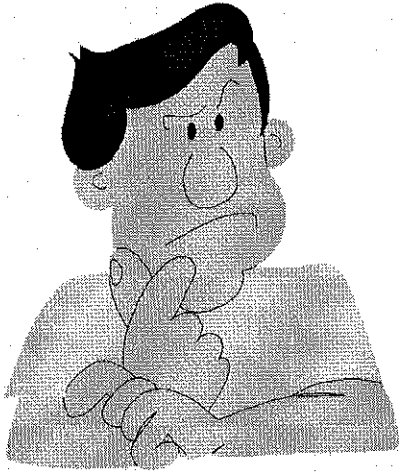
COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse 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