

BURNETT COUNTY HOUSING AUTHORITY

P.O. Box 41, 7350 Main St. East
Webster, WI 54893
715-866-8231

Welcome to BCHA and thank you for considering applying with our facility. Below are a few things we require when filling out the application:

- Make sure all questions are answered, if something doesn't apply to your household put a line through that area (be sure to check both sides of all pages)
- If an application is incomplete, it will be placed on HOLD, and we will send a letter asking you to furnish written information needed within 10 days or application will be removed
- Common items that are considered incomplete:
 - Complete mailing address, if you do not have a current address indicate which town for General Delivery
 - Social Security numbers for all household member(s) on the application
 - If you are expecting please indicate approximate date due, sex if known
 - Complete address of residence(s) for the last 3 years and complete name, mailing address and telephone number of landlord/manager if residence is/was a rental unit
 - Definition of person who is legal to act on your behalf means a court appointed party
 - If you have lived in government housing before, please indicate housing authority name, county of residence, city and state resided in
 - All areas of the background/criminal section need to be checked
 - All required initials and signatures need to be completed by applicant and household member(s) 18 years and older

Items needed at time of admission for all household members if applicable:

- Birth certificate(s), Social Security card(s), out of state photo ID(s), current year federal and state benefits received letter(s), child support case(s) history

If you answer "yes" to any of the items we look at in our background check and verification process, you will need to include additional information when submitting application:

- Have you been found guilty in possession of drug(s) or drug paraphernalia in last 3 years, submit copy of complete drug class completion letter/certificates
- Current balance(s) due on any court charges, applicable for all US territories, submit copy of current payment plan in place or paid in full receipt
- If you have/had an electric account(s) with Northwestern Electric company, is it in good standing, if balance owed submit written paper to rectify situation



"This institution is an equal opportunity provider and employer"



Application for Occupancy

This application does not oblige you, or the Housing Authority of the County of Burnett in any way. **Please complete the entire form.**

Indicate the communities in which you desire rental housing:

GENERAL OCCUPANCY (2-4 BD)

GENERAL OCCUPANCY (1-BD)

___ Webster ___ Danbury
___ Grantsburg ___ Siren

___ Siren ___ Webster

Applicant's Full name: _____ **Age:** _____
(First) (Middle) (Last)

Social Security Number: _____ **Date of Birth:** _____

** Any other name you may have gone by:* _____

** List all the states you have resided in:* _____

Spouse/Co-Tenant: _____ **Age:** _____
(First) (Middle) (Last)

Social Security Number: _____ **Date of Birth:** _____

** Any other name you may have gone by:* _____

** List all the states you have resided in:* _____

Mailing Address: _____ **Marital Status:** _____
(Married, Unmarried, Separated, Divorced)

Telephone Number: _____

Other Members of Household:

<u>Name:(first / middle / last)</u>	<u>DOB</u>	<u>Relationship</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In regard to HIPPA law, is there another person(s) who is allowed to discuss your application with BCHA, please provide name and relationship.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

**Note to applicants: If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-424-8590*

A person which meets the definition of disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. See the attached addendum which defines disabled or handicapped. If you feel that you qualify and would like to request this adjustment in your income, please check here: _____. If you have indicated your desire to request this adjustment, then we will need only sufficient information to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

Do you have any specific housing requirements, such as a special handicapped accessible unit? _____

Please list below residential addresses for last 3 years, if rental you need complete landlord information:

<u>Residential Address</u>	<u>Landlord / Manager / Family / Friend or Own Home</u>
1. _____ _____ Date: _____	Name: _____ Address: _____ Phone#: _____
2. _____ _____ Date: _____	Name: _____ Address: _____ Phone#: _____
3. _____ _____ Date: _____	Name: _____ Address: _____ Phone#: _____

Is someone legally empowered to act on your behalf? _____
Name: _____ Relationship: _____
Address: _____ Telephone: _____

Are there any family member(s) in the household that are attending full or part time higher education? Y or N

Are you or any household member(s) being or have been evicted? _____

* If yes, why? _____

* Are you now/have you ever lived in a government subsidized/assisted unit? _____

* If yes, provide the name of the facility and dates you resided.

Facility: _____

Address: _____

Phone: _____ Date: _____ to _____

I/We understand as a procedure of processing my application an investigative report may be prepared whereby information is obtained through personal inquires at my home, neighbors, friends, employers, landlords, law enforcement personnel, other governmental offices and agencies. The inquiry may include information as to character, mode of living, and performance in meeting financial obligations. _____ (Initial)

Complete all applicable information for each household member on this page and the next. **Attach an additional sheet if more space is needed. If an item does not apply to you or your household, please put a line through it**

Income and Expense Information

1. Salary/Wages - List gross amount(s) received for wages and salaries, overtime pay, commissions, fees, tips, and bonuses before deductions. Indicate sources.

_____ Hours per wk / mo. @ \$ _____ per/hr – From _____
_____ Hours per wk / mo. @ \$ _____ per/hr – From _____

2. Net income from Business or Profession or Rental or Real or Personal Property.

\$ _____ Annually From _____
\$ _____ Annually From _____

3. Social Security / SSI payments. * Medicare Supplement deducted: Yes (or) No

\$ _____ Annually From _____
\$ _____ Annually From _____

4. Pensions, Annuities, Retirement Funds, IRA Accounts, Interests.

\$ _____ Annually From _____
\$ _____ Annually From _____

5. All other income: Include income from all other sources, such as Unemployment, Disability Compensation, Workman's Comp., Severance Pay, Alimony, Child Support, and Regular gifts of money, VA Benefits, Public Assistance, AFDC, Welfare or any other source.

\$ _____ Annually From _____
\$ _____ Annually From _____

6. Child Care Expense: List amount paid by family for the care of minor children under 13 years of age when such care is necessary to enable a family member to further education or to be gainfully employed.

\$ _____ Annually

Do you receive reimbursement for any or all the childcare expenses from any sources?

\$ _____ Annually

7. Medical Expenses: (to be completed for households with persons who are handicapped, disabled or over the age of 62) - Include total expenses to be incurred over the next twelve-month period not covered by insurance. May include expenses for dental, prescriptions, medical insurance premiums, eyeglasses/contacts, hearing aids/batteries, and cost of live-in resident assistant, monthly payments required on accumulated major medical bills, including that portion of spouses or child's nursing home care paid from family income.

\$ _____ Annually From _____
\$ _____ Annually From _____

Supplement Insurance is (if app.):

Name: _____

Monthly premium: \$ _____

Name: _____

Monthly premium: \$ _____

Asset Information - (List all current information for Applicant, Spouse/Co-Applicant)

1. **Cash on Hand:** (Amount on hand at present time) \$ _____

2. **Checking Accounts:**

Account # _____ Bank _____ \$ _____
Account # _____ Bank _____ \$ _____

3. **Savings Account** (Including IRA's)

Account # _____ Where _____ \$ _____
Account # _____ Where _____ \$ _____

4. **Stocks and/or Bonds:**

Type _____ Number Owned _____ Value \$ _____
Type _____ Number Owned _____ Value \$ _____
Type _____ Number Owned _____ Value \$ _____

5. **Real Estate Owned at Present or Sold Within the Last Two Years:**

_____ Market Value \$ _____
(If sold within the last two years, list amount sold for) \$ _____

_____ Market Value \$ _____
(If sold within the last two years, list amount sold for) \$ _____

6. **Property Sold Under Land Contract**

Original Amount \$ _____
Outstanding Balance \$ _____
Terms: \$ _____ per month _____ or per year _____

7. **List All Other Assets Owned**

Type _____ Value \$ _____
Type _____ Value \$ _____

*Your signature on this application authorizes the owner/manager of the project in which you are applying for occupancy to contact your prior landlords for information regarding your prior tenancies, to check personal and credit references and to obtain credit, employment and court records.

Applicants Signature

Date

Spouse/Co-Tenant Signature

Date

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicant on the basis of visual observation or surname.

<u>Race</u>	<u>Ethnicity</u>	<u>Sex (# in family)</u>
<input type="checkbox"/> American Indian/Alaskan Native(1)	<input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Asian(2)	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Female
<input type="checkbox"/> Black / African American(3)		
<input type="checkbox"/> Native Hawaiian or Pacific Islander(4)		
<input type="checkbox"/> White(5)		

Background/Criminal History:

Has any household member ever been charged or convicted of any criminal activity? Yes No

Has any household member been involved in any criminal activities involving?

1. Crimes of physical violence to persons or property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Possession or use of illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Burglary or theft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Sexual assault or rape?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Lifetime registered sex offender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/We certify that the information given to the Housing Authority of the County of Burnett on household composition, income, net family assets, and allowances, expenses, deductions, and personal questions is accurate to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We further understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

**Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within in jurisdiction.*

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Tenant: _____ Date: _____

Statement Required by the Privacy Act

The USDA- Rural Development (RD) is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C. 1471 et. seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that is unlawful for USDA-RD to deny eligibility because of the refusal to disclose the Social Security Account Number. The principal purposes for collecting the requested information are to determine eligibility for occupancy in the USDA-RD financed rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings.

Addendum to application for occupancy
Definitions based upon FmHA Instruction 1930-C, Exhibit B

What is considered a disability: A person is considered disabled if the person meets the criteria of either of the following:

1. The person has an inability to engage in any substantial gainful activity, but with use of auxiliary apparatus can otherwise participate in gainful activity, by reason of any medically determinable physical or mental impairment, where the disability:
 - a. Has lasted or can be expected to last for a continuous period of not less than 12 months, or which can be expected to result in death.
 - b. Substantially impedes the ability to live independently.
 - c. Is of such a nature that such ability could be improved by more suitable housing conditions.
 - d. In the case of a sight impaired person who is at least 55 years old (within the meaning of sight impairment as determined in Section 223 of the Social Security Act), is unable, because of the sight impairment, to engage in substantial gainful activity in which he/she has previously engaged with some regularity over a substantial period.
 - e. Receipt of veteran's or Social Security Disability payments benefits for disability, whether service-oriented or otherwise does not automatically establish disability.
2. The person has a developmental disability; a severe, chronic disability which:
 - a. Is attributable to a mental or physical impairment or combination of mental or physical impairment.
 - b. Was manifested before age 22.
 - c. Is likely to continue indefinitely.
 - d. Results in substantial functional limitations in three or more of the following areas of major life activity:

(1) Self care	(4) Mobility	(7) Economic self-sufficiency
(2) Receptive and expressive language	(5) Self-direction	
(3) Learning	(6) Capacity for independent living	
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, or treatment, or for other services which are lifelong or extended duration and are individually planned and coordinated.
3. Individual with handicap:
 - a. A person with a physical or mental impairment that:
 - (1) Is expected to be of long continued and indefinite duration
 - (2) Substantially impedes the person or is of such nature that the person's ability to live independently should be improved by more suitable housing conditions.

The term handicap further means, with respect to a person, a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such as impairment. THIS TERM DOES NOT INCLUDE CURRENT ILLEGAL USE OF OR ADDICTION TO A CONTROLLED SUBSTANCE.

As used in this definition:

- a. Physical or mental impairment includes:
 - (1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory; including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic, skin; and endocrine.
 - (2) Any mental or physiological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term " physical or mental impairment" includes, but is not limited to , such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus (HIV), infection, acquired immunodeficiency syndrome (AIDS), mental retardation, emotional illness, drug addiction, and alcoholism.
5. Major life activities mean functions such as caring for oneself, performing major tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
6. Has a record of such an impairment means has a history of or has been misclassified as having a mental or physical

impairment that substantially limits one or more major life activities.

7. Is regarding as having an impairment means:

- a. Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by another person as constituting such a limitation.
- b. Has a physical or mental impairment that substantially limits one or more major life activities only because of the attitudes of others toward such impairment.
- c. Has one of the impairments defined in paragraph 4 a (1) and 4 a (2) of this definition but is treated by another person as having such an impairment.

* LH: Means farm labor housing loans and/or grants.

Who is eligible for Public Housing?

Public Housing is limited to low-income families and individuals. A Housing Authority (HA) determination of your eligibility is based on:

1. Annual gross income
2. Whether you qualify as a person whose an elder, with a disability, or a family status; and
3. US citizenship or eligible immigration status.

If you are eligible, the HA will check your references to make sure you and your family will be good tenants. HA will deny admission to an applicant whose habits and practices may be expected to have a detrimental effect on other tenants or on the project's environment.

Authorization for the Release of Information

Organization requesting release of information:

Burnett County Housing Authority
P.O. Box 41
Webster, WI 54893
715-866-8231

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above-named organization may use this authorization, and the information obtained with it to administer and enforce program rules and policies.

Authorization :

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
- Low- Income Rental Public Housing
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10(c) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221 (d)(3) Below Market Interest Rate
- Turkey III Homeownership Opportunities Program

I authorize the above-named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

Information Covered Inquires may be made about:

- Childcare expenses
- 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
- Social Security Numbers
- Residences and Rental History

Signatures:

Head of Household Date

Spouse/Co-Tenant Date

U.S. Department of Housing & Urban Development
Office of Housing
Office of Housing & Office of Public/Indian Housing

Individuals or Organizations that may release information:

Any individual or organization including any government organization may be asked to release information. For example, information can be requested from:

- Banks & other financial institutes
- Courts
- Law enforcement agencies
- Credit Bureaus
- Employers, past & present
- Landlords
- Providers of: (alimony, childcare, child support, credit, handicapped assistance, medical care, pensions/annuities)
- Schools & colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

Computer Matching Notice & Consent

I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The governmental agencies include:

- U.S. Office of Personal Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family

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 terminated or denied.

Family Member over age 18 Date

Family Member over age 18 Date