



125 West 10th St. Kaukauna, WI 54130
Phone: (920) 766-4772 – Fax: (920) 759-2733
Pthiele@kaukaunaha.org

APPLICATION FOR SECTION 8 HCV PROGRAM

Head of Household Information

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Gender: Male/Female _____ Elderly or Disabled: Yes/No _____

List ALL names used other than the one currently being used _____

Are you a U.S. Citizen? Yes No

For Statistical purposes, please check the box that applies:

White non-minority African-American Native American Asian Hispanic Other

Mailing Address: _____

NOTE: You are required to notify Kaukauna Housing Authority (in writing) of any change of address.
If we are unable to contact you by mail, your name will be removed from the waiting list and
you will be required to reapply for the program.

Home Phone Number (_____) _____

Work PHONE Number (_____) _____

May we call you at work Yes No

Are you eligible for local residency preference? Yes No

You may claim the residency preference if you live, work or have been hired to work in the Municipality of Kaukauna (to include Kimberly, Little Chute and Combined Locks) or within a 5-mile radius of the city limits.

Are you eligible for working preference? Yes No

You may claim the working preference if the Head of Household, spouse or sole member is employed, enrolled in a qualified job training program, attending an institution of higher education FULL-TIME, or are elderly or disabled and receive benefits due to their inability to work.

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

1. Name _____ Phone No. (____) _____

2. Name _____ Phone No. (____) _____

HOUSEHOLD COMPOSITION (Include Head of Household / Applicant)

Full Legal Name	Date of Birth	Social Security#	Relationship to Head of Head of Household	Gender M/F	Elderly or Disabled? Y/N	U.S. Citizen? Y/N

Has any adult member used any other name than the one currently being used? Yes No

If yes, provide the name/s _____

Has any member of the household participated in another rental assistance program, including living in Public Housing?

Yes No

If yes, who and name of the program/facility _____

Has any member of the household ever committed fraud or been requested to repay money for intentionally misrepresenting information in a federally assisted housing program? Yes No

If yes, explain _____

Does any household member currently owe any money to any housing agency for rent or damages? Yes No

If yes, Name and address of the agency _____ Amount Owed \$ _____

Has any household member had a court ordered eviction within the past 5 years? Yes No

If yes, list members of the household involved in the eviction _____

Has any household member ever been convicted of any crime other than a traffic violation? Yes No

If yes who _____

Explain _____

Is any member of the household a registered sex offender? Yes No

List all sources of income and assets

Income (Income should include employment, SS, SSI, Child Support, Pension/Retirement, Assistance, Regular Cash Payments by another source)

Household Member Name	Income source	Gross Monthly Earnings

Assets (Assets include bank accounts, retirement/401k, pension, Certificates of Deposit, Stocks/Bonds, Annuities, Life Insurance, Burial Trusts

Family Member Name	Bank or Agency Name	Type of Asset	Amount

Rental History

Present Landlord's Name _____

Landlord's Address _____ Phone Number () _____

Previous Landlord's Name _____

Prior Landlord's Address _____ Phone Number () _____

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.

All adult household members must sign this page

Signature of Applicant

Date

**Signature of Spouse or
Other Adult Family Member**

Date

Signature of Other Adult Family Member

Date

This is a pre-application to determine waiting list eligibility. Final eligibility is determined after you are chosen from the waiting list and the final application appointment is scheduled and full screening is completed. Please note that eligibility is based on The Housing Choice Voucher Program's requirements that include income limits, criminal charges and other factors in combination with Kaukauna Housing Authority policies.

A confirmation letter will be mailed to you within 30 days of receipt of this application at the address provided for the Head of Household, noting your eligibility for our waiting list.

Note that providing false information on this application automatically disqualifies you for eligibility on the waiting list.

Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Application.

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SEC. NO. _____ ALIEN REG NO. _____

ADMISSION NO. _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____ (to be entered by owner if and when received.)

INSTRUCTIONS: Complete the Declaration below by printing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete EITHER block number 1, 2, 3 or 4:

DECLARATION

I, _____ hereby declare, under penalty or perjury, that I am:

____ 1. A citizen of the United States by birth

Sign and date below. If this block is checked on behalf of a child (any person under age 18), the adult who will reside in the unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

____ 2. A national of the United States. (A Naturalized Citizen)

If you checked this block, please provide documentation of your Naturalization. Sign and date below. If this block is checked on behalf of a child (any person under age 18), the adult who will reside in the unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

____ 3. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit proof of age document together with this form, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form

AND

b. One of the following documents:

(1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

- (b) "Section 208" or "Asylum";
- (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
- (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

- (a) A final court decision granting asylum (but only if no appeal is taken);
- (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
- (c) A court decision granting withholding or deportation; or
- (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."

(5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

(6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) Form I-551 Alien Registration Receipt Card.

If this block is checked, sign and date below. If this block is checked on behalf of a child, the adult who will reside in the unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension block below.

Signature

Date

Check here if adult signed for child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

4. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance; sign and date below. If this block is checked on behalf of a child, the adult who will reside in the unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for child: _____

**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

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)	
<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.	

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

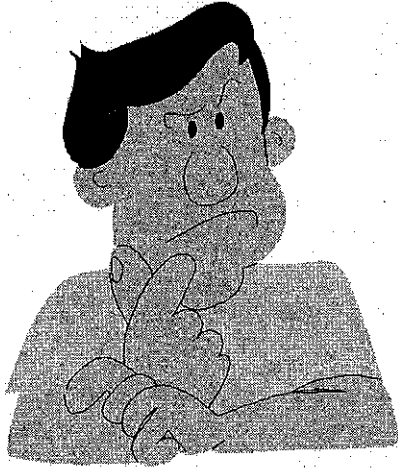
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Signature of Applicant

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.



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