

Dear Applicant

Enclosed please find application for Section 8 Housing Choice Voucher Rental Assistance Program. Please fill out the application in it's entirety.

Within 10 working days, after receipt of your application the Housing Authority will notify all applicants in writing of the preliminary eligibility/ineligibility determination. Applicants found preliminary eligible will be placed on a waiting list and notified of the approximate waiting list.

If you do not receive the above notice contact the Housing Authority, because we have not received your application or have incomplete information to process your application.

Applicants will be notified by mail, when they reach the top of the waiting list. It is the applicant's responsibility to notify the Housing Authority of any change in address.

If you have any question regarding the application feel free to call.

Sincerely,

Jennifer Ary
Executive Director

Preliminary Tenant Application

TO BE FILLED OUT BY THE APPLICANT:

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____

Names and phone numbers of two friends or relatives that we can contact if we are unable to reach you at the phone number(s) listed above:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Present Monthly Rent: _____ No. of Bedrooms: _____

Number of persons in household: _____

Check utilities paid by you:

_____ Heat Type of fuel: _____

_____ Electric

_____ Hot Water

_____ Water and Sewer

List all persons who will live in the rental unit while you are on this program:

(List Head of Household First)

<u>Full Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
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(1) _____	_____	_____	_____	_____
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Occupation: _____ Place of birth (city and state): _____

(2) _____	_____	_____	_____	_____
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Occupation: _____ Place of birth (city and state): _____

(3) _____	_____	_____	_____	_____
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Occupation: _____ Place of birth (city and state): _____

<u>Full Name</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
(4) _____	_____	_____	_____	_____
Occupation: _____ Place of birth (city and state): _____				
(5) _____	_____	_____	_____	_____
Occupation: _____ Place of birth (city and state): _____				
(6) _____	_____	_____	_____	_____
Occupation: _____ Place of birth (city and state): _____				

INCOME: List all full and/or part time employment for all household members (other than minor dependent children). Include self-employed earnings.

<u>HOUSEHOLD MEMBER</u>	<u>NAME/ADDRESS OF EMPLOYER</u>	<u>GROSS EARNINGS</u>	
		<u>Current</u>	<u>Anticipated</u>
_____	_____	\$ _____	\$ _____
		per _____	per _____
_____	_____	\$ _____	\$ _____
		per _____	per _____
_____	_____	\$ _____	\$ _____
		per _____	per _____
_____	_____	\$ _____	\$ _____
		per _____	per _____

OTHER SOURCES OF INCOME: (Examples: Governmental assistance, social security, S.S.I., pensions, disability compensation, unemployment compensation, interest, baby sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, etc.).

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ASSETS:

Checking Accounts: Bank: _____ Acct. #: _____ Amt.\$ _____

Bank: _____ Acct. #: _____ Amt.\$ _____

Passbook Savings: Bank: _____ Acct. #: _____ Amt.\$ _____

Bank: _____ Acct. #: _____ Amt.\$ _____

Savings Certificates: Bank: _____ Acct. #: _____ Amt.\$ _____

Bank: _____ Acct. #: _____ Amt.\$ _____

Credit Union Shares: C.U. Name: _____ Acct.#: _____ Amt.\$ _____

Address: _____

Stocks and Bonds (value): \$ _____ War Bonds (value):\$ _____

Do you NOW own real estate? _____ If "yes" what is the value? _____

Have you ever owned real estate? _____ If "yes" when? _____

List below any life insurance policy and numbers that you may have and names and addresses of insurance companies:

Policy #: _____ Name and Address: _____

Policy #: _____ Name and Address: _____

Policy #: _____ Name and Address: _____

MEDICAL AND UNUSUAL EXPENSES:

Do you pay for babysitting while a family member is employed? _____

If "yes" list child care provider's name, address and telephone number:

Cost per week:\$ _____ or per month \$ _____

Are you receiving Medicare Benefits? _____

Are you receiving Medical Assistance through the Welfare Department? _____

Do you pay for any medical insurance/hospitalization (such as Blue Cross, etc.?) _____

Is this a payroll deduction? _____ If "yes" how often and how much? _____

Are you making payments on outstanding medical bills? _____

Do you take prescription drugs on a regular basis? _____

Do you anticipate any health care related expenses for the next 12 months which are not covered by health insurance? _____

PROGRAM INFORMATION:

Have you ever applied for or participated in a rental assistance program? _____

If "yes", explain: _____

How did you hear about the program? _____

Are you or any household member a registered sex offender? _____

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

SIGNATURE: _____ Date: _____

SIGNATURE: _____ Date _____

The following information is required for statistical purposes so the Department of HUD may determine the degree to which its programs are utilized by minority families.

RACIAL GROUP IDENTIFICATION (used for statistical purposes only).

- | | |
|-----------------------|--|
| _____ White | _____ Spanish American |
| _____ Black | _____ Oriental (Japanese, Korean, Chinese, Filipino) |
| _____ American Indian | _____ Other |

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Return Application to: Marinette County Housing Authority
PO Box 438
Wausaukee, Wisconsin 54177