



Housing Authority of the County of Marinette

Jennifer Ary, Executive Director
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SECTION 8 - HOUSING CHOICE VOUCHER RENTAL ASSISTANCE PROGRAM APPLICATION

Income Limits (subject to change)

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$30,350	\$34,650	\$39,000	\$43,300	\$46,800	\$50,250	\$53,700	\$57,200

Dear Applicant:

Please fill out the application in its entirety.

Please also reference the income limits listed above prior to submitting your application. If you/your household exceeds those limits, you may be found ineligible for the rental assistance program.

Upon receipt of your application and within 10 working days, the Housing Authority will mail a notification letter of preliminary eligibility/ineligibility determination. Applicants found preliminary eligible will be placed on a waiting list and notified of the approximate wait-list time.

If you do not receive the above notice, you will need to contact the Housing Authority to verify receipt of 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 questions regarding your application, please contact our office at the above number.

Sincerely,
Marinette County Housing Authority
Section 8 Housing Choice Voucher Program
PO Box 438
Wausaukee, WI 54177

PRELIMINARY APPLICATION

Please complete this form and return to:

Marinette County Housing Authority
 PO Box 438
 Wausaukee, WI 54177

PHA use only	
Date: _____	Time: _____

TO BE COMPLETED BY THE APPLICANT:

Part 1: Head of Household			
Name: _____		SS#: _____	
Address: _____		Phone: _____	
City: _____	State: _____	Zip: _____	Email: _____
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 2: Household Composition Information			
First Name: _____	Date of Birth: _____	Relationship: _____	
Last Name: _____	SS#: _____	Sex: M or F	Disabled: Y or N
First Name: _____	Date of Birth: _____	Relationship: _____	
Last Name: _____	SS#: _____	Sex: M or F	Disabled: Y or N
First Name: _____	Date of Birth: _____	Relationship: _____	
Last Name: _____	SS#: _____	Sex: M or F	Disabled: Y or N
First Name: _____	Date of Birth: _____	Relationship: _____	
Last Name: _____	SS#: _____	Sex: M or F	Disabled: Y or N
First Name: _____	Date of Birth: _____	Relationship: _____	
Last Name: _____	SS#: _____	Sex: M or F	Disabled: Y or N

Part 3: Name and phone numbers of two friends or relatives	
Name: _____	Phone: _____
Name: _____	Phone: _____

Part 4: Racial Group Identification (used for statistical purposes only)			
_____ White	_____ American Indian	_____ Oriental (Japanese, Korean, Chinese, Filipino)	
_____ Black	_____ Spanish American	_____ Other	
<p><i>The listed information is required for statistical purposes so the Department of HUD may determine the degree to which its programs are utilized by minority families.</i></p>			

Part 5: Family Income
 (Examples of other income sources: Social Security, SSI, Disability benefits, pensions, alimony, child support, annuities, unemployment benefits, Foodshare, TANF, etc.). List total gross income and payments received by each family member age 18 or older.

Name: _____	Gross Income: \$ _____	How often: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/>
Employer or other income source: _____		Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Name: _____	Gross Income: \$ _____	How often: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/>
Employer or other income source: _____		Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Name: _____	Gross Income: \$ _____	How often: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/>
Employer or other income source: _____		Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Name: _____	Gross Income: \$ _____	How often: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/>
Employer or other income source: _____		Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>

Part 6: Assets

<u>Type of Asset:</u>	<u>Cash Value of Asset</u>	<u>Income Earned from Asset</u>
Checking Account:	\$ _____	\$ _____
Savings Account:	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Bonds	\$ _____	\$ _____
CD's	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 7: Medical and other expenses

<u>Type of Expense:</u>	<u>Expense per week</u>	<u>Expense per month</u>
Medical Insurance	\$ _____	\$ _____
Hospitalization expense	\$ _____	\$ _____
Outstanding medical expenses	\$ _____	\$ _____
Anticipated health expenses	\$ _____	\$ _____
Prescription expenses	\$ _____	\$ _____
Childcare expenses	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Part 8: Current rental information

Monthly rent amount	\$ _____	Number of person(s) in household	_____			
No. of bedrooms	_____					
Utilities paid by you (circle all that apply):		Heat	Electric	Hot water	Water and Sewer	Other

Part 9: Program Information

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

Are you receiving Medicare benefits? _____

Are you a registered sex offender? _____

Have you had a felony conviction in the last 7 years? _____

Have you had a misdemeanor in the last 3 years? _____

Have you ever been evicted from public housing? If so, how long ago? _____

How did you hear about our program? _____

All applicants are subject to a criminal background check. If there are any incidents of drug activity or violent behavior within the past three years for misdemeanor, or seven years for a felony, the applicant may be ineligible for the program. Registered sex offenders are ineligible for the program.

Part 10: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years, if I furnish false or incomplete information.

Applicant Signature

Date

Additional Notes:

- I) All enrolled household members are screened and recertified annually.
- II) Unreported household members or unreported income will result in program termination, housing fraud charges, and potential small claims court judgement requiring repayment of assisted funds.
- III) Providing false information on your application is grounds for denial.