



RICHLAND COUNTY HOUSING AUTHORITY

290 W. Union St. – Richland Center, WI 53581
 Telephone (608) 647-3214 – Fax (608) 647-8455
 rcha@richlandhousing.org

1. FAMILY APPLICATION: (Households needing more than one bedroom)

Please Type or Print Using Blue or Black Ink Only

Head of Household: _____

First
MI
Last

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

Current Address: _____

Street
City
State
Zip

Mailing Address: _____

Street
City
State
Zip

Contact Person/Translator: _____ Phone: (____) _____

(Optional) Do any disabled household members require accessibility in an apartment? Yes or No If yes, please explain below:

2. HOUSEHOLD FAMILY MEMBERS DATA:

List Head of Household from Section 1 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 the Date of Birth column. Please provide Social Security number for each family member.

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

FOR OFFICE USE ONLY:

Date: _____ Time: _____ By: _____ Unit Size: _____

3. Check the box for 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

4. 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 deductions (**gross amount**) from each source on the line next to it.

<input type="checkbox"/> Social Security: \$	<input type="checkbox"/> Unemployment: \$	<input type="checkbox"/> Alimony: \$
<input type="checkbox"/> SSI: \$	<input type="checkbox"/> Pension: \$	<input type="checkbox"/> Church Support: \$
<input type="checkbox"/> Wages: \$	<input type="checkbox"/> W-2/AFDC: \$	<input type="checkbox"/> Annuities: \$
<input type="checkbox"/> Family Support: \$	<input type="checkbox"/> Child Support: \$	<input type="checkbox"/> Stocks & Bonds: \$
<input type="checkbox"/> I/We have no sources of income	<input type="checkbox"/> Rent paid <u>to you</u> as an owner of real estate: \$	
<input type="checkbox"/> Other (Please specify): \$		

5. 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. **FAILURE TO PROVIDE ALL INFORMATION COULD RESULT IN NON-QUALIFICATION OF THE PROGRAM OR TERMINATION OF THE PROGRAM.**

BANK/INSTITUTION/REAL ESTATE	TYPE OF ACCOUNT	BALANCE/CASH VALUE

6. CURRENT & PREVIOUS RESIDENCE INFORMATION: (Attach another sheet if you need additional space.) Indicate where you have been living **for the past five (5) years**. Include any friends or relatives with whom you have lived or if you owned your own home during this time. Start with your most recent address. Provide **complete** address information for yourself and your landlord.

1. Current Address: _____
Street Address City State Zip

Length of time at this address (i.e. May 2015-June 2016): _____

Complete name, address, and phone of landlord/owner: _____
Name of Landlord

Street Address City State Zip Telephone Number

Are you related to landlord/owner? Yes or No If yes, how? _____

1. Previous Address: _____
Street Address City State Zip

Length of time at this address (i.e. May 2015-June 2016): _____

Complete name, address, and phone of landlord/owner: _____
Name of Landlord

Street Address City State Zip Telephone Number

Are you related to landlord/owner? Yes or No If yes, how? _____

1. Previous Address: _____
Street Address City State Zip

Length of time at this address (i.e. May 2015-June 2016): _____

Complete name, address, and phone of landlord/owner: _____
Name of Landlord

Street Address City State Zip Telephone Number

Are you related to landlord/owner? Yes or No If yes, how? _____

7. OTHER REQUIRED INFORMATION

- 1. Do you currently own a home, land, or timeshare? Yes or No If yes, describe: _____
- 2. Has any household member sol, gifted, or donated property or any other assets worth more than \$1,000 in the past two years? Yes or No If yes, explain: _____
- 3. Have you or any household member ever used any name (such as maiden name) or Social Security Number(s) other than one listed on this application? If yes, please explain: _____
- 4. Have you or any household member ever been **arrested** for a crime other than minor traffic violations? Yes or No If yes, disclose the charge(s) and legal outcome(s): _____

- 5. Are you or any household member subject to lifetime state sex offender registration requirement in any state? Yes or No If yes: Name: _____ State: _____
- 6. Have you or any other 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: _____

- 7. Please list household member **OVER THE AGE OF 18** who are full time students: _____

- 8. Does anyone live with you now or plan to live with you in the future who is not listed above? Yes or No
- 9. How many people live in your unit now? _____ How many bedrooms do you have? _____
- 10. Do you wish to move? Yes or No If yes, why? _____
- 11. Are you currently living in a federally subsidized unit? Yes or No If yes, where? _____
- 12. Have you ever participated in Section 8 Voucher Program before? Yes or No If yes, when and where? _____

- 13. Have you ever been evicted from **ANY** federally subsidized housing? Yes or No If yes, when? _____
For what reason? _____
- 14. Have you or any household member ever been arrested for illegal use of a controlled substance? Yes or No

8. LOCAL PREFERENCES:

Federal Regulations and local policy allow priority consideration in certain categories. Please check any boxes below that describe your current status. If none apply, leave this section blank.

- RESIDENCY:** Head of household or other adult household member has a permanent residence or employment (or written offer of employment) in **Richland County, WI**
- Handicapped/Disabled**
- Family**
- Elderly**

***** Section 504 of the Rehabilitation Act *****

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

Wheelchair Accessibility: _____ Hearing-Impaired Accommodation: _____
Sign or Braille Interpreter: _____ Other: _____

The following must be provided with your application (**FAILURE TO PROVIDE ALL INFORMATION THAT APPLIES TO YOUR HOUSEHOLD COULD RESULT IN NON-QUALIFICATION OF THE PROGRAM OR TERMINATION OF THE PROGRAM.**):

- Previous year's tax return if self employed
- Property tax bill if own property
- Copies of Social Security Cards for ALL household members
- Copies of birth certificates for ALL household members
- Copies of Driver's License for ALL household members over 18
- Copies of proof of income for ALL household members
- Copies of ALL bank statements for checking, savings, cd's, etc.
- Copies of the legal documents for primary custodial rights for ALL dependent(s)
- Proof of school district enrollment for dependent(s) (if applicable)

9. SIGNATURES:

I/We do hereby swear and attest that all information about me/us is true complete and correct. I/We also understand that any change in household member or household income can affect my/our eligibility. I/We understand that it is my/our responsibility to promptly (within 10 days) report changes, and such reports must be in writing, As from time to time, the Richland County Housing Authority seeks to confirm continued interest in subsidized housing, I/We understand that failure to respond to written inquiry will result in my/our application being removed from consideration.

Head of Household: _____ Date: _____
Signature

Spouse or Other Adult: _____ Date: _____
Signature

Spouse or Other Adult: _____ Date: _____
Signature

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:

Criminal Background Check: _____ Sex Offender Registry Check: _____ EIV: _____



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CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal Law requires us to get a drug and criminal background and sex offender registration information for all adult household members applying for Section 8 rental assistance. To enable us to do this, all household members age 18 or older must answer the following questions below, then sign to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents.

The Richland County Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from federally assisted site for drug-related activity within the past three years?
 YES NO
2. Do you currently use illegal drugs or abuse alcohol? YES NO
3. Are you currently subject to a lifetime registration requirement under the state sex offender registration list? YES NO
4. Have you been convicted of any drug-related crime within the past three years? YES NO
5. Have you ever been convicted of any crime involving fraud or dishonesty within the past three years?
 YES NO
6. Have you ever been convicted of any felony within the past three years? YES NO
7. Have you ever been convicted of any crime involving violence within the past three years?
 YES NO
8. Are you currently charged with any of the above criminal activities? YES NO
9. Please list the states in which you have lived or have held licenses to drive (include driver's license #s)

10. Have you ever used or been known by any other name? YES NO
If yes, please list the names uses: _____
11. Are you currently on probation or parole? YES NO
If yes, please list County and officer's name: _____

PLEASE SIGN ON THE BACK

There are restrictions to participate in the rental assistance program for charges and/or convictions of any drug or drug related criminal activity and/or violent criminal activity. These charges and/or convictions may prohibit participation in the program. In accordance with 24 CFR 88.210, the Richland County Housing Authority is not required to assist families who engage in drug related criminal activity or violent criminal activity as defined in 882.118 (b)(4). A person does not have to be arrested or convicted in order to terminate assistance for this reason. The criteria used to determine denial include the following:

- A. Credible Evidence: including evidence provided by newspapers, the police and court systems, probation officers, such as drug raids, drugs found in the dwelling unit or personal vehicle by police or housing authority staff, arrest warrants issued, testimony from neighbors, etc.
- B. Preponderance of Evidence: Preponderance of evidence is defined as evidence which is greater weight or more convincing than the evidence which is offered in opposition to it, that is, evidence which as a whole show that the facts sought to be proved is more probable than not;
- C. Drug related or violent criminal convictions within the last three (3) years.

Waiver exceptions will be considered on a case by case basis if the applicant is in total compliance with court orders and has completed all provisions related to probation and parole stipulations. Applicant who are denied eligibility for participation for the rental assistance program have the right to an informal review for the decision to resolve the dispute with the Housing Authority without legal action and to correct Housing Authority errors.

I understand that the above information is required to determine my eligibility for rental assistance. I certify that my answers are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for denial of admission or termination of assistance. I authorize Richland County Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Richland County Housing Authority.

Consent form expires fifteen (15) months after signed.

Applicant's Signature: _____ Date: _____

Applicant's Name (Please Print): _____ Date of Birth (DOB): _____

Applicant's Social Security Number: _____

Co-Applicant's Signature: _____ Date: _____

Co-Applicant's Name (Please Print): _____ Date of Birth (DOB): _____

Social Security Number: _____

Other Adult's Signature: _____ Date: _____

Name (Please Print): _____ Date of Birth (DOB): _____

Applicant's Social Security Number: _____

ATTACHMENT 2

RICHLAND COUNTY HOUSING AUTHORITY DRUG-FREE HOUSEHOLD STATEMENT

NAME: _____ SOCIAL SECURITY NUMBER: _____

I, the undersigned do hereby attest that I and all members of my household, do not us any **illegal drug(s)**. I further attest that I and all members of my household do not sell, manufacture, posses or use illegal drugs and that my household is a **drug-free household**.

I further understand that if I, members of the household or guest(s) of household, use, sell, manufacture or posses illegal drugs, I am subject to the removal from the waiting list or termination of Housing Assistance Payments, or Subsidized Housing, whichever may apply.

I understand that this statement will remain in effect for the entire length of my application period and participation of the Section 8 Housing Choice Voucher Program.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

ATTACHMENT 3

RICHLAND COUNTY HOUSING AUTHORITY DRUG-FREE APPLICANT/TENANT CERTIFICATION

I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE RICHLAND COUNTY HOUSING AUTHORITY ON **HOUSEHOLD COMPSOITION, INCOME, FAMILY ASSETS, AND ALLOWANCES AND DEDUCTIONS** IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION IS PUNISHABLE UNDER **FEDERAL LAW**. I/WE ALOS UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

If you believe you have been discriminated against, you may call the Fair Housing Toll-Free Hotline at 800-669-9777.

After verification by the Richland County Housing Authority, the information will be submitted to the U.S. Department of Housing and Urban Development on form HUD-50058, a computer-generated facsimile. See the Federal Privacy Act Statement for more information.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENT OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER IN THIS JURISDICTION.

DECLARATION OF CITIZENSHIP

RICHLAND COUNTY HOUSING AUTHORITY

PART 1: APPLIES TO ALL FAMILY MEMBERS

Each person who will benefit under the subsidized housing program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is under 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status	Signature of Adult listed to the left, or Signature of Guardian for Minor
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X

WARNING: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement(s) to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future rental assistance.

NOTE: Family members who have checked indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

PART 2: APPLIES TO NONCITIZEN FAMILY MEMBERS ONLY

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

1. Form I-551, Temporary Stamp and MRIVS
2. Form I-94, Arrival-Departure Record
3. Temporary Resident Card
4. Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant’s entitlement to the document has been verified.

Please call to arrange for delivery a copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family’s rental assistance may be reduced, denied, or terminated as provided in the regulations by the U.S. Department of Housing and Urban Development, pending available appeals processes.

HEAD OF HOUSEHOLD CERTIFICATION

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature: _____ Date: _____

CONSENT TO VERIFY ELIGIBLE IMMIGRATION STATUS

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult listed to the left, or Signature of Guardian for Minor	OFFICE USE ONLY INS VERIF #
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Housing Authority, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purpose of verification of immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.