JUNEAU COUNTY
HOUSING AUTHORITY

Julie A. Oleson
Executive Director

717 E. State Street • Mauston, WI • 53948 • Phone: (608) 847-7309 • Fax: (608) 847-2278
Email: ddirector@juneaucountyha.com www.juneaucountyha.com

APPLICATION FOR OCCUPANCY

Required Documents to submit with your application:

- ☐ Valid photo ID: Required for all household members aged 18 and older
- ☐ Social Security Cards: Required for every person who will live in the household
- ☐ Most recent (full) bank statement for each account
- ☐ Most recent 2 check stubs or SSI/SS/SSDI award letters (all pages) if applicable

Applicant's Full Name_____ Age_____

Social Security Number_____ Date of Birth_____

Spouse/Co-Tenant_____ Age_____

Social Security Number_____ Date of Birth_____

Present Address_____
Mailing Address City Zip Code

Telephone Number_____ Email Address _____

Other Members of Household:

Name	Social Security #	Date of Birth	Relationship

Are there any pets/ESA/Service animals who will be residing in the unit? If yes, how many and what type?

_____

Please list children or other close relatives or friends to contact in case of an emergency:

Name	Relationship	Phone

Is someone legally empowered to act on your behalf?

Name_____ Home Phone_____

Address_____ Business Phone_____

_____ Email Address_____

_____

_____

Do any of the following apply to your household? *(Circle Yes/No)*

- Are you currently without or about to lose housing? Yes No
- Is your current housing substandard? Yes No
- Are you currently paying more than 50% of your income for rent? Yes No
- Do you have a Letter of Priority Entitlement? Yes No
    - If yes, is it issued by Rural Development? Yes No
- Do you certify that this will be your permanent residence and that you do not/will not maintain a separate subsidized unit in a different location? Yes No
- Is any member of the household a student at an institution of higher education? Yes No
  If Yes, Please provide the name of the institution and enrollment status (part/full time).
  _____

- Have you ever been convicted of a felony or drug related charge? Yes No
- Do you have any specific housing requirements, such as a handicapped accessible unit? Yes No
- Is any member of the household subject to State Lifetime Sex Offender Registration in any state? Yes No

List states where members of the household have resided: _____

How did you hear about Juneau County Housing Authority? _____

How did you hear about any vacancies? _____

What is your preferred moving date?_____

Complete **all applicable** information for Applicant, Spouse, or Co-Applicant on this page and the next. *Attach an additional sheet if needed.*

INCOME INFORMATION

1. Social Security/SSI Payments & Veteran Benefits

   $_____ Annually from _____

   $_____ Annually from _____

   $_____ Annually from _____

2. Pensions, Annuities, Retirement Funds, IRA Accounts, Interest Income

   $_____ Annually from _____

   $_____ Annually from _____

   $_____ Annually from _____

3. Salary/Wages – List **gross** amount of wages, salaries, overtime pay, commissions, fees, tips and bonuses.

   $_____ Annually from _____

   $_____ Annually from _____

   $_____ Annually from _____

4. Net Income from Business or Profession or Rental, Real or Personal Property.

   $_____ Annually from _____

   $_____ Annually from _____

   $_____ Annually from _____

5. All Other Income: Include income from all other sources, such as Unemployment, Disability Compensation, Workman's Compensation, Severance Pay, Alimony, Child Support, Regular Recurring Contributions or Gifts of Money, Regular Pay, Special Pay and Allowances for Head of Household in Armed Forces; Public Assistance, or any other source.

   $_____ Annually from _____

   $_____ Annually from _____

   $_____ Annually from _____

EXPENSE INFORMATION

1. **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. *(Please attach additional sheets if necessary)*

Name of Child: _____ $_____ Annually to _____

Name of Child: _____ $_____ Annually to _____

Name of Child: _____ $_____ Annually to _____

2. **Medical Expenses:** (To be completed for households with persons who are handicap, Disabled or over the age of 62) – Include total expenses paid out of your pocket over the past twelve months (not paid or reimbursed by insurance). May include any medically related expense. Ex: dental, prescriptions, supplement premiums, eye, hearing, cost of live-in resident assistant, doctor, including that portion of spouse's or child's nursing home care paid from family income.
(Please attach additional sheets if necessary)

$_____ Annually to _____

$_____ Annually to _____

$_____ Annually to _____

$_____ Annually to _____

$_____ Annually to _____

$_____ Annually to _____

ASSET INFORMATION – *List all information for applicant, spouse, and/or co-applicant*
Please note that accounts such as VENOMO, Cash-App, Apple Cash, Direct Express, etc. are all considered assets and must be disclosed.

1. Cash on hand – amount in pocket, purse, etc. $_____

2. Checking Accounts

Account Holder_____ Bank Name _____ Current Balance $_____
Account Holder_____ Bank Name _____ Current Balance $_____
Account Holder_____ Bank Name _____ Current Balance $_____
Account Holder_____ Bank Name _____ Current Balance $_____

3. Savings Accounts (including IRA's)

Account Holder_____ Bank Name _____ Current Balance $_____
Account Holder_____ Bank Name _____ Current Balance $_____
Account Holder_____ Bank Name _____ Current Balance $_____
Account Holder_____ Bank Name _____ Current Balance $_____

4. Stocks and/or Bonds

Owner_____ Type _____ Number _____Value$_____
Owner_____ Type _____ Number _____Value$_____

5. Real Estate Owned Within Last 2 Years

Market Value $_____ If sold within last 2 years, list amount sold for. $_____
Market Value $_____ If sold within last 2 years, list amount sold for. $_____

6. Property Sold Under Land Contract

Original Amount $_____
Outstanding Balance $_____
Terms: $_____ per month _____or per year _____

THE REFERENCE SECTION MUST BE COMPLETE

REFERENCES

CREDIT REFERENCES *(Not Relatives)* ***3 References are required***

(Example: Bank or utility company; a company you make payments to)

1._____
Name of Business or Representative Complete Mailing Address

2._____
Name of Business or Representative Complete Mailing Address

3._____
Name of Business or Representative Complete Mailing Address

Do you Authorize JCHA to run a Credit Check if 3 references are not available? Yes No

LANDLORD REFERENCES

You must report the past ten years. *Please use another piece of paper if needed.*

Present Address _____

Dates resided there _____ to Present Landlord Name_____

Complete Landlord Address_____

Landlord email_____

Reason for leaving _____

Previous Address #1 _____

Dates resided there _____ to _____ Landlord Name_____

Complete Landlord Address_____

Landlord email_____

Reason for leaving_____

Previous Address #2 _____

Dates resided there _____ to _____ Landlord Name_____

Complete Landlord Address_____

Landlord Email_____

Reason for leaving_____

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

I certify that the information I have provided on this application to be accurate and complete.

Applicants Signature _____ Date _____

Race and Ethnicity Reporting Form

The information regarding race, national origin, and sex designation solicited on the application is requested in order to assure the Federal Government, acting through USDA/Rural Development and Housing and Urban Development (HUD), that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disabled are compiled with. You are not required to furnish this information but are encouraged 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/manager is required to note the race/ national origin and sex of individual applicants on the basis of visual observation or surname."

APPLICANT	
Race / National Origin [ ] White [ ] Black or African American [ ] Native Hawaiian or other Pacific Islander [ ] American / Alaskan Native [ ] Asian Ethnicity [ ] Hispanic or Latino [ ] Not-Hispanic or Latino	[ ] Male [ ] Female

PENALTIES FOR MISUSING THIS CONTENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8).Violation of these provisions are cited as violations of 42 U.S.C.408 (a) (6), (7) and (8).

STATEMENT REQUIRED BY THE PRIVACY ACT

The USDA, Rural Development, 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 Rural Development 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 Rural Development 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.

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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.

Place an X next to the building(s) applying for:
(One- and two-bedroom units unless otherwise noted)

Eligibility for individuals under the age of 62 applying for elderly/disabled housing is contingent upon disability status. Both the applicant and a licensed healthcare provider must complete the **Verification of Disability form**.

_____	Villa Lyn Manor	Lyndon Station	Elderly & Disabled Only
_____	Georgetown House I	Elroy	Elderly & Disabled Only
_____	Georgetown House II	Elroy	Elderly & Disabled Only
_____	Westview Haven	New Lisbon	Elderly & Disabled Only
_____	Bluff View	Camp Douglas	Elderly & Disabled Only
_____	Bluff Aire	Necedah	Elderly & Disabled Only
_____	Bluff Aire II (1, 2, and 3 bedrooms)	Necedah	Family housing
_____	Sunrise	Wonewoc	Elderly & Disabled Only
_____	Stoney Hill Court (1-bedrooms only)	Wonewoc	Elderly & Disabled Only
_____	Country View (1-bedrooms only)	Hustler	Elderly & Disabled Only
_____	Spring Valley (1-bedrooms only)	Union Center	Elderly & Disabled Only
_____	Arches	Mauston	Elderly & Disabled Only
_____	Countryside (1-bedrooms only)	Wautoma	Elderly & Disabled Only
_____	Oak Valley (1-bedrooms only)	Red Granite	Family Housing

Please check your preference(s):

_____ One Bedroom _____ Two Bedroom (Minimum 2 people to qualify) ____ Three Bedroom (Minimum 3 people to qualify)

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HOUSING AUTHORITY

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Email: ddirector@juneaucountyha.com Website: www.JuneauCountyHousingAuthority.com

VERIFICATION OF DISABILITY

The following is for all those under 62 years old applying for a unit with JCHA

DATE: _____

TO: Health Care Professional FROM: Juneau County Housing Authority

RETURN THIS VERIFICATION TO US AT THE ADDRESS LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

The individual that has signed below has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) or U.S. Department of Agriculture (USDA) Rural Development. Federal regulations require the Housing Authority to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the Housing Authority. Your prompt return of this information will help to ensure timely processing of the application for assistance.

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. _____ Yes ____ No Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

2. _____ Yes ____ No Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 (8)), i.e., a person with a severe chronic disability that:
   a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
   b. Is manifested before the person attains age 22;
   c. Is likely to continue indefinitely;
   d. Results in substantial functional limitation in three or more of the following areas of major life activity;
      (1) Self-care,
      (2) Receptive and expressive language,
      (3) Learning,
      (4) Mobility,
      (5) Self-direction,
      (6) Capacity for independent living, and
      (7) Economic self-sufficiency; and
   e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3. _____ Yes ____ No Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
4. _____ Yes ____ No Is a person whose sole impairment is alcoholism or drug addiction.

NAME AND TITLE OF PERSON SUPPLYING THE INFORMATION	FIRM/ORGAINIZATION
SIGNATURE	DATE

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

APPLICANT NAME	APPLICANT ADDRESS
APPLICANT SIGNATURE	DATE

Authorization for the Release of Information

Juneau County Housing Authority
717 E. State Street
Mauston, WI 53948
(608) 847-7309

Purpose

The U.S. Department of Agriculture (Rural Development-RD) and the U.S. Department of Housing and Urban Development (HUD) along with the above named organization 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:

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program

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

I authorize only HUD, RD or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information covered Inquiries may be made about:

- Credit History
- Personal References
- Criminal Background
- Residences and Rental History
- Family Composition
- Employment, Income, Pensions, & Assets
- Federal, State, or Local Benefits
- Medical Expenses
- Handicap Assistance Expenses
- Child Care Expenses
- Social Security Numbers
- Identity and Marital Status

Individuals Or Organizations That May Release Information:

- Banks and Other Financial Businesses
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
  - Medical Care
  - Pensions/Annuities, Alimony Credit
  - Child Care, Child Support
  - Handicap Assistance
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies
- Welfare Agencies

Computer Matching Notice & Consent

I agree that a Public Housing Agency 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 Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare Agencies (W-2)

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 denied or terminated.

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for a Copy of Tax Form.

Head of Household Signature	Date	Spouse or Adult Signature	Date