



HOUSING CHOICE VOUCHER PROGRAM PRE-APPLICATION

491 E. Center St. Juneau, WI 53039
 (920) 386-2866 – (920) 386-2725 Fax
www.dodgehousing.org

Head of Household Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Elderly or disabled YES/NO: _____ Date of Birth: _____ Gender: Male/Female: _____

Address where you will receive your mail:

NOTICE: You are required to notify the Dodge County Housing Authority (in writing) of any change of address. If we cannot contact you by mail, your name will be removed from the waiting list and you will have to reapply.

Eligible for local residency preference YES/NO: _____ (Residency preference can be claimed by families who live, work or have been hired to work in the Dodge County Housing Authority jurisdiction.)

Household Composition: List all other members who will be living in your home:

Full Legal Name	Date of Birth	Relationship to Head of Household	Gender M/F	Elderly or Disabled Y/N
1.				
2.				
3.				
4.				
5.				
6.				

Has any adult member ever used any other name than the one that is currently being used? **YES/NO**, If yes, explain: _____

Has any member ever used any other social security number than the one currently being used? **YES/NO**, If yes, explain: _____

Household Income: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, social security, disability payments (SSI), workman's compensation, retirement benefits, TANF, veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

Household Member	Income Source	Gross Monthly Income
1.		
2.		
3.		
4.		
5.		

Personal Information:

Have you or any other household member lived in any rental assisted housing or public housing? **YES/NO**, If yes, explain _____

Have you or any 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/NO**, if yes, explain _____

Do you or any household member currently owe any housing agency money for damages, rent etc? **YES/NO**, if yes, how much do you owe? _____ Name and address of agency: _____

Have you or anyone in your household ever been arrested or convicted of any crime other than a traffic violation? **YES/NO**, if yes, explain thoroughly, include county and state occurred: _____

Is any member of the household required to be a registered sex offender? **YES/NO**, if yes, name: _____

I DO HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IS COMPLETE AND ACCURATE. I UNDERSTAND THAT SUBMISSION OF FALSE OR INCOMPLETE INFORMATION OR MISREPRESENTATION MAY RESULT IN THE DENIAL OR TERMINATION OF PARTICIPATION IN THE HOUSING CHOICE VOUCHER PROGRAM.

THIS APPLICATION MUST BE SIGNED BY ALL ADULT HOUSEHOLD MEMBERS.

Printed Name: _____ Printed Name: _____

Signature & Date: _____ Signature & Date: _____

Acceptance of this pre-application is not a guarantee of eligibility. Income limits, local residency preference, criminal charges and other determining factors may affect eligibility.

A confirmation letter will be mailed to the address provided us on page 1 within 30 days of receipt of this application by the Dodge County Housing Authority. If you do not receive a confirmation letter, we did not receive your application.

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