



# Application for Occupancy

491 E Center Street, Juneau, WI 53039

Phone: 920-386-2866 \* TTY: 1-800-947-3529 \* Fax: 920-386-2725

Website: www.dodgehousing.org \* Email: info@dodgehousing.org

**PLACE A  NEXT TO EACH LOCATION YOU ARE APPLYING FOR**

**Apartments for seniors (62+) or persons living with a disability regardless of age\*\***

**One bedroom units, no more than 2 occupants.**

Beaver Dam  Juneau  Lowell  Hustisford  Iron Ridge   
Theresa  Reeseville  Old Ashippun  Waupun (Harris Court)

**Apartments for ANY low income persons**

Burnett  One bedroom units, no more than 2 occupants

Horicon  One, two and three bedroom units

**\*\*A person receiving SS, SSI, SSD or other disability benefit is eligible. If a person is not receiving SS, SSI, SSD or other disability benefit, an applicant may be eligible if a medical professional can verify the applicant meets the definition of disability.**

If you feel you qualify as a senior (62+) or person living with a disability regardless of age: **CHECK HERE**

## APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
M/F

### Present Address

(PO Box/Mailing Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Full-Time Student YES/NO Social Security Number \_\_\_\_\_

### Ethnicity (check one)\*\*\*

Hispanic/Latino \_\_\_\_\_

Not Hispanic/Latino \_\_\_\_\_

### Race (Check all that apply)\*\*\*

White \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_

Black/African American \_\_\_\_\_ Asian \_\_\_\_\_

Native Hawaiian/Other Pacific Islander \_\_\_\_\_

**\*\*\*There is no penalty for not disclosing this information. It is gathered for statistical purposes only.**

**OFFICE USE ONLY:** Application received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## ADDITIONAL HOUSEHOLD MEMBER INFORMATION

Indicate the current status of all other adults and children that will live in the housing apartment. Add new members in the space provided below, including the full Social Security number for each.

\*Enter one of the following for Relation for each person listed:

\*C=Co-Head \*S=Spouse \*A=Other Adult \*Y=Youth Under 18 \*L=Live-In Aide

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Date of Birth</b>	<b>Sex</b>
_____	_____	_____	_____	<u>M/F</u>
Social Security Number _____	Relation to Applicant _____	* Full-Time Student	<u>Yes/No</u>	
<u>Ethnicity (check one)**</u>	<u>Race (Check all that apply)**</u>			
Hispanic/Latino _____	White _____	American Indian/Alaska Native _____		
Not Hispanic/Latino _____	Black/African American _____	Asian _____		
	Native Hawaiian/Other Pacific Islander _____			

\*\*\*There is no penalty for not disclosing this information. It is gathered for statistical purposes only.

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Date of Birth</b>	<b>Sex</b>
_____	_____	_____	_____	<u>M/F</u>
Social Security Number _____	Relation to Applicant _____	* Full-Time Student	<u>Yes/No</u>	
<u>Ethnicity (check one)**</u>	<u>Race (Check all that apply)**</u>			
Hispanic/Latino _____	White _____	American Indian/Alaska Native _____		
Not Hispanic/Latino _____	Black/African American _____	Asian _____		
	Native Hawaiian/Other Pacific Islander _____			

\*\*\*There is no penalty for not disclosing this information. It is gathered for statistical purposes only.

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Date of Birth</b>	<b>Sex</b>
_____	_____	_____	_____	<u>M/F</u>
Social Security Number _____	Relation to Applicant _____	* Full-Time Student	<u>Yes/No</u>	
<u>Ethnicity (check one)</u>	<u>Race (Check all that apply)</u>			
Hispanic/Latino _____	White _____	American Indian/Alaska Native _____		
Not Hispanic/Latino _____	Black/African American _____	Asian _____		
	Native Hawaiian/Other Pacific Islander _____			

\*\*\*There is no penalty for not disclosing this information. It is gathered for statistical purposes only.

INCLUDE EXTRA SHEET FOR ADDITIONAL HOUSEHOLD MEMBERS IF NEEDED.

1. What is your preferred moving date? \_\_\_\_\_
2. Does your family lack a regular nighttime residence, live in a shelter, or other non residential place? Yes/No
3. Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing? Yes/No
4. Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years? Yes/No
5. Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation? Yes/No
6. Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing? Yes/No
7. Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program? Yes/No
8. Do you have any specific housing requirements, such as special handicapped accessible unit? Yes/No
9. Do you hold a letter of Priority Entitlement? Yes/No
10. Do you certify that this unit will be your permanent residence and that you will not/do not maintain a separate residence unit in a different location? Yes/No
11. Will you require an on-premise vehicle parking spot? Yes/No
12. Has any member of the household used another name (for example, maiden name) or social security number? If yes, list names: \_\_\_\_\_ Yes/No
13. Some of our apartments are designated as smoke free units. Is this a concern for you? Yes/No
14. Are you a veteran or the spouse of a veteran? Yes/No

**Please list below all former addresses within the past 7 years, starting with the present:**

<u>Property Address</u>	<u>Own/Rent</u>	<u>Name, Address &amp; Phone # of Owner/Manager</u>	<u>Dates (Month &amp; Year)</u>
1) _____	_____	_____	____/____ to ____/____
2) _____	_____	_____	____/____ to ____/____
3) _____	_____	_____	____/____ to ____/____

**INCLUDE EXTRA SHEET FOR ADDITIONAL INFORMATION IF NEEDED.**

## ASSET INFORMATION

**Has any member of the household given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years?** **Yes/No**

List all assets for all household members. Assets are any one of the following types:

Checking Account	Savings Account	Money Market Account	Stocks
Certificates of Deposit	Mutual Funds	401(k) or 403(b) Bonds	IRA Accounts
Life Insurance Policies	Bonds	Trust Funds	Annuity Accounts
Real Property (land)			

Name on Account	Type of Asset	Current Balance	Name and Address of Financial Institution
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## INCOME INFORMATION

**Did you file a Federal Income Tax Return last year?** **Yes/No**

**Does anyone living outside your household pay for or provide money for any of your household bills or living expenses?** **Yes/No**

List all income for all household members. Income is any one of the following types:

Wages/Salaries	Child Support	Alimony Payments	Social Security Benefits
Self Employment	Disability Benefits	SSI	Workers Compensation
TANF	Pension	Unemployment Benefits	VA or Military Pay
Pension	Annuity Payments	Retirement Payments	Rental Income for property
Periodic Gifts	Food Stamps	Financial assistance for school	

Applicant Name	Type of Income	Gross Income Amount ***	Name and Address of Income Source
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\*\*\* Indicate if income listed is hourly, weekly, monthly or annually.

## HOUSEHOLD EXPENSES

**Does any member of your household have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult member can work or attend classes? Yes/No**

**Does any member of your household have UNREIMBURSED expenses for care of a person with disabilities so that an adult member can work? Yes/No**

**Out of pocket medical expenses (To be completed for households with persons who are disabled or age 62+ only)** Include doctor, dentist, eye care, supplemental health insurance, hearing aid payments, monthly payments required on accumulated major medical bills, even over the counter medication your doctor recommends.

Applicant Name	Type of Expense	Amount ***	Name and Address of Medical Provider
Applicant Name	Type of Expense	Amount ***	Name and Address of Medical Provider
Applicant Name	Type of Expense	Amount ***	Name and Address of Medical Provider
Applicant Name	Type of Expense	Amount ***	Name and Address of Medical Provider

\*\*\* Indicate if amount listed is monthly or annually.

### ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS FORM CERTIFYING ACCURACY OF INFORMATION PROVIDED

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

 SIGN HERE

 SIGN HERE

Applicant Signature	Date	Applicant Signature	Date
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The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA/Rural Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied 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 is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

*"The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender."*

## CRIMINAL HISTORY DISCLOSURE

**All adult applicants are required to disclose criminal history. If you have any criminal charges, misdemeanor or felony, you must disclose that information regardless of the date of occurrence. Court records and/or background check will be accessed for all applicants to verify this information. Indicate any criminal charges and sign below.**

Applicant Name: \_\_\_\_\_ Criminal History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you subject to a sex offender registration requirement in any state? Y/N  
If yes, which state: \_\_\_\_\_ This information will be verified using the  
Dru Sjodin National Sex Offender database.

**By signing this form I acknowledge that I have reported all criminal history. I understand that not disclosing criminal history information makes my application invalid and may be grounds for denial or termination of housing.**



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_ Criminal History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you subject to a sex offender registration requirement in any state? Y/N  
If yes, which state: \_\_\_\_\_ This information will be verified using the  
Dru Sjodin National Sex Offender database.

**By signing this form I acknowledge that I have reported all criminal history. I understand that not disclosing criminal history information makes my application invalid and may be grounds for denial or termination of housing.**



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete for each household member. Include extra sheets for additional household members if needed.**

**DECLARATION OF CITIZENSHIP STATUS (SECTION 214)**

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
  - Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
  - Permanent residence under §249 of INA 4/; or
  - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - Parole status under §§212(d)(5) of the INA 6/; or
  - Threat to life or freedom under §243(h) of the INA 7/; or
  - Amnesty under §245 of the INA 8/.



\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

(see reverse side for notes and instructions)

**1/ Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	
<b>Signature of Applicant</b>	<b>Date</b>

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.