

# APPLICATION INSTRUCTION SHEET

This instruction sheet is intended to answer common questions about filling out an application for housing assistance. Read this sheet thoroughly **before** filling out your application so that you accurately provide all information. Incomplete applications will be rejected. Please follow directions carefully and complete **ALL** sections.

Your name will be placed on the waiting lists based on the programs or locations you selected once a complete application is submitted. We offer housing assistance, where your rent is based on 30% of your income, in two basic forms. In the Section 8 Housing Choice Voucher program an applicant locates an apartment of their choice from a private landlord and the Housing Authority will help pay the rent to the private landlord for a qualifying property. The other option is renting an apartment owned and managed by the Housing Authority. The lengths of the waiting lists vary based on the site/program and the unit size needed to house your family.

## **WE DO NOT HAVE EMERGENCY OR IMMEDIATE HOUSING PROGRAMS.**

You will be sent a letter in the mail when your name comes to the top of any waiting list. You must notify us **in writing** of any changes in your address, phone numbers, income and family composition. Send written change information to Oshkosh Housing Authority, 600 Merritt Ave., P.O. Box 397, Oshkosh, WI, 54903. When writing to us, include the full name and social security number of the Head of Household person. **Do not call us with change information.** We cannot take verbal change information.

It is your responsibility to keep the information we have current as this information may affect the status of your application. It is also very important that you respond within the time limit stated in any correspondence from us. If you do not provide requested information on time, your name will be removed from all waiting lists. **NO EXCEPTIONS.** If you want to get back on the waiting list you will need to start the application process all over again. Also, we cannot tell you what number you are on the waiting list, only whether or not you have an active application.

Here are a few things to keep in mind when you fill out your application.

- ✓ You must be at least 18 years of age to fill out an application.
- ✓ Please type or **print** using **black or blue ink only**. DO NOT USE PENCIL OR COLORED PENS.
- ✓ All household members listed on the application, who are at least 18 years of age, must sign the application and fill out an individual consent form. If there are not enough consent forms in your application packet, you may copy the one that you received or get more from the Housing Authority. **You may NOT put more than one person on a consent form.**
- ✓ If you have a guardian or Power of Attorney (POA) who signs for you, they must sign the forms and send a copy of their guardianship/POA paperwork along with the application.
- ✓ If something on the application does not apply to you, write N/A or NONE in the area. **Do not leave it blank.**
- ✓ Remember to **Print Clearly**. If we can't read it we may not be able to reach you to clarify.
- ✓ If you need additional space, please use a separate piece of paper.

## **HOW TO FILL OUT YOUR APPLICATION:**

**Section I:** You must have a valid mailing address where you can receive mail in a timely manner. It could be where you live now, a post office box, the address of a friend or family member, etc.

The "Contact Person/Translator" area is where you should list any person(s) with whom you want to give the Housing Authority permission to speak to regarding your application file such as a social worker, counselor, your Power of Attorney, guardian, parent, etc. If you do not give us specific names in writing, we cannot even confirm or deny that you have an application on file.

Section II: List yourself on the first line. Then list all other adults, then any children. All adults must have a social security number. If you are expecting a baby, list the baby as “Unborn Child” and put your due date in the Date of Birth column.

Section III: If none of these apply to you, leave this section blank. If you mark any of the choices, you will be required to provide documentation regarding your claim of a preference.

Section IV: Check the box that best describes the Head of Household person.

Section V: Put an “X” in the box in front of each type of income you receive. Then, on the line behind the choice, write the amount (**before deductions**) you receive each month from that source.

Section VI: Remember to write the type of asset, i.e. checking account, the name of the institution the asset is from, i.e. M&I Bank, and the name of the family member whose name the asset is in.

Section VII: You must circle YES or NO for each program option listed on your application. You may be on as many of the programs as are listed on the application. If you do not circle YES for any of the options, we will be unable to put you on any waiting lists and your application will be filed inactive. **Reminder: for one-bedroom applications, to qualify for Marian Manor, Fox View Manor or Riverside Apartments, you must be 62 years of age or older or disabled.**

Section 504 of the Rehabilitation Act: This section is strictly voluntary. You do not have to complete this section. However, the Housing Authority will need to know this information if you need us to make any special accommodations when you visit the office.

Section VIII: You must tell us where you have been living for **the past 5 years**. Start with your most recent address and work backwards. If you owned your own home, lived with family or friends or were not listed on a lease, you must include this information also.

Section IX: All questions must be answered. Attach an additional sheet of paper if necessary to explain your answers.

Signatures: All family members listed on the application who are at least 18 years old must sign and date the bottom of the application in the signature area.

CONSENT FORM: Remember to use black or blue ink only on this form. PRINT your name on the “Client Name” line and your DATE OF BIRTH on the line next to it. On the bottom line, sign the form with your signature. Then write the date that you are signing the form on the date line next to it.

If you still have questions about how to fill out any part of this application or the consent form or have questions about the application process itself, please feel free to call the Housing Authority, Monday – Friday from 8:00 a.m. – 4:15 p.m., at (920) 424-1470 ext. 118.

**PLEASE DO NOT SEND THIS INSTRUCTION SHEET BACK WITH YOUR COMPLETED APPLICATION.**



**Do not complete this application without fully reading all application instructions.**

**ALL HOUSEHOLD MEMBERS AGE 18 AND OLDER MUST SIGN THE APPLICATION AND COMPLETE THE INFORMED CONSENT FORM!**

# **IMPORTANT:**

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING FORM:**

**“DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS”**

**THIS FORM IS AVAILABLE THROUGH THE FOLLOWING:**

~ YOU CAN ACCESS THE FORM ON THE OSHKOSH/WINNEBAGO COUNTY HOUSING AUTHORITY WEBSITE ON THE APPLICANT PAGE: [www.ohawcha.org/applicanthome.htm](http://www.ohawcha.org/applicanthome.htm)

~ YOU CAN GO DIRECTLY TO THE US HUD PAGE AND PRINT OFF THE FORM: [www.hud.gov/offices/adm/hudclips/forms/files/52675.pdf](http://www.hud.gov/offices/adm/hudclips/forms/files/52675.pdf)

~ YOU CAN OBTAIN A COPY AT THE HOUSING AUTHORITY FRONT DESK, 600 MERRITT AVENUE, OSHKOSH, WI

**Please submit this form at the time of application submission.**



**IV. Check the box of 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

**V. 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 any 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"/> Rental Property/Real Estate Property \$ _____ |  |
| <input type="checkbox"/> Other (Please specify) \$ _____ |  |  |

Are you currently employed or have a bona fide job offer pending in Winnebago County? Yes or No  
 If yes, list name & address of employer \_\_\_\_\_

**VI. ASSETS:** (include assets of all household members):

Identify any/all checking and savings accounts, stocks, bonds, mutual funds, IRA's, and CD's that you own, or any other assets. List the type of asset, the current balance and the name of the institution you have it at (i.e. "savings account at Citizen's First C.U., \$25.00"). If you have none, please write "None" in this area.

\_\_\_\_\_  
 \_\_\_\_\_

**VII. PROGRAM & SITE SELECTION:** Circle "YES" below for the housing programs or sites you are interested in. Where a choice of location is available please rank the sites. Begin by marking your favorite location with a "1," the next a "2" and so forth. Circle "NO" for any sites or programs that you are not interested in and are declining. **Unmarked programs or sites will be interpreted as a "No Not Interested."**

<b><i>"Family Housing"</i></b>			
Cumberland Court Apts. Cumberland Trl, Oshkosh <b>YES</b> Rank = ___; or <b>NO</b>	Oshkosh Family Units Scattered-sites, Oshkosh <b>YES</b> Rank = ___; or <b>NO</b>	Neenah Family Units Scattered-sites, Neenah <b>YES</b> Rank = ___; or <b>NO</b>	Menasha Family Units Scattered-sites, Menasha <b>YES</b> Rank = ___; or <b>NO</b>
<b><i>"Housing Choice Vouchers"</i> (Section 8 Rental Assistance Program)      <b>YES</b>    or    <b>NO</b></b>			
Seek rent assistance for leasing a privately-owned unit, where a landlord agrees to contract with the Authority			

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

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

- |                                       |   |
|---------------------------------------|---|
| <b>Wheelchair</b> accessibility _____ | <b>Hearing</b> Impaired accommodation _____ |
| Sign or Braille interpreter _____     | <b>Other</b> ( _____ ) _____                |

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

1. Current Address: \_\_\_\_\_

How long at this address (i.e. 1997-2001): \_\_\_\_\_

Complete name, address, & phone # of landlord/owner: \_\_\_\_\_

Are you related to landlord/owner? YES or NO If yes, how? \_\_\_\_\_

2. Previous Address: \_\_\_\_\_

How long at this address (i.e. 1997-2001): \_\_\_\_\_

Complete name, address, & phone # of landlord/owner: \_\_\_\_\_

Are you related to landlord/owner? YES or NO If yes, how? \_\_\_\_\_

3. Previous Address: \_\_\_\_\_

How long at this address (i.e. 1997-2001): \_\_\_\_\_

Complete name, address, & phone # of landlord/owner: \_\_\_\_\_

Are you related to landlord/owner? YES or NO If yes, how? \_\_\_\_\_

4. Previous Address: \_\_\_\_\_

How long at this address (i.e. 1997-2001): \_\_\_\_\_

Complete name, address, & phone # of landlord/owner: \_\_\_\_\_

Are you related to landlord/owner? YES or NO If yes, how? \_\_\_\_\_

5. Previous Address: \_\_\_\_\_

How long at this address (i.e. 1997-2001): \_\_\_\_\_

Complete name, address, & phone # of landlord/owner: \_\_\_\_\_

Are you related to landlord/owner? YES or NO If yes, how? \_\_\_\_\_

**IX. OTHER REQUIRED INFORMATION:**

- 1. Do you have any ownership interest in property? Yes or No  
If yes, describe. \_\_\_\_\_ Est. Value? \_\_\_\_\_
- 2. Have you ever owned a home? Yes or No  
If yes, provide the address. \_\_\_\_\_ and when \_\_\_\_\_
- 3. Has any household member sold, gifted or donated property or any other assets worth more than \$1,000 in the past two years? Yes or No If yes, explain. \_\_\_\_\_
- 4. Has any household member previously lived in assisted housing, or received any form of rent assistance? Yes or No  
If yes, list where and when. \_\_\_\_\_
- 5. Have you or any household member ever used any name or Social Security Number(s) other than the one listed on this application? Yes or No If yes, explain \_\_\_\_\_  
\_\_\_\_\_
- 6. Has any household member ever been convicted of any crime other than minor traffic violations? Yes or No  
If yes, disclose any convictions including Driving Under the Influence (DUI or DWI). \_\_\_\_\_  
\_\_\_\_\_
- 7. Has 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 or No  
If yes, explain. \_\_\_\_\_
- 8. List all full-time and part-time students 18 years of age and older (attach another sheet if needed):

Student's Name _____	Name & Address of School _____
Student's Name _____	Name & Address of School _____
Student's Name _____	Name & Address of School _____

**I/We do hereby swear and attest that all the information above about me/us is true, complete and correct. I/We also understand that any change in household members or household income can effect my/our eligibility. I/We understand that it is my/our responsibility to promptly report changes, and all such reports must be in writing.**

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:*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_ Unit Size: \_\_\_\_\_ Census Tract: \_\_\_\_\_ App.# \_\_\_\_\_



\*\*\* EACH FAMILY MEMBER WHO IS 18 YEARS AND OLDER MUST COMPLETE THIS FORM.

**INFORMED CONSENT AUTHORIZATION**

The Department of Housing and Urban Development (HUD) requires that each applicant for housing assistance or participant of any housing program administered by the Oshkosh/Winnebago County Housing Authority submit documentation to verify financial information, Social Security numbers, health and medical records, social services records, previous tenant records, and other information related to the Admission and Occupancy Policies of the Housing Authority. The failure of any person to make the required disclosure and verification constitutes grounds for denial of eligibility, or termination of assistance or tenancy (or both), under the program involved. CFR Rev. April 1, 1989, Sec. 812.1-812.4, Sec. 813.101-813.110, Sec. 913.101-.110, Sec. 960.201-.211; FR Vol. 54, No. 186, Sept. 27, 1989; FR Vol. 54, No. 212, Nov. 3, 1989.

**INFORMED CONSENT TO AUTHORIZE DISCLOSURE OF FINANCIAL RECORDS  
AND OTHER INFORMATION RELATING TO ELIGIBILITY AND PARTICIPATION  
IN SUBSIDIZED HOUSING PROGRAMS**

CLIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(Print Complete Name)

I hereby authorize the release of information to the Oshkosh/Winnebago County Housing Authority in regard to my income, employment, assets, public assistance, social security, utility payments including current standing, and any other financial information relevant to program regulations. I also authorize the release of information in regard to my police records, court records, former tenant records, Social Security records including Social Security number, employee income information from employers and wage and claim information from a State Wage Information Collection Agency (SWICA), and related information necessary to meet the Eligibility and Continued Occupancy Policies of the Housing Authority.

**Unless revoked in writing, this consent will remain in effect for a period of fifteen (15) months from the date of signature.**

\_\_\_\_\_  
Signature of Client or Authorized Representative\*

\_\_\_\_\_  
Date

\*Authorized Representative must have Power of Attorney (POA) or be a court appointed guardian or personal representative or any person authorized in writing by the client. In the case of a minor child, Authorized Representative means the parent, guardian, or legal custodian. A photocopy of this authorization is as valid as the original.

Approved As To Form  
Warren Kraft, Asst. City Attorney  
7/18/90

**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.

<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.	

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. **Form HUD- 92006 (05/09)**