

City of Tomah – Community Block Grant, Community Development, Housing Authority

City Hall Annex – 107 E Milwaukee St, Tomah WI 54660

Mailing Address: 819 Superior Avenue, Tomah, WI 54660

(608) 374-7455, Fax (608) 374-7458

TOMAH MANOR APARTMENT APPLICATION: This form must be filled out completely. If something does not apply to you mark the space with NA. Submit completed application and provide each household member's social security card and if issued all applicable driver license(s) to the address listed above. All adult household members must sign below certifying the information pertaining to them. Accommodation to address the needs of disabled individuals may be requested by contacting Tomah Public Housing Authority office. If additional space is needed, submit information on a separate sheet of paper. If you have any questions contact our office at (608) 374-7455.

PLEASE PRINT

Head of Household Name:			
Current Street Address:	City:	State:	Zip:
Home Phone Number:	Alternate Phone Number:		
Mailing Address if different than street address:			
Emergency contact: Name:	Phone:	Relationship:	

I. HOUSEHOLD List ALL persons who will be living in your household. List Head of Household first.

Legal Name of each household member	Date of Birth	Sex M or F	Relationship to Head of Household	Social Security Number	Race	Optional Disabled
			Head of Household			Yes or No
						Yes or No

II. INCOME: List ALL household income below. Include income from Title V such as Experience Works (Green Thumb), RSVP, etc.; job training program, military.

A. Employment, Unemployment & Self Employment Income

Family Member	Name of Employer or UC Agency	Address				Self Employed Business Type	Gross Monthly Income
		Street	City	St	Zip		

B. Pension, Social Security (SS) & SSI Income Include income from SSIE, PASS and other SS programs.

Family Member	Monthly SS, SSD	Monthly SSI, SSIE, PASS	Monthly Pension/ Annuity withdraw	Pension Received From/Address			
				Street	City	St	Zip

III. ADDRESS & RENTAL HISTORY: Provide information on where household members have lived in the past 5 years, this may include landlords, family and/or friends.

Present Landlord Phone Number	Present Landlord Name & Address	Address of Present Rental Unit	Monthly Rent	How long did you reside in this unit?
			\$	
Prior Landlord Phone Number	Prior Landlord Name & Address	Address of Prior Rental Unit	Monthly Rent	How long did you reside in this unit?
			\$	
Prior Landlord Phone Number	Prior Landlord Name & Address	Address of Prior Rental Unit	Monthly Rent	How long did you reside in this unit?
			\$	

IV. PERSONAL REFERENCES

List three (3) references that are not relatives/family members

Reference Name	Address	City	St	Zip	Home Phone #	Cell or Work #

V. GENERAL INFORMATION

- Yes No Has any adult household member ever used any name or Social Security Number(s) other than the one listed on this application? If yes, please explain. _____
- Yes No Has any household member ever been convicted of any crime other than minor traffic violations? If yes, Disclose any convictions including Driving Under the Influence (DUI or DWI). List current probation or parole status. _____
- Yes No Is any household member a lifetime registered sex offender? If yes, please explain. _____
- Yes No Do/Have you or any other member of your household owe money, been evicted or had you're a lease terminated by this Housing Authority or any other Landlord? If yes, please explain. _____

VI. RESIDENT SELECTION AGREEMENT & INFORMATION

I understand that my housing application is contingent upon my eligibility based on the rules and regulations established by the US Dept. of HUD and the this Housing Authority's Admissions Policy. I understand that my application may be denied/rejected for any one or any combination of the reasons listed below:

1. Unverifiable current and/or past rental history; Unacceptable current and/or past rental history; Failure to provide requested rental history or proof of residence
2. Owing money for current and/or past housing rentals; Unacceptable credit history
3. Have a recent history of criminal activity involving crimes to persons and/or property
4. Has been evicted from assisted housing within three (3) years of the projected date of admission because of drug-related criminal activity; Applicant is determined to be using illegally a controlled substance; Applicant has been convicted of any drug-related criminal activity
5. There is reasonable cause to believe an applicant illegally uses a controlled substances or abuses alcohol in a way that may interfere with the health safety or right to peaceful enjoyment of the premises by other residents
6. Failure to disclose requested information on the application; Providing false or misleading information on the application; Failure to provide requested information within in ten (10) business days of written request

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 affect my/our eligibility. I/We understand that it is my/our responsibility to report changes in writing.

Head of Household _____ Date _____

Spouse or Other Adult _____ Date _____

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.

City of Tomah – Community Block Grant, Community Development, Housing Authority
City Hall Annex – 107 E Milwaukee St, Tomah WI 54660
Mailing Address: 819 Superior Avenue, Tomah, WI 54660
(608) 374-7455, Fax (608) 374-7458

AUTHORIZATION FOR THE RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Tomah Public Housing Authority, Tomah, Wisconsin any information or materials needed to complete verifications for Rental Rehabilitation, Community Block Grant, Low Income Public Housing, or Section 8 Rent Assistance, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Dept. of Housing and Urban Development (HUD) in administrating and enforcing program rules and policies.

INFORMATION COVERED

I understand that based on program policies and requirements all household members previous or current information may be needed to determine program eligibility. Inquiries and verifications that may be requested, include but are not limited to:

- | | |
|--------------------------------|-----------------------------------|
| Identity | Employment, Income & Assets |
| Verification of Marital Status | Medical and/or Childcare Expenses |
| Residences and Rental Activity | Criminal Activity |
| Credit History | |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the information includes but are not limited to:

- | | |
|--|---|
| Current and/or Previous Landlords | Veterans Administration |
| Public Housing Agencies | Retirement Systems |
| Human Services/Welfare Agencies | State Unemployment Agencies |
| Clerk of Courts | Schools and Colleges |
| Banks and other Financial Institutions | Credit Providers & Credit Bureaus |
| Social Security Administration | Medical and Childcare Providers |
| Law Enforcement Agencies | Support and/or Alimony Providers/Agencies |
| Utility Companies | Current and/or Previous Employers |
| U.S. Postal Service | |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for fifteen (15) months from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household _____ Date _____
(signature)

Spouse or Other Adult _____ Date _____
(signature)

Spouse or Other Adult _____ Date _____
(signature)

