



ASHLAND COUNTY HOUSING AUTHORITY

P.O. Box 349, 124 Wilderness Drive

Mellen, WI 54546

Phone: 715-274-8311 Fax: 715-274-4303

HOUSING PRE-APPLICATION FORM

Which program are you applying for: PLEASE CHECK THE APPROPRIATE BOXES

- Housing Choice Voucher Program (Income Restrictions Apply)
- Public Housing Program (Income Restrictions Apply)
 - Granite Hills, Mellen Tyler Courts, Glidden Brookside, Butternut
- Other ACHA Housing Rental Units:
 - 128 W. Bennett Ave., Mellen 119-121 W. Bennett Ave., Mellen (Income Restrictions Apply)
 - 174 E. 2nd Street, Glidden 115-117 W. Bennett Ave., Mellen (Income Restrictions Apply)
 - 409 N. Main, Mellen 255 Voyager Lane, LaPointe (Income Restrictions Apply)
 - 120 N. Main, Mellen 247 Voyager Lane, LaPointe (Income Restrictions Apply)
 - 609 10th Ave. W., Ashland

INSTRUCTIONS: This form must be completed in its entirety or it will be returned. You must use the correct legal name for each member of your household as it appears on the Social Security card. All adult members of the household must sign the application. PLEASE PRINT.

County in which you currently live:		Date Received (Office use only):	
First Name:	Middle Initial:	Last Name:	
Birth Date (mm/dd/year):	SS#:	Birth Place:	

You are not required to answer this question. If you choose not to answer this questions, please check this box.

Ethnicity: White Asian Hispanic Pacific Islander/Native Hawaiian
 Black/African American American Indian/Alaskan Native

Primary Phone Number: ()	Secondary Phone Number: ()				
Mailing Address:					
City:	State:	Zip:	City:	State:	Zip:

Household Members

Name (First, M.I., Last) _____ SS#: _____
 Birth Date: _____ Birth Place: _____
 Relationship: _____

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 Birth Date: _____ Birth Place: _____
 Relationship: _____

Income/ Benefit Payments

Household Member	Source of Income (Wages, Social Security, Child Support, Etc)	Employer: Name, address, and Phone Number	Monthly Gross Income

Does anyone outside of your household pay for any of your bills or give you money? Yes No

If Yes, please explain:

Assets

Household Member	Bank name	Type (Checking, Savings, CD, Etc)	Amount

Do you own any property such as land or a house? Yes No

If yes: What is the value of it? \$ _____

Do you receive any income from this property? Yes No How Much? \$_____

Landlord Reference

Please list a current or previous landlord:

Name: _____

Address: _____

Telephone: _____

Other

Has anyone in your household been arrested or convicted for violent or drug-related criminal activity? Yes No

Are any adults in our household enrolled in school? Yes No

If yes, answer the following questions:

Who? _____ Which School? _____

Do they receive grants or scholarships? Yes No

If Yes: How much? \$_____

Do you have a caseworker? Yes No

If Yes: Name: _____

Agency: _____

Phone: _____

Disabled Applicant/Spouse: Yes No

Handicapped Applicant/Spouse: Yes No

Have you ever Participated in Federally subsidized housing program? Yes No

If yes, please list name and address of program.

Certification of Applicant

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- Any misrepresentation or false information will result in my application being cancelled or denied;
- At the time I rise to the top of the waiting list, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and ACHA policy;
- It is my responsibility to notify ACHA in writing of any change of address and my application may be cancelled if I fail to do so;
- It is my responsibility to notify ACHA in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;

SIGNATURES

Head of Household: Print Name	Signature	Date
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Spouse/Co Head of Household: Print Name	Signature	Date
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Other Adult Member: Print Name	Signature	Date
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AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to Ashland County Housing Authority (ACHA) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Housing Choice Voucher Rental Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the ACHA in administering and enforcing program rules and policies.

I also consent for the ACHA to release information from my file about my rental history to Housing Authorities, collection agencies, or future landlords. This includes records on my payment history, and any violation of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- *Identity and Marital Status
- *Employment, Income & Assets
- *Residences and Rental Activity
- *Medical or Child Care Allowances
- *Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

- *Previous landlords
- *Past & Present Employers
- *Veterans Administration
- *Courts & Post Offices
- *Welfare Agencies
- *Support & Alimony Providers
- *Schools & Colleges
- *State Unemployment Agencies
- *Banks/Financial Institutions
- *Retirement Systems
- *Social Security Administration
- *Medical & Child Care Providers
- *Utility Companies
- *Credit Providers/Credit Bureaus

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that ACHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. The ACHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household: Print Name	Signature	Date
Spouse/Co Head of Household: Print Name	Signature	Date
Other Adult Member: Print Name	Signature	Date