



Ashland County Housing Authority

P.O. Box 349 – Mellen, WI 54546



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



John Richard Penn, Chairman

Denise M. Lutz, Executive Director

APPLICATION FOR HOUSING

Name: _____

Date: _____

Address: _____

Home Phone #: _____

Cell #: _____

XX

Head of Household

Spouse or other Adult

Name: _____

Name: _____

Race: _____ Sex: _____

Race: _____ Sex: _____

Date of Birth: _____

Date of Birth: _____

Social Security #: _____ - _____ - _____

Social Security #: _____ - _____ - _____

Disabled or Handicapped

Yes: _____ No: _____

Yes: _____ No: _____

Income / Monthly Amounts:

Social Security: _____

Social Security: _____

SSI: _____

SSI: _____

Pension: _____

Pension: _____

Wages: _____

Wages: _____

Other Income: (Please list) _____

Other Income: (Please list)

Additional members of household:

Name: _____	SS# _____	Date of Birth: _____
Name: _____	SS# _____	Date of Birth: _____
Name: _____	SS# _____	Date of Birth: _____
Name: _____	SS# _____	Date of Birth: _____
Name: _____	SS# _____	Date of Birth: _____
Name: _____	SS# _____	Date of Birth: _____

Assets: (CD's, Savings Account, Checking Account, bonds, etc..)

Type: _____	Type: _____
Value: _____	Value: _____

XX

Have you ever participated in federally subsidized housing programs in the past?

Yes: _____ No: _____ If yes, please list name and address: _____

XX

Which apartments are you interested in? (Please check all that apply)

- | | |
|--|---|
| _____ 128 W. Bennett Ave., Mellen | _____ 119-121 W. Bennett Ave., Mellen |
| _____ 115-117 W. Bennett Ave., Mellen | _____ 120 N. Main, Mellen |
| _____ 409 N. Main, Mellen | _____ 609 10 th Ave. W., Ashland |
| _____ 255 Voyager Lane, LaPointe | _____ 247 Voyager Lane, LaPointe |
| _____ 174 E. 2 nd Street, Glidden | |

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Please read and sign below:

I/we understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I/we have no objections to inquires being made for the purpose of verifying the statements made herein. I/we understand that false statements or information are grounds for terminations of housing assistance and termination of tenancy.

Signature of Head of Household
Date: _____

Signature of Spouse or other Adult
Date: _____