

**ASHLAND COUNTY HOUSING AUTHORITY**

**124 Wilderness Drive**

**Mellen, WI 54546**

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

**Housing Choice Voucher Rental Assistance Pre-Application**

**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:		Ethnicity:	
First Name:		Middle Initial:	Last Name:
Birth Date (mm/dd/ccyy):	SS#:	Age:	Birth Place:
Primary Phone Number: (     )		Secondary Phone Number: (     )	
<b>Mailing Address:</b> City:                      State:              Zip:		<b>Residence Address:</b>	

**Adult Family Members (List any one over the age of 18)**

Name:	Relationship:	SS #:
Birth Date:	Age:	Birth Place:
Name:	Relationship:	SS #:
Birth Date:	Age:	Birth Place:
Name:	Relationship:	SS #:
Birth Date:	Age:	Birth Place:

**Children (List all children in the household, youngest to oldest)**

Name:	Relationship:	SS #:
Birth Date:	Age:	Birth Place:
Name:	Relationship:	SS #:
Birth Date:	Age:	Birth Place:
Name:	Relationship:	SS #:
Birth Date:	Age:	Birth Place:

### Additional Children

Name:	Relationship:	SS #:
Birth Date:	Age:	Birth Place:
Name:	Relationship:	SS #:
Birth Date:	Age:	Birth Place:
Name:	Relationship:	SS #:
Birth Date:	Age:	Birth Place:
Name:	Relationship:	SS #:
Birth Date:	Age:	Birth Place:

### 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 it?  Yes  No How Much? \$ \_\_\_\_\_

Has anyone in your household been arrested or convicted for drug-related criminal activity?

Yes  No

Has anyone in your household been arrested or convicted of violent 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

**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**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse/Co-Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Other Adult Member**

\_\_\_\_\_  
**Date**

