



# 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 PUBLIC HOUSING

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Length of Residency in locality: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell #: \_\_\_\_\_

### Present Housing

1. Present Living Arrangement: \_\_\_\_\_  
\_\_\_\_\_

2. About to be without housing: (y/n) \_\_\_\_\_ Reason: \_\_\_\_\_  
\_\_\_\_\_

XX

### Head of Household

### Spouse or other Adult

Name: \_\_\_\_\_

Name \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(County and State)

Place of Birth: \_\_\_\_\_  
(County and State)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Disabled or Handicapped

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, nature and extent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Income / Monthly Amounts:

Social Security: \_\_\_\_\_

Social Security: \_\_\_\_\_

SSI: \_\_\_\_\_

SSI: \_\_\_\_\_

Pension: \_\_\_\_\_

Pension: \_\_\_\_\_

Wages: \_\_\_\_\_

Wages: \_\_\_\_\_

Other Income: (Please list) \_\_\_\_\_

Other Income: (Please list) \_\_\_\_\_

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

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

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

Type: \_\_\_\_\_

Type: \_\_\_\_\_

Value: \_\_\_\_\_

Value: \_\_\_\_\_

XX

Anticipated Medical Expenses Deductions: Medical deductions must be over 3% of income and not covered by Medicare, you insurance, or other programs.

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_

XX

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please list name and address: \_\_\_\_\_

\_\_\_\_\_

XX

**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: \_\_\_\_\_

XX

Please review the enclosed Medical Expense Deduction Form and Read and Sign the AUTHORIZATION FOR THE RELEASE OF INFORMATION PRIVACY ACT NOTICE also attached.



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Notice: You are responsible for Documentation of Medical Expenses,  
The Housing Authority will not do this for you.

## MEDICAL EXPENSE DEDUCTION

Medical expenses are deductible only for those who are classified as elderly (62 yrs. or older or handicapped). The amount of the deduction is based on what will occur or is anticipated for the coming twelve-month period.

Expenses for medical deductions must exceed 3% of your annual income, and not be covered under any insurance. If you plan on a medical deduction, YOU MUST HAVE THE REQUIRED LETTERS AND DOCUMENTATION AT THE TIME OF RE-CERTIFICATION.

Examples of medical expense items are: hearing aids, batteries for hearing aid, required visits to physician, medical insurance premiums, dental treatments, prescription and non-prescription medicines, and eyeglasses. YOU MUST PRESENT DOCUMENTATION AT THE TIME OF RE-CERTIFICATION.

Should a substantial medical cost occur during the twelve month period the Housing Authority can adjust on an interim basis.

If you have any questions, please contact the Housing Authority before the re-certification date. We will be happy to assist you.

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

ASHLAND COUNTY HOUSING AUTHORITY  
P.O. BOX 349  
MELLEN, WI 54546  
800-274-8311

CONTACT: EVA KRUZAN

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.