



## ASHLAND COUNTY HOUSING AUTHORITY

P.O. Box 349 Mellen, WI 54546

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

www.ashlandcountyhousingauthority.org

### **HOUSING PRE-APPLICATION FORM**

Please check the appropriate boxes for the programs you are applying for.

- **Housing Choice Voucher Program (Rental Assistance Program) \*** ☐
- **Public Housing Program (One-Bedroom Units) \***
  - ☐ Granite Hills, Mellen
  - ☐ Tyler Courts, Glidden
  - ☐ Brookside, Butternut
- **Other ACHA Housing Rental Units:**
  - ☐ 128 W. Bennett Ave., Mellen (Eight Unit Building /Two-Bedroom Units) (AKA Mellen Apartments)
  - ☐ 218 N. Main St., Mellen (Four Unit Building/Two-Bedroom Units)
  - ☐ 120 N. Main, Mellen (Duplex/Two Bedroom Units)
  - ☐ 119-121 W. Bennett Ave., Mellen (Duplex/Two-Bedroom Units) \*
  - ☐ 115-117 W. Bennett Ave., Mellen (Duplex/Two-Bedroom Units) \*
  - ☐ 409 N. Main, Mellen (Duplex/Two- and Three-Bedroom Units)
  - ☐ 115 E Layman Dr, Mellen (3-bedroom mobile home)
  - ☐ 119 E Layman Dr, Mellen (3-bedroom mobile home)
  - ☐ 174 E. 2<sup>nd</sup> Street, Glidden (Eight Unit Building/One- and Two-Bedroom Units) (AKA Glidden Apartments)
  - ☐ 255 Voyager Lane, LaPointe (Duplex/Three Bedroom Units) \*
  - ☐ 247 Voyager Lane, LaPointe (Four Plex/One- and Two-Bedroom Units) \*

**\* Income Restrictions Apply**

**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#:	Birthplace:	
Email Address:			

You are not required to answer this question. If you choose not to answer this question, 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:	Residence Address:

### Household Members

Name (First, M.I., Last) \_\_\_\_\_ SS#: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name (First, M.I., Last) \_\_\_\_\_ SS#: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name (First, M.I., Last) \_\_\_\_\_ SS#: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name (First, M.I., Last) \_\_\_\_\_ SS#: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name (First, M.I., Last) \_\_\_\_\_ SS#: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
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? \$ \_\_\_\_\_

<b>Landlord Reference</b>
Please list a current or previous landlord: Name: _____ Address: _____ Telephone: _____
<b>Other</b>
Has anyone in your household been arrested or convicted for violent or drug-related criminal activity? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  Do you owe a previous landlord money? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you in a repayment agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are any adults in our household enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the following questions: Who? _____ Which School? _____  Do they receive grants or scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: How much? \$ _____  Do you have a caseworker? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If Yes: Name: _____ Agency: _____ Phone: _____  Disabled Applicant/Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No Handicapped Applicant/Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No  Have you ever Participated in Federally subsidized housing program? <input type="checkbox"/> Yes <input type="checkbox"/> 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**

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

## 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

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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

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)**

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

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**PHA or IHA requesting release of information** (full address, name of contact person, and date):

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**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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing  
Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.