

**APPLICATION FOR ADMISSION
PUBLIC HOUSING**

Return application to:
Chilton Housing Authority
312 Bonk St.
Chilton, WI 53014

Applicant _____
(Head of House)
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **County:** _____

Personal Data/Family Composition

(The first line on the table below is an example of how to complete the information)

Name First,MI,Last	Social Security# X=Verified	X	Relation to Family Head	Sex M/ F	Place of Birth City/St	Date of Birth Mm/d/yr	Age	Min. Code
Jane Doe	555-55-5555		Head	F	Chilton,WI	01/01/1972	33	3

(Minority code: 1=white;2 black;3 American Indian or Alaskan Native; 4 Asian or Pacific Islander; 5 Hispanic)

Do you anticipate any change in the number of people in the family? ____ yes ____ no

The following information is voluntary and must be asked of all applicants:

Does any member of your family require a handicap accessible unit or any other handicap accommodations? ____ yes ____ no explain: _____

Current employer: _____ / _____

Name Address

_____/ _____
 Phone other information

Present Landlord: _____ / _____

Name Address

_____/ Lived here from _____ to _____
 Phone Date Date

Previous Landlord _____ / _____

Name Address

_____/Lived here from: _____ to _____

(3)

Household Income: for each family member, show source and anticipated income as indicated (list all income sources including military)

Family member	Source of income, Employer/other	Hourly rate	Hours worked	Annual earnings	Anticipated Next 12 mo.	current wages monthly	wk	

Does any family member work for anyone who pays them cash? ___ yes ___ no
If yes, explain: _____

1. Family member _____ Name of employer: _____
Address: _____
Telephone: _____

2. Family member _____ Name of employer: _____
Address: _____
Telephone: _____

Financial Assistance: list all income sources for verification.

Fam. Mem.No.		Child Support	SSI	SSA	W-2	Unemp.	Other	Next 12 months
	Monthly weekly	_____	_____	_____	_____	_____	_____	
	Monthly Weekly	_____	_____	_____				
	Monthly Weekly							
	Monthly Weekly							
	Monthly Weekly							
	Monthly weekly							

(4)

Cash Assets:

Family Mem. Checking Acct \$ _____ Money Market\$ _____
Number _____ Savings Acct \$ _____ Cert. Of Deposit\$ _____
Bank Name _____
Address: _____ Phone: _____

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Address: _____ Phone: _____

Other Assets:

Does any member of your household own a home or other real estate? ___ Yes ___ No
Address/location _____
Has any member of your family sold or given away any real estate in the past two years?
___ Yes ___ No If yes, what is the current market value? \$ _____
Address of property: _____

Do you or any family member own a car? ___ Yes ___ No If yes, list below:

Make _____ Model _____ Tag # _____
Make _____ Model _____ Tag # _____

Does any family member have or receive benefits from an annuity or other retirement source? ___ Yes ___ No if yes, monthly amt.:\$ _____

Expenses:

Do you have expenses for child care of a child aged 12 or younger? ___ yes ___ no If yes, : Name of child care provider: _____
Address: _____ Phone: _____
What is the weekly cost to you of the child care provider? \$ _____

(5)

Expenses cont.

Do you employ a care attendant or pay for any equipment relating to a disabled member of your household which is necessary to permit that person or someone else in the family to work? yes no. If yes, describe expense _____
Monthly cost of expense: \$ _____

Do you or any member of your household have medicare? yes no If yes, what is the medicare premium per month? \$ _____

Do you (or any member of your household) have any other kind of medical insurance? yes no If yes, monthly amt. \$ _____ Name of Insurance _____.

Do you (or any member of your household) receive medical assistance (MA)? yes no

Do you (or any member of your household) have any outstanding medical bills on which you are paying? yes no If yes, please list: Name: Doctor/Hospital _____ Address _____; monthly amount paying \$ _____.

Does any member of your household expect to have medical expenses during the next 12 months? yes no. If yes, explain: _____
Monthly amount \$ _____.

Drug/Criminal Activity

Federal Regulations require Housing Agencies to question applicants and participants concerning drug related or violent criminal activities.

Have you or any member of your household been arrested or convicted of any drug or alcohol related or violent criminal activity within one year prior to date of this application? yes no If yes, explain: _____

Is the household member seeking rehabilitation services for the above named activity? yes no. If yes, give name and address of rehabilitation center: _____

Is any member of your household registered as a lifetime sex offender? yes no
Has anyone in the household been evicted from Public Housing or Section 8 housing for any reason including drug or other criminal activity? yes no If yes, Date of eviction: _____ Name of Agency and address: _____ phone: _____

Screening Questions

Are you or a current family member now living in a federally subsidized housing unit?

yes no If yes, name of housing agency _____

Address _____ phone _____

Date of occupancy: from _____ to _____

Do you currently own any back rent or damages to any Public Housing or Section 8

Agency? yes no If yes, amount owed \$ _____ Have you ever lived

in Pubic Housing? yes no If yes, Name of Agency: _____

Address: _____ Phone: _____

Date of occupancy: from _____ to _____

Have you ever participated in the certificate or voucher program? yes no

Lessee: _____ If yes, dates of occupancy: from _____

to _____.

Applicant certification

I/We certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I/We understand any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime under Federal law.

I/We also understand that all changes in the income of any family member of the household as well as any changes in the household memers must be reported to the housing agency in writing within 10 days from the date of the change.

Head of House Date Spouse/Co-head Date

Emergency contact: _____ **Phone:** _____

(person(s) to contact in case of emergency or to leave a message)

Housing Authority Representative Date

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THIS SECTION FOR AGENCY USE ONLY

Local Authority Determinations: Flat rent Income based minium

Family composition eligible: yes no Unit size required: 1 bedroom

3 bedroom Housing Conditions and need: eligible yes no

On the basis of the determinations set forth above, the applicant family names has been found to be: eligible for admission _____ ineligible for admission _____

Signed _____ Date _____

Title _____

Leasing: Unit number _____ Lease effective: _____

Utilities notified: date: _____