

La Crosse County Housing Authority (LCHA)

Eligibility Application / Annual Recert Survey

And

General Verification Consent

OFFICE USE ONLY
Date: _____
Time: _____

www.lcha.net

Household Information: List all persons in household. (APPLICANTS *MUST* attach copies of Social Security / "Green" Cards for EACH person or application will be rejected as incomplete!!)

#	Name	Relation	Sex	Date of Birth	Social Security #	Disabled	Student
1		HEAD				Y / N	Y / N
2						Y / N	Y / N
3						Y / N	Y / N
4						Y / N	Y / N
5						Y / N	Y / N
6						Y / N	Y / N
7						Y / N	Y / N
8						Y / N	Y / N

The LCHA does NOT have housing for households of MORE THAN EIGHT members.

General Information: Address: _____ Home #: _____
 _____ Cell #: _____
 _____ Work #: _____
 Landlord Name & Address: _____ Email: _____

 Phone: _____

APPLICANTS: Complete Questions Below **Desired Location:** Circle ALL Cities You Desire:
 Family or Disabled or Elderly _____ Elderly/Disabled _____ Elderly Only(50+) _____ Cedar Meadows _____
 Holmen Mindoro Bangor West Salem Onalaska French Island Whispering Pines 1 or 2 Family - Flat Rent _____

Previous Residences: List ALL Residences For The Past FIVE (5) Years. (Add separate sheet if needed)

Address: _____ From _____ To _____ Relationship to Landlord: _____
 Landlord: _____ Landlord Phone: _____
 Landlord Address: _____

Address: _____ From _____ To _____ Relationship to Landlord: _____
 Landlord: _____ Landlord Phone: _____
 Landlord Address: _____

Address: _____ From _____ To _____ Relationship to Landlord: _____
 Landlord: _____ Landlord Phone: _____
 Landlord Address: _____

Statistical Purposes Only: Circle

Minority: White Black Asian Am. Indian Alaskan Native
 Pacific Islander
 Ethnicity: Hispanic Non-Hispanic

Emergency Contact:

Name: _____
 Phone #: _____
 Relationship: _____

Asset & Income: Provide NAMES and Address of Banks and Financial Institutions for:

Checking/Savings Accts. IRA/Keough/401K	Certificates of Deposit Stock/Bonds	Money Markets Investments	Mutual Funds Real Estate	Whole Life Policies Pensions/Annuity (NOT Regular Payments)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Misc. income sources Give monthly or weekly figure	Social Security \$ _____	Veteran's Bene. \$ _____
Employment \$ _____	SSI \$ _____	Military pay \$ _____
Child Support \$ _____	SSI State \$ _____	Cash pay \$ _____
Pensions \$ _____	W2 \$ _____	Worker's Comp \$ _____
	Unemployment \$ _____	Bonds \$ _____
	Caretaker Supp \$ _____	Land Contract \$ _____
	Rental Income \$ _____	Other \$ _____

Provide NAMES and Address of:
EMPLOYERS: (If Self-Employed, Provide Copy of Current Taxes) (Please Note Who Receives)

_____	_____	_____
_____	_____	_____

PENSION/ANNUITY/VA BENEFITS: (Please Note Who Receives)

_____	_____	_____
_____	_____	_____

CHILD SUPPORT or ALIMONY:

_____	_____	_____
_____	_____	_____

Medical Expenses YOU Pay Yourself: Elderly/Handicapped households ONLY

Provide NAMES and Addresses of: (DO NOT list individual doctors from clinics)

Health Insurance Co.	Pharmacies	Hospitals	Clinics
Dentists	Chiropractors	Optical (Vision)	

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Over-the-counter or doctor prescribed non-prescription medicines can only be allowed if they are "prescribed by a physician for a particular medical condition". Receipts must be provided for each item in order to receive any deduction. See LCHA office for form.

Child Care Provider:

ONLY if care is provided due to employment or school

COLLEGE/TECH or HIGH SCHOOL:

Provide School Name and Address:

Full-Time? _____

Part-Time? _____

Student Name

Student Name

APPLICANTS and CEDAR MEADOWS TENANTS:

Has any family member ever lived in subsidized housing? YES NO Where? _____

Has any family member currently living with you ever been convicted of a felony? YES NO Explain: _____

Has any family member ever been evicted from an apartment for any reason? YES NO Explain: _____

Do you own a pet? YES NO What Kind? _____ Weight: _____

Y N Are you or anyone in the household currently or soon to become a student? **full-time or part-time**
(A full time student is defined as someone who has been or will be a full-time student for 5 months this year.)

List name of student(s) _____

Name of School _____

Y N Are you separated, but not divorced from your spouse?

Y N Are any household members temporarily absent? Who? _____ How Long: _____

Y N Do you expect any changes to your household within the next 12 months? If yes, please explain:

Y N Are you receiving Section 8 Assistance? Agency: _____ Phone # _____

Do you have a: **Certificate** **Voucher** (Circle One)

General Verification Consent:

ANYONE 18 & OLDER MUST SIGN ALL FORMS

I/We certify that all information is true and complete to best of my/our knowledge. I/We understand that providing false or partial information could be grounds for losing my/our housing or rental assistance.

RELEASE: I hereby authorize the release of information regarding my income, assets, medical expenses, housing, criminal & credit history. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent. I understand & agree that photocopies of this authorization may be used for the purpose stated.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Applicant/Tenant may not sign the consent if the form does not clearly indicate who will provide the requested information & who will receive the information.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act of 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

La Crosse County Housing Authority

LCHA
Equal Housing
Opportunity
FAX (608) 781-5379
TDD (800) 283-9877



Gen. Office
War-Leh Manor
615 Plainview
(French Island)
La Crosse, WI 54603
(608) 781-5365

General Verification Consent Form

Verification of Information Supplied by an Applicant for Housing Assistance:

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Social Security #: _____

Social Security #: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the La Crosse County Housing Authority. Your prompt return of this information will help to assure timely processing of the application for assistance. Please FAX your response. If you require a SASE envelope please call and one will be provided. The applicant/resident has consented to this release of information as shown below.

RELEASE: I hereby authorize the release of information regarding my income, assets, medical expenses, housing, criminal and credit history. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent. I understand and agree that photocopies of this authorization may be used for the purpose stated.

Signature

Date

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Rev: 12/16/2011

Elderly Housing at:
Bangor
Holmen
La Crosse (French Island)
Onalaska
West Salem

La Crosse County Housing Authority does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities

Family Duplexes at
Bangor
Holmen
Mindoro
Onalaska
West Salem

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QUESTIONNAIRE FOR STUDENT HEAD OF HOUSEHOLD OR CO-HEAD

To be a household head or co-head, a student must meet special HUD rules. So that we can determine if you meet these rules, please answer the following questions. After you've completed this questionnaire, we will verify the information that you have provided.

Student/Applicant's Name: _____

Address: _____

Phone: _____ Date: _____

	YES	NO
1. Are you 18 years old?.....	_____	_____
2. Have you maintained a separate household from your parents and guardians for at least a year before applying to our site?.....	_____	_____
3. Are any of the following statements true:		
I am an orphan or a ward of the court and 18 years old or younger.....	_____	_____
I am a veteran of the U.S. Armed Forces.....	_____	_____
I have legal dependents other than a spouse (e.g., a child or elderly parent).....	_____	_____
If yes, provide names and ages: _____		
I am a graduate or professional student.....	_____	_____
If yes, provide name and address of school: _____		
I am married	_____	_____
I am at least 24 years old or will turn 24 years old this year.....	_____	_____
If yes, provide your birth date: _____ (mo./dy./yr.)		
4. Did your parents or legal guardians claim you as a dependent on their most recent tax returns?.....	_____	_____
5. Provide information for your parents, legal guardians, or others who provide you financial support.		
Name _____ Tel.# _____		
Address _____		
Name _____ Tel.# _____		
Address _____		

Signature: _____ Date: _____

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Rev: 5/27/2009

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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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Notice to vacate apartment
<input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Other _____
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

La Crosse Cty. Housing Authority
615 Plainview Road
La Crosse, WI 54603

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name