

La Crosse County Housing Authority

Application for Housing (7/14/2009)

LCHA
 Equal Housing Opportunity
 FAX 608-781-5379
 TDD 1-800-283-9877

You have the right to request a reasonable accommodation assistance in completing this application.

GENERAL OFFICE
 War-Leh Manor
 615 Plainview Road
 La Crosse WI 54603
 608-781-5365

FOR HA OFFICE USE ONLY: **Date:** _____ **Time:** _____

General Information:

Date: _____

Name: _____
 Address: _____
 Home Telephone: _____
 Work Telephone: _____

Other Contact Name, Relationship, and Telephone: _____

Have you ever lived in subsidized housing? YES NO Where? _____

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

Desired Location: **Please circle ALL desired locations for housing:**

<u>Family or Disabled or Elderly</u> _____	<u>Elderly/Disabled</u> _____	<u>Elderly Only(50+)</u> _____
Holmen Mindoro Bangor West Salem Onalaska	French Island	Whispering Pines 1 or 2

Previous Residences: **Have you been a Resident with this Housing Authority? NO YES When?** _____

Please list all residences for the past five years (if more space is needed, attach a separate sheet)

Complete Address _____ From _____ to _____ Relationship to Landlord _____
 Landlord's Name _____ Landlord Telephone # _____ Landlord Fax # _____
 Landlord's Address _____

Complete Address _____ From _____ to _____ Relationship to Landlord _____
 Landlord's Name _____ Landlord Telephone # _____ Landlord Fax # _____
 Landlord's Address _____

Complete Address _____ From _____ to _____ Relationship to Landlord _____
 Landlord's Name _____ Landlord Telephone # _____ Landlord Fax # _____
 Landlord's Address _____

Household Information:

Please list all persons who will occupy the apartment **AND** Attach copies of Social Security / "Green" Cards for each person.

	Name	Relationship	Sex	Date of Birth	Social Security Number	Disabled (yes or no)
1		HEAD				
2						
3						
4						
5						
6						
7						
8						

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

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Household Member Income:

Please list annual income, other than asset income, for each family member. Provide employer or pension name and address so that we may verify the information.

	Employer Name & Amt.	Soc Sec Amt	Pensions (Who Pays and Amt.)	SSI Amt	Other
1					
2					
3					
4					
5					
6					
7					
8					
Total Annual Income for all Family Members					

Household Assets:

Please list Assets, include Checking, Savings, Mutual Funds, Real Estate, Stocks/Bonds, & Whole Life Insurance Policies

Bank / Agency Name & Address	Type Account	Cash Value	Annual Earnings
Total Annual Asset Income for all Family Members			

For Statistical Purposes Only: Please circle appropriate responses:

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

Personal Reference/Emergency Contact:

Name: _____ Phone: _____
 Address: _____
 _____ Relationship: _____

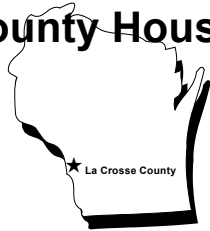
In Order for this Application to be Complete, You must Attach Copies of Social Security or "Green" Cards

I certify that the foregoing information is true and complete to the best of my knowledge. (All household members, 18 or older, must sign.)

_____	_____	Convicted of a felony: Yes or No
Signature	Date	
_____	_____	Convicted of a felony: Yes or No
Signature	Date	
_____	_____	Convicted of a felony: Yes or No
Signature	Date	

Conviction of a felony does not automatically disqualify the housing applicant.
 Applicants will be rejected for not meeting our screening policies of; landlord, credit and criminal background history investigation.

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LANDLORD REFERENCE CHECK

Applicant's Name (s) _____

I authorize my current/former landlord to release any information pertaining to my/our rental history to the La Crosse County Housing Authority. This may include, but is not limited to, the questions listed below.

Signature

Date

Signature

Date

Applicant STOP here! Do NOT complete the rest of this form. Return this page to the HOUSING AUTHORITY with the rest for your application.

THIS SECTION TO BE COMPLETED BY THE LANDLORD ONLY

Property resided at _____

Dates of residency: From _____ To _____

1. What was/is the monthly rent? _____ Was it subsidized? YES NO
2. How many bedrooms? _____ Numbers of occupants? _____
3. Was the tenant ever behind on paying rent? YES NO
If yes, how often? _____
4. When was the last time you were in the apartment? _____
5. What was the overall condition of the apartment? _____
6. Were there problems with the neighbors? YES NO
Explain: _____
7. Was the tenant destructive to the apartment or surrounding areas? _____
8. Were the police ever called as a result of a disturbance? YES NO
If yes, explain: _____
9. Did the tenant give you proper notice for vacating? _____
10. Would you re-rent to this resident in the future? YES NO
If no, why not? _____

Additional Comments: _____

Signature: _____

Date: _____

Title: _____

Company: _____

2/22/2011

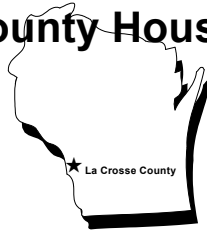
Elderly Housing at:
Bangor
Holmen
La Crosse (French Island)
Onalaska
West Salem

La Crosse County Housing Authority does not discriminate on the basis of race, sex, color, handicap, marital status, or access to, or treatment in, its programs and activities.



Family Duplexes at
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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 _____		

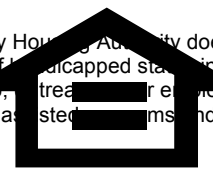
Signature: _____ **Date:** _____

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: 2/22/2011

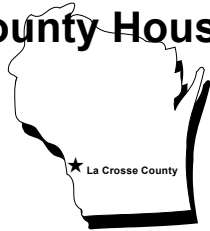
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General Verification Consent Form

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

Signature

Date

.....
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).

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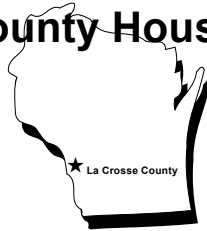
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Signature

Date

Signature

Date

Applicant STOP here! Do NOT complete the rest of this form. Return this page to the HOUSING AUTHORITY with the rest for your application.

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Property resided at _____

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4. When was the last time you were in the apartment? _____
5. What was the overall condition of the apartment? _____
6. Were there problems with the neighbors? YES NO
Explain: _____
7. Was the tenant destructive to the apartment or surrounding areas? _____
8. Were the police ever called as a result of a disturbance? YES NO
If yes, explain: _____
9. Did the tenant give you proper notice for vacating? _____
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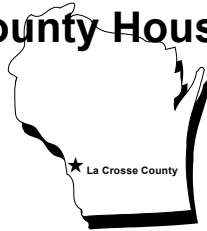
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Student/Applicant's Name: _____

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:** _____

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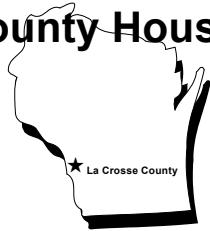
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POWER OF ATTORNEY FOR USE BY THE LA CROSSE COUNTY HOUSING AUTHORITY ONLY (OPTIONAL)

KNOW ALL MEN BY THESE PRESENT that I, _____, of _____, in the County of La Crosse, State of Wisconsin, have made, constituted and appointed and by these present do make, constitute and appoint _____ of _____ in the County of _____, State of _____, my true and lawful attorney, **for me and in my name, place and stead to sign all leases, terminate all leases, sign agreements modifying the terms of all leases and taking whatever other action is necessary with respect to my tenancy in premises owned by the La Crosse County Housing Authority, giving and granting thereby unto my said Attorney, full power and authority to do and perform all and every act and thing whatsoever required and necessary to be done in and about said premises as fully to all intents and purposes as I might, and could do if personally present, reserving full power of substitution and revocation hereby ratifying all that my said Attorney shall lawfully do or cause to be done by virtue thereof.**

IN WITNESS WHEREOF, I have hereunto set my hand, this ____ day of, _____, _____

POA Name / Signature
Phone #: _____

Resident Signature

POA Name / Signature
Phone #: _____

Resident Signature

Provide Resident Mailing Address if different than home residence: _____

Personally came before me this ____ day of _____, _____ the above named
_____ County of La Crosse; State of Wisconsin

Signature of Notary Public

My commission expires: _____

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