

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:
 Family or Disabled or Elderly _____ Elderly/Disabled _____ Elderly Only(62+) _____
 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						

La Crosse County Housing Authority
Application for Housing (7/14/2009)

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

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.)

Signature	Date	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

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.

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

Signature

Date

.....
PENALTIES FOR MISUSING THIS CONSENT:

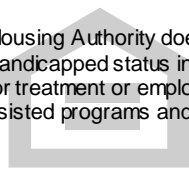
Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties 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).

Rev: 9/25/2009

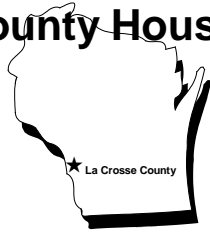
Elderly Housing at:
Bangor
Holmen
La Crosse (French Island)
Onalaska
West Salem

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



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

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: _____

9/25/2009

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

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.

--	--

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.