

IS ANY ADULT ENROLLED OR PLANNING ON ENROLLING IN COLLEGE?

Is there any adult (18 or older) in the household that is a full time student or expecting to become a student? Yes _____ No _____
If yes, please complete the following:

Name of Adult (18+): _____ Date enrolled: _____ Complete name and address of school: _____

- 1. Are you married and did you file a joint federal income tax return with your spouse? Yes _____ No _____
- 2. Will any adult who is not a full time student live in the apartment? Yes _____ No _____
- 3. Are you a single parent with children who are not claimed as dependents on another's tax return? Yes _____ No _____
- 4. Are you receiving MFIP or welfare from the county? Yes _____ No _____
- 5. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act or funded by a State or Local government agency? Yes _____ No _____
- 6. Are you claimed as a dependant by your parents or guardians pursuant to IRS regulations? Yes _____ No _____

DO YOU HAVE ANY CHILDCARE EXPENSES?

Do you pay for childcare, which enables you or another family member to work or go to school? Yes _____ No _____
If yes, amount paid monthly: \$ _____ Does the county help pay your daycare expenses? Yes _____ No _____ County? _____

Name and address of childcare provider: Name: _____ Phone #: (_____) _____
Address: _____ City, State, Zip: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS EVEN IF THEY DO NOT APPLY TO YOU

Have you or anyone listed used any other name than the one provided on this application? Please include any maiden names: _____

Is anyone living with you now that is not listed on this application? Yes _____ No _____ if yes, explain _____

Is a change in your family composition expected within the next 12 months (birth of a child, custody changes, adding other family members)? Yes _____ No _____ Change _____ When? _____

Do you have full custody of your children? Yes _____ No _____ if no, explain custody arrangements: _____

Do you or a member of your household qualify for housing assistance because of a disability? Yes _____ No _____
Which member? _____ Doctor/medical professional's name, address, phone & fax number to verify disability status: _____

Do you or a member of your family have needs that might be better served by a wheelchair accessible apt? Yes _____ No _____

Do you pay for a care attendant or for any equipment for a handicapped member of the family? Yes _____ No _____

Do you receive Medicare or have any other type of medical insurance? Yes _____ No _____

Do you receive medical assistance? County received from? _____ Yes _____ No _____

If you are 62+ or disabled you may qualify for out of pocket medical expense deductions from your monthly rental amount. Please list your monthly medical expenses along with the name and address of the provider(s) on a separate piece of paper and attach to this application.

Do you currently use any tobacco products? Yes _____ No _____

Are you a current illegal user of a controlled substance? Yes _____ No _____

Have you ever been convicted of the illegal use, manufacture or distribution of a controlled substance? Yes _____ No _____

If you answered yes to any of the **two** previous questions, have you successfully completed a controlled substance abuse recovery program or are you presently enrolled in such a program? Yes _____ No _____

Have you ever been convicted or plead guilty of a crime including a felony, gross misdemeanor or misdemeanor anywhere in the United States? Which state(s)? _____ Yes _____ No _____

Are you or any member of this household subject to a lifetime registration requirement under a state sex offender registration program? Which household member? _____ Yes _____ No _____

Have you ever been evicted or had an unlawful detainer or an eviction filed against you? Yes _____ No _____

TELL US ABOUT YOUR CURRENT LIVING SITUATION – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY

Monthly rent \$ _____ Are you on a lease? Yes _____ No _____ Did you give proper notice to move out? Yes _____ No _____

Are you currently using a Section 8 Housing Voucher? Yes _____ No _____ If yes, will this voucher transfer? Yes _____ No _____

Who provides the housing voucher? _____

Do you have an animal? Yes _____ No _____ How many? _____ What kind of animal do you have? _____

Will animal(s) accompany you to your new rental location? Yes _____ No _____

Is this animal(s) needed for medical reasons? Yes _____ No _____ If yes, who is the animal for? _____

What is the name, office address, phone & fax number of the doctor/medical professional that will verify the medical need for the animal?

WHERE HAVE YOU LIVED? – PLEASE INCLUDE COMPLETE NAMES, ADDRESSES AND PHONE NUMBERS OF YOUR LANDLORD OR MORTGAGEE FOR THE LAST FIVE YEARS. IF YOU HAVE NOT RENTED BEFORE PLEASE LIST YOUR PLACES OF RESIDENCE FOR THE LAST FIVE YEARS. Please use a separate piece of paper if you need more space.

Current Address: _____ City: _____ State: _____ Zip: _____
 How long have you lived here? From: _____ To: present Did you Rent _____ Own _____ Stayed With Family/Friend _____
 Landlord/Mortgagee name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone / Cell #: (_____) _____ Fax #: (_____) _____ Email: _____

 Previous Address: _____ City: _____ State: _____ Zip: _____
 How long did you live there? From: _____ To: _____ Did you Rent _____ Own _____ Stayed With Family/Friend _____
 Landlord/Mortgagee name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone / Cell #: (_____) _____ Fax #: (_____) _____ Email: _____

 Previous Address: _____ City: _____ State: _____ Zip: _____
 How long did you live there? From: _____ To: _____ Did you Rent _____ Own _____ Stayed With Family/Friend _____
 Landlord/Mortgagee name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone / Cell #: (_____) _____ Fax #: (_____) _____ Email: _____

WHAT IS YOUR SOURCE OF INCOME? – HOUSEHOLD MUST SHOW A SOURCE OF INCOME TO BE ELIGIBLE FOR HOUSING. ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY. Please answer all of the following questions for all household members. For each “yes” answer, please provide the **“Monthly Gross Amount”** received, this is amount received before taxes.

Wages or salaries? (include overtime, shift differentials, tips, bonuses & commissions) Yes _____ No _____ \$ _____

Self employment income? (Personal Business, Mary Kay, Avon, Tupperware, etc.) Yes _____ No _____ \$ _____

Cash payments for odd jobs? Yes _____ No _____ \$ _____

Name of provider: _____ Address: _____

Unemployment benefits or severance pay? Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Veterans Administration Benefits or Regular pay for a member of the armed forces? Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Social Security, SSI, SSDI, RSDI? Number received under: _____ Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Disability benefits or Workman’s Compensation? Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Welfare (MFIP, MSA, GA)? County name: _____ Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Child Support or Alimony? County name: _____ Yes _____ No _____ \$ _____

How do you receive your benefits? _____

Pensions or retirement benefits? (PERA, Railroad, etc.) Yes _____ No _____ \$ _____

Company name: _____ Address: _____

Death Benefits, Annuities or Life Insurance dividends? Yes _____ No _____ \$ _____

Company name: _____ Address: _____

Lump sum payments, inheritances, insurance settlements, lottery winnings? Yes _____ No _____ \$ _____

Regular cash contributions, gifts or financial support from individuals not living in the unit? Yes _____ No _____ \$ _____

Name of provider: _____ Address: _____

DO YOU HAVE ANY ASSETS? – ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY. Please answer each question for all household members. If yes, provide balance/value and complete name of banking institution.

		Balance/Value			
Checking Account	Yes ___ No ___	\$ _____	Bank Name _____	Bank Name _____	
Savings Accounts	Yes ___ No ___	\$ _____	Address _____	Address _____	
Pre-Paid Debit Card	Yes ___ No ___	\$ _____			
Certificates Of Deposits	Yes ___ No ___	\$ _____	Phone #: (____) _____	Phone #: (____) _____	
Savings Bonds	Yes ___ No ___	\$ _____	Fax #: (____) _____	Fax #: (____) _____	
Annuities	Yes ___ No ___	\$ _____	Name on Account _____	Name on Account _____	
Trusts	Yes ___ No ___	\$ _____			
IRA/401K/Stocks	Yes ___ No ___	\$ _____	Bank Name _____	Bank Name _____	
Money Markets	Yes ___ No ___	\$ _____	Address _____	Address _____	
Life Insurance	Yes ___ No ___	\$ _____			
Cars	Yes ___ No ___	\$ _____	Phone #: (____) _____	Phone #: (____) _____	
Coins, Stamps, etc.	Yes ___ No ___	\$ _____	Fax #: (____) _____	Fax #: (____) _____	
Other Investments	Yes ___ No ___	\$ _____	Name on Account _____	Name on Account _____	
Please specify _____					
Contract For Deed	Yes ___ No ___	\$ _____	<i>A copy of the current amortization schedule will be required to verify value.</i>		
Property or Real Estate	Yes ___ No ___	\$ _____	<i>A copy of the current property tax statement will be required to verify value.</i>		
Property Rental Income	Yes ___ No ___	\$ _____	<i>Monthly Amount Received</i>		
Who pays rental income? Name: _____ Address: _____					
Have you given away property or other assets in the past 2 years?					
Yes ___ No ___ \$ _____					
What assets listed above are held jointly with another person? Asset: _____ Held With: _____					

APPLICANT CERTIFICATION – PLEASE READ AND HAVE ALL ADULTS 18 AND OLDER SIGN

- A. Please note that this is an application and gives you no lease or rent rights. Additional information will be required at a later date to complete processing of information for subsidized units. At the time of acceptance of a unit, you must contact the Management Agent within 48 hours to accept the unit and submit a security deposit. **You will then have seven (7) additional days to cancel the tenancy and receive the security deposit back.** The deposit will be held according to the terms of the lease. The Management will refund deposits of any applicants who are not approved. No deposit is required at this time with this application.
- B. This application will also be used to establish our waiting list for future occupancy. You are required to contact our office if you have changes to this application. This includes contact information and addresses. If you do not keep your information current, your application will be removed from our waiting list.
- C. If your application is accepted and once occupancy is attained: I/We certify that this is/will be my/our permanent residence. I/We further certify that I/we do/will not maintain a separate subsidized rental unit in a different location. I/We certify that if I/we move into this development, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We do hereby authorize Life Style, Inc. and its staff or authorized representatives to contact previous or current landlords, local police departments, offices, groups or organizations, rental research agencies or other sources for credit and verification which may be released to appropriate Federal, State or local agencies.
- D. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that my eligibility for housing will be based on Rural Development, LIHTC or Section 8 income limits and by Life Style, Inc.’s tenant selection criteria. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Complete Signature of Applicant: _____ Date: _____

Complete Signature of Co-Applicant: _____ Date: _____

Complete Signature of all other adults: _____ Date: _____

WHAT IS YOUR HOUSEHOLDS NATIONALITY? Using the household list on the bottom of page 1, please mark the ethnicity & race of each household member. *“The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.” More than one ethnicity code can be listed.*

Household Member Ethnicity/Race Codes:

- | | | |
|------------|------------|------------|
| 1. ___/___ | 4. ___/___ | 7. ___/___ |
| 2. ___/___ | 5. ___/___ | 8. ___/___ |
| 3. ___/___ | 6. ___/___ | 9. ___/___ |

Ethnicity Code:

- | | |
|-----------------------------------|-------------------------------------|
| 1. White | 4. Asian |
| 2. Black/African American | 5. Native Hawaiian/Pacific Islander |
| 3. American Indian/Alaskan Native | |

Race Codes:

- | |
|------------------------|
| 1. Hispanic/Latino |
| 2. Non-Hispanic/Latino |

**Authorization for the Release of Information/
Privacy Act Notice**

To the U.S Department of Housing and Urban Development (HUD)
And the Housing Agency/Authority (HA)

US Department and Housing and
Urban Development
Office of Public and Indian Housing
OMB CONTROL NUMBER: 2501- 0014

EXP: 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Sparta Housing Authority
307 N Court St
Sparta, WI 54656

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

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 that you 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; (3) HUD to Request certain tax return information from the U.S Social Security Administration and the U.S. Internal Revenue Service. This law also Requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the Above- named HA to request income information from the sourced 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 the 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 household Who is 18 years of age or older must sign the consent form. Additional Signatures must be obtained from new adult members joining the Household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA- owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental 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.

Sources of Information to be Obtained:

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 (I)(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 concerning unearned income (i.e., interest and dividends). 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, the consent form only authorizes release directly from employers and financial institutions of information regarding and period (s) within the last 5 years when I have received assisted housing benefits.

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 HA's 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 expires 15 months after signed.

Signatures:

_____	_____	_____	
Head of Household	Date	Social Security Number (if any) of Head of Household	
_____	_____		
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	Other Family Member over age 18	Date

Privacy Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring

HUD- assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all of the Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection or your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA, and any other owner (or any employee of HUD, the HA 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 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 the 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 HA or the owner responsible for the unauthorized disclosure or improper use.

**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"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.