

CITY OF MONDOVI HOUSING AUTHORITY

Todd LaDuke, Chairman
Robert Hagness, Executive Director

(715) 926-4943
FAX (715) 203-1339

600 BUFFALO STREET
MONDOVI, WISCONSIN 54755

email: mha@mondovihousing.com
Web site: www.mondovihousing.com

"Equal Housing Opportunity"

Dear Applicant:

Thank you for your interest in our housing. If you choose to complete and return the enclosed application, there are a few items that I would like to bring to your attention. In order for your application to be approved there are certain criteria which must be met.

First of all, the application must be completely filled out. If there is an item which is not applicable to you, please designate with N/A on that line. Make sure that you have included your social security number on the first page. In addition, do not forget to sign the application on the back page.

Secondly, it is mandatory for you to complete and return the release of information form along with your completed application. The Department of Housing and Urban Development has mandated strict criteria for admission into public housing. These standards assist us in providing a quality environment for our residents. If it is not returned, your application will not be processed.

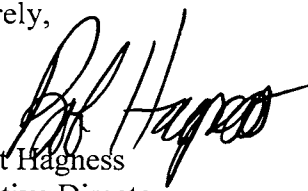
Please submit with this application copies of driver's licenses of all adult family members, and a copies of Social Security Cards for all family members.

If you are mailing this application back please mail to:

Robert Hagness, Exec. Dir.
Mondovi Housing Authority
600 Buffalo Street
Mondovi, WI 54755

Again, thank you for your interest in our housing. If you have any questions regarding any of these forms or need some help to complete them, please feel free to contact my office at 715-926-4943.

Sincerely,


Robert Hagness
Executive Director

Mondovi Housing Authority

Highland Apartments
600 Buffalo Street
Mondovi, WI 54755
715-926-4943

“Equal Housing Opportunity”

APPLICATION FOR OCCUPANCY

Applicants Name _____ Social Security No. _____

Date of birth ___/___/___

Sex _____

Spouse/Co-Tenant _____ Social Security No. _____

Date of birth ___/___/___

Sex _____

Other Household Members:

Names _____ Social Security No. _____

Date of birth ___/___/___

Sex _____

_____ Social Security No. _____

Date of birth ___/___/___

Sex _____

_____ Social Security No. _____

Date of birth ___/___/___

Sex _____

Current Address _____

Phone Number () - _____

Minority Code - Check One

White/Non-minority Spanish-American

Negro/Black Oriental

American Indian Other

Present Housing - Check One

Own Home Standard

Apartment Substandard

Live with relative Without or
about to be
without housing

“The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government, acting through Rural Development, United States Department of Agriculture, that federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information 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, the Loyal Housing Authority is to note the race/nation origin and sex of individual applicants on the basis of visual observation or surname.”

Is anyone in the household 24 years of age and older a full time student? Yes _____ No _____

A part time student Yes _____ No _____

Do any of the family members have any physical limitations - if so, whom and what are they?

References - Please do not use the name of relatives for references.

Personal: Name Address Phone No.
1. _____
2. _____

Credit: Name Address Phone No.
1. _____
2. _____

Current Residency

Landlord _____ Phone _____
Landlord Address _____
City/State/ZIP _____
Address of Apartment _____
Rent _____ How Long? _____

Previous Residency #1

Landlord _____ Phone _____
Landlord Address _____
City/State/ZIP _____
Address of Apartment _____
Rent per month _____ How Long? _____

Previous Residency #2

Landlord _____ Phone _____
Landlord Address _____
City/State/ZIP _____
Address of Apartment _____
Rent per month _____ How Long? _____

Employment

Employer _____ Phone _____
Address _____
Supervisor _____
Length of Employment _____ Monthly Salary _____

Income and Expense Information

1. **Salary/Wages** - List gross amount (before deductions) of wages and salaries, overtime pay, commissions, fees, tips, and bonuses. Indicate source
\$ _____ Annually from _____
\$ _____ Annually from _____
2. **Net Income from Business or Professional or Rental or Real or Personal Property**
\$ _____ Annually from _____
3. **Social Security/SSI Payments**
\$ _____ per month Social Security for _____

\$ _____ per month Social Security for _____
\$ _____ SSI payments per month for _____
\$ _____ SSI payments per month for _____

4. Pensions, Annuities, Retirement Funds, IRA Accounts

\$ _____ per month from _____
\$ _____ per month from _____

5. ALL OTHER INCOME - Include income from ALL OTHER SOURCES, such as Unemployment, Disability Compensation, Workman's Compensation, Severance Pay, Alimony, Child Support, Regular recurring contributions or gifts of money, Education Grants, Scholarships, VA Benefits, Regular Pay, Special Pay and Allowances for head of Household in Armed Forces; Public Assistance, AFDC, Welfare or any other source

\$ _____ annually from _____
\$ _____ annually from _____

6. Child Care Expenses - List the amount paid by family for the care of minor children under the age of 13 years when such care is necessary to enable a family member to further education or to be gainfully employed.

\$ _____ annually

Child Care Provider _____

Address _____

City/State/ZIP _____

Phone _____

7. Medical Expenses - To be completed only by elderly or disabled families.

Include total expenses including anticipated medical expenses to be incurred over the next twelve month period not covered by insurance. May include expenses for dental, prescription medicines, medical insurance premiums, eyeglasses, hearing aids/batteries, cost of live-in resident assistant, monthly 1/2 payments required on accumulated major medical bills including this portion of spouse's or child's nursing home care paid from tenant family income.

\$ _____ annually for _____

\$ _____ annually for _____

\$ _____ annually for _____

ASSET Information - List all information for tenant, spouse, co-tenant

Cash on Hand - List amount on hand at the present time

\$ _____

ASSET Information Continued - List all information for tenant, spouse, co-tenant

Checking Accounts and Savings Accounts

Account # _____ Bank _____
 Balance in Account at Present Time \$ _____

Account # _____ Bank _____
 Balance in Account at Present Time \$ _____

Account # _____ Bank _____
 Balance in Account at Present Time \$ _____

Account # _____ Bank _____
 Balance in Account at Present Time \$ _____

Account # _____ Bank _____
 Balance in Account at Present Time \$ _____

Account # _____ Bank _____
 Balance in Account at Present Time \$ _____

Stocks And/Or Bonds

Type _____ Number Owned _____ Value \$ _____

Type _____ Number Owned _____ Value \$ _____

Real Estate Owned at Present Time or Sold within last 2-year Period

Market Value _____ \$ _____
 (If sold within last 2-year period, list amount property sold for \$ _____)

List all other Assets Owned

Type _____ Value \$ _____
 Type _____ Value \$ _____
 Type _____ Value \$ _____

This is a preliminary application and is not binding. You will be contacted to set up an appointment for an interview. Credit checks and criminal history checks are made and can be reason for rejection.

All information requested for eligibility of the program in which you have applied for must be in the office prior to move in, at which time you will be requested to sign a lease.

Privacy Act Statement

Rural Development, United States Department of Agricultural is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C. 1471 et. seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful for Rural Development to deny eligibility because of refusal to disclose the social security account number. The principle purposes for collecting the requested information are to determine eligibility for occupancy in the Rural Development financed rental project and to determine the amount of tennat contribution for rent. The information collected on this form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings.

✗ _____

Signature of Applicant

✗ _____

Date

Received by Housing Authority Office:

Date: _____ **Time:** _____ **By:** _____

**AUTHORIZATION FOR THE
RELEASE OF INFORMATION**

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

Organization requesting release of information

Mondovi Housing Authority
600 Buffalo Street
Mondovi, WI 54755

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, *Request for a Copy of Tax Form*.

Individuals Or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
- Low-Income Rental Public Housing
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program, (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10 (c) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202 / 811
- Section 221 (d)(3) Below market Interest Rate
- Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions & Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity & marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
 - Alimony
 - Child Care
 - Child Support
 - Credit
 - Handicapped Assistance
 - Medical Care
 - Pensions/Annuities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

Computer Matching Notice & Consent

I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Securities Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

Conditions

I agree that photocopies of this authorization may be used for the Federal purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of the Head of Household & Date

X

Signature, Printed Name of Spouse Other Adult Member of Household & Date

X

Signature, Printed Name of Other Adult Member of Household & Date

Original is retained by the requesting organization