



Safe. Healthy. Home.



APPLICATION INSTRUCTIONS

1. Please print ALL of your information on the application form.
2. Fill out the application completely. If you need assistance please call the office
3. **All adults age 18 and over must sign where indicated**

Completed applications may be returned by mail, email or fax to:

Mail/Drop Off: City of Ashland Housing Authority
319 Chapple Ave Ashland, WI 54806

Email: cityaha@cityofashlandhousing.org

Fax: 715-682-7917

Allow 2-3 weeks for processing. Once your application is processed you will be informed by mail of our decision.

NOTE: If you have a change in address or telephone number, please submit this information to the office so we are able to contact you.

IMPORTANT: When your name comes to the top of the waiting list and if you do not respond to our letter or our letter comes back as a mail return you will be removed from all waiting lists and you will have to reapply.

Being added to the wait list does not mean you eligible for the programs. When your names reaches the top of the list a background, credit and landlord check will be done to establish eligibility.

Before Lease-up into any program: HUD Debts Owed form 52675, Declaration of Section 214 Status, and Release of information will need to be signed separately by each adult over 18.



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APPLICATION FOR ADMISSION

The City of Ashland Housing Authority has multiple rental options. Applicants may apply for as many projects as they like. Eligibility varies slightly. Therefore, we will place you on the waiting lists for the **selected** programs where you are eligible. AHA implements General Occupancy with preferences per §24 CFR part 960.206. If you have questions about these options, contact our office. **Please CHECK any or all of the options that interest you:**

☐ Bay Tower
☐ Bay Terrace

☐ Bay Ridge
☐ Family Home

☐ Bay Haven
☐ Rental Assistance

(Section 8/Housing Choice Voucher)

Head of Household Information (Legal Name):

Last Name First Name M.I.

Gender: ☐M ☐F (Optional)

Social Security Number: _____ Birth Date: _____

Present Address:

Street City State Zip Code

Mailing Address (If different than above):

Street City State Zip Code

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email Address: _____

Race (check any and all that apply):

☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Household Composition: List **your name** and the names of anyone that will live with you. Include anyone that, will also be Co-Head(s) (Co-Head is defined as an individual who has the legal right to enter into a lease agreement and will share all the rights and responsibilities.)

Legal Name	Gender M/F	Relationship to Head	Social Security #	Date or Birth dd/mm/yyyy	Hispanic Y/N	Full Time Student? Y/N	Disabled Y/N
		HEAD					

HOUSEHOLD INCOME

For questions below it is important to list all of the information for all household members that are over age 18 and not in school.

All Household Income: Job, Social Security, Child Support, Pension etc.

Family Member's Name	Amount earned each month	Where was this earned? (company, type of pay)

Assets: Bank, Money Market, Restate etc.

Family Member's Name	Balance in Account/On-hand	Where are these accounts held?

DEDUCTIONS AND ALLOWANCES

Family Care

- 1) Do you have child care expenses for child/ren under age 13 because you are working, actively seeking employment or attending school? ☐ Yes ☐ No If 'yes', complete below:

Monthly amount paid by the Household: \$ _____

- 2) Do you pay for a Care Attendant or any equipment for a handicapped member of the household to permit that person or someone else in the household to work? ☐ Yes ☐ No If yes, name and address of provider:

Monthly amount paid by the Household: \$ _____

Medical

Complete **ONLY** if the head of household, co-head or spouse are at least 62 years old, handicapped or disabled.

- Do you have Medicare? ☐ Yes ☐ No \$ _____ Monthly
- Do you have any other kind of medical insurance? ☐ Yes ☐ No \$ _____ Monthly
- Do you pay for prescription medication? ☐ Yes ☐ No \$ _____ Monthly
- Do you have any non-prescription (over the counter) medication that your doctor has requested you to use on a regular basis (e.g., insulin, aspirin, etc.)? ☐ Yes ☐ No
- Do you have any outstanding medical bills on which you are paying? ☐ Yes ☐ No

If yes, name and address of provider:

Name of Provider: _____

Provider's Address: _____

LANDLORD REFERENCES – List ALL landlords in the past three years. 3 years of rental history required.

Landlord Name	Landlord Address	Address while Residing	From/To Dates	Landlord Phone #

Have you ever been **EVICTED**: ☐ Yes ☐ No

If YES, by whom: _____ When (Date)? _____ Why?

List all **states** where you OR any household members have resided: _____

PERSONAL REFERENCES: (Excluding Family Members)

Company or Name	Address	Telephone

PETS

Do you have any pets? ☐ Yes ☐ No

If yes, what kind? _____ Size: _____ Weight: _____

CRIMINAL RECORD

Have you or a member of your household ever been convicted of a crime? ☐ Yes ☐ No

If **YES**:

Who was convicted: _____

Where was the conviction: (County, State) _____

When was the conviction: _____

Is any member of your household subject to a lifetime sex offender registration program?

☐ Yes ☐ No

False response or failure to respond could result in denial of your application

OTHER:

Have you or a family member ever been assisted by this or any other Public Housing Program? ☐ Yes ☐ No

If yes, please list the dates and the program:

Date: _____ Program: _____

Date: _____ Program: _____

Have you or a family member been denied assistance by any Public Housing Authority? ☐ Yes ☐ No

If yes, list the dates, name of agency and reason for rejections

Date: _____ Agency: _____

Reason for rejection: _____

Date: _____ Agency: _____

Reason for rejection: _____

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)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing
OMB Control Number 2577-0295
Expiration Date 1/31/2025

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

City of Ashland Housing Authority
315 Sanborn Ave, Suite C
Ashland WI 54806

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. The 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 sources 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 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 this 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(l)(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, this consent form only authorizes release directly from employers and financial institutions of information regarding any 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 HAs 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		_____ Other Family Member over age 18	_____ Date
_____ 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

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 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 of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any 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 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.

Optional and Supplemental 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:											
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason to Contact: (Check all that apply) <table border="0"><tr><td><input type="checkbox"/> Emergency</td><td><input type="checkbox"/> Assist with Recertification Process</td></tr><tr><td><input type="checkbox"/> Unable to contact you</td><td><input type="checkbox"/> Change in lease terms</td></tr><tr><td><input type="checkbox"/> Termination of rental assistance</td><td><input type="checkbox"/> Change in house rules</td></tr><tr><td><input type="checkbox"/> Eviction from unit</td><td><input type="checkbox"/> Other: _____</td></tr><tr><td><input type="checkbox"/> Late payment of rent</td><td></td></tr></table>		<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	
<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.

Signature of Applicant	Date
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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.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410