

Don't risk your changes for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

## THINGS YOU SHOULD KNOW



### **Purpose:**

This is to inform you that there is certain information that you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

### **Penalties for Committing Fraud:**

The United States Department of Housing and Urban Development (HUD) places high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may 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 5 years.
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

### **Asking Questions:**

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

### **Completing the Application:**

When you give your answers to application questions, you must include the following information:

- All sources of money you and any member of your family receives (wages, welfare payments, alimony, social security, pension, etc.)
- Any money you receive on behalf of your children (child support, social security for children, etc.)
- Income**
  - Income from assets (interest from savings account, credit union, or certificate of deposit; dividends from stocks etc.)
  - Earnings from the second job or part time job.
  - Any anticipated income (such as a bonus or pay raise you expect to receive.)
- Assets**
  - All bank accounts, savings bonds, certificates of deposit, stocks, real estates, etc. that is owned by you and any adult member of your family/household who will be living with you.
  - Any business or asset you sold in the past 2 years for less than its full value, such as your home to your children.
- Family/  
Household  
Members**
  - The names of all the people (adults and children) who will actually be living with you, regardless of if they are related to you or not.

## **Signing the Application:**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

## **Recertifications:**

You must provide updated information once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

## **Beware of Fraud:**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)

## **Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project of PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, 451 Seventh Street S.W., Room 8254, Washington D.C. 20410.

# Wisconsin Management Company, Inc.

WISCONSIN MANAGEMENT  
2040 SOUTH PARK STREET  
MADISON, WI 53718  
(608) 258-2080

**THIS IS NOT A RENTAL  
AGREEMENT OF A LEASE.**

For Office Only
Date Received at Project _____
Number of Bedrooms _____
Federal Preference ___Yes ___No

## APPLICATION FOR OCCUPANCY Dane County Housing Authority, Public Housing- Mazomanie, Monona, Sun Prairie, and Stoughton

COMPLETE THIS APPLICATION IN FULL. ANSWER ALL OF THE QUESTIONS. COMPLETE ANSWERS TO THE QUESTIONS WILL DETERMINE YOUR PRIORITY FOR HOUSING.

### SECTION A - APPLICANT

Applicant's Name: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Day: \_\_\_\_\_ Night: \_\_\_\_\_

### SECTION B – HOUSEHOLD (COMPOSTION & CHARACTERISTICS)

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE APARTMENT.  
(Include yourself as HEAD. Attach additional page if more parties in your household.)

No.	Name	Relationship To Head	Birth Date	Sex M/F	Soc. Sec. Number
1.		Head			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:

**DRUG FREE COMMUNITY** – It is a violation of your lease agreement to possess, sell or distribute illegal drugs on the property. You will be evicted from your apartment if you violate these rules.

**RELEASE OF INFORMATION** – Each adult household member who is making application for or is currently living in Subsidized Development must sign HUD Forms 9887 and 9887A, or its equivalent, at the initial certification interview and at ever recertification thereafter. Failure to sign constitutes grounds for deny housing.

**APPLICANT CERTIFICATION & CREDIT INFORMATION** – I certify that if selected to move into this development, the apartment I occupy will be my only residence. I understand that the above information is being collected to determine eligibility for assistance and residence selection criteria. I authorize Wisconsin Management Company, Inc. to verify all information provided on this application and to contact previous and current landlords, sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I understand that credit checks will be completed while an applicant and throughout my residency. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I understand that it is my responsibility to inform management of any changes on this application within 14 days.

I certify that I have received a copy of the HUD “THINGS YOU SHOULD KNOW”.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SECTION C – GENERAL**

1. Why do you wish to move from this residence? \_\_\_\_\_
2. When would you hear about this housing development? \_\_\_\_\_
3. How did you hear about this housing development? \_\_\_\_\_
4. Does anyone live with you now who is not listed in your household composition under Section B? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. If an addition to the household is expected, when? \_\_\_\_\_
6. Do you have full custody of your children? \_\_\_\_\_ Yes \_\_\_\_\_ No Please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Do you qualify for housing assistance because of a handicap or disability? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you or a member of your household have any needs that might be better served by a wheelchair-accessible apartment? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. What size unit are you applying for:  
1 Bdrm. \_\_\_\_\_ 2 Bdrm. \_\_\_\_\_ 3 Bdrm. \_\_\_\_\_ 4 Bdrm. \_\_\_\_\_ 5 Bdrm. \_\_\_\_\_
9. Additional information:  
Have you ever received housing assistance in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, has it ever been terminated for fraud, non-payment of rent, or any other reason? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_  
Do you have a pet? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what kind? \_\_\_\_\_  
Do you have a waterbed? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Race: (Optional – Statistical Information only)  
\_\_\_\_\_ White \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ African American \_\_\_\_\_ Bi-Racial \_\_\_\_\_ Other: \_\_\_\_\_
11. LIST NAME, ADDRESS, & PHONE NUMBER OF WHO TO CONTACT IN CASE OF EMERGENCY:  
Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to Head of Household: \_\_\_\_\_

**SECTION D – LANDLORD/CHARACTER REFERENCES**

1. Landlord – List most current landlord information first and for the past five years for all adult household members (attach a separate page if necessary).

DATES OCCUPIED	APARTMENT BUILDING INFORMATION	LANDLORD INFORMATION
From: _____ To: _____	Apt. Name: _____ Address: _____ Phone: ( ) _____	Name: _____ Address: _____ Phone: ( ) _____
From: _____ To: _____	Apt. Name: _____ Address: _____ Phone: ( ) _____	Name: _____ Address: _____ Phone: ( ) _____
From: _____ To: _____	Apt. Name: _____ Address: _____ Phone: ( ) _____	Name: _____ Address: _____ Phone: ( ) _____
From: _____ To: _____	Apt. Name: _____ Address: _____ Phone: ( ) _____	Name: _____ Address: _____ Phone: ( ) _____
From: _____ To: _____	Apt. Name: _____ Address: _____ Phone: ( ) _____	Name: _____ Address: _____ Phone: ( ) _____

Character References – List names, addresses, and telephone numbers of three people who know you and are not related to you for all adult household members (attach a separate page if necessary):

Name	Address	Phone Number

**SECTION E – FEDERAL PREFERENCE**

Federal Preferences include the following: A) Involuntarily displaced, and is not living in standard permanent replacement housing or will be involuntarily displaced within six months, and/or B) Living in substandard housing, and/or C) Rent burden.

CURRENT HOUSING STATUS – ALL INFORMATION WILL BE VERIFIED BY THIRD PARTY.

ANSWER EVERY QUESTION

A) INVOLUNTARILY DISPLACED (see explanation above):

- Are you being evicted?  Yes\*  No  
If yes, give reason \_\_\_\_\_
- Are you displaced due to natural disaster (fire or flood)?  Yes\*  No
- Are you displaced due to urban renewal or government action?  Yes\*  No
- Are you displaced because of action by a landlord?  Yes\*  No
- Have you vacated your former unit as a result of actual or threatened violence against you or your family/household?  Yes\*  No
- Do you live in a housing unit with an individual who engages in such violence?  Yes\*  No

B) LIVING IN SUBSTANDARD HOUSING:

- Do you have a regular, adequate nighttime residence?  Yes  No\*
- Is your current housing unit dilapidated?  Yes\*  No
- Does it have operable indoor plumbing?  Yes  No\*
- Does it have usable toilet inside the unit for the exclusive use of your household?  Yes  No\*
- Does it have a usable bathtub or shower inside the unit for the exclusive use of your household?  Yes  No\*
- Does it have safe and adequate electricity?  Yes  No\*
- Does it have safe or adequate source of heat?  Yes  No\*
- Does it have a kitchen?  Yes  No\*
- Has it been declared unfit for habitation by an agency or unit of government?  Yes\*  No

C) RENT BURDEN:

- What is your monthly rent? \$\_\_\_\_\_ What is your monthly utility cost (excluding phone)? \$\_\_\_\_\_ Is your monthly rent payment plus your utilities more than 50% of your monthly income?  Yes\*  No

**SECTION F – INCOME INFORMATION**

List income information for all adult household members (attach a separate page if necessary).

Applicant's Employer:  
Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Other household member's Employer:  
Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Answer each question for all household members, including minors. For each question answered yes, provide the monthly gross amount received.

DOES YOUR FAMILY/HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE?	YES	NO	GROSS MONTHLY AMOUNT
Wages, salaries (including overtime, tips, bonuses, commissions, self-employment)?			
Does anyone work for someone who pays them cash?			
Regular pay for a member of the Armed Forces?			
Welfare or disability benefits (AFDC, SSI, GA)			
Workman's Compensation?			
Unemployment benefits, or severance pay?			
Child support?			
Alimony?			
Social security payments?			
Pensions?			
Retirement benefits?			
Veterans Administration benefits?			
Death benefits?			
Annuities of life insurance dividend?			
Lump sum payments (includes inheritances, insurance settlements, lottery winnings, capital gains)?			
Regular cash contributions or gifts from individuals not living in the unit?			
Other?			

<b>SECTION G – ASSET INFORMATION</b>
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ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY.

Answer each of the following questions for all household members, including minors. For each question answered yes, provide the current balance.

DO YOU HAVE OR OWN?	YES	NO	CURRENT BALANCE
1. Checking Accounts			
2. Savings Accounts			
3. Bonds/Stocks/Investments			
4. Certificate of Deposit (CD)			
5. Securities/Trusts			
6. Money Markets			
7. IRA/KEOGH/401K			
8. Real Estate			
9. Contract for Deed (Land Contract)			
10. Rental Income			