



## Community Development Authority

601 South Cedar Avenue  
Marshfield, WI 54449-4267

(715) 387-0528 Phone  
(715) 389-2184 Fax

In order for us to process your application for the Public Housing Program, the application **must be complete**. Please answer all questions as best you can. If questions do not pertain to your current situation, please write “**Not Applicable**” or “**None**” to help us confirm that you have read the application fully.

The program requires proof of citizenship. When you return the completed application please bring in the **original Social Security cards** and **birth certificates** for everyone listed on the application. In addition to the Social Security cards and birth certificates, a **picture I.D.** (such as a driver’s license or passport) is required for anyone listed on the application over the age of 18.

We need to see the originals for all the required identification documents and will make a copy of those documents at the time they are brought to our office.

Once we receive your completed application and the necessary documents, we will then complete the required eligibility process. You will be notified of those results within 15 business days. If no apartments are available or if you are not yet ready to move, we will place you on the waiting list. Incomplete applications will not be accepted or placed on the waiting list, and the application will be returned to you by mail.

Once on the program, participants are expected to comply with lease and program requirements, pay their share of rent on time, maintain their unit in good condition and notify the Community Development Authority of any changes in income or family composition.

If you have not done so already, we recommend that you tour our apartments. Please call the office at 715-387-0528 to schedule a time for a tour. Also, please call our office to make an appointment to make sure that someone is available to answer your questions or if you need additional assistance or information.

Your cooperation in this matter is appreciated.



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### Public Housing Application

**1. Head of Household:**

Last Name	First Name	Middle Name	Sex	Social Security Number	Date of Birth	Age	Ethnicity*	Race**

<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number</b>		
<b>Emergency Contact with Phone Number</b>		

**2. Other Family Member(s): Enter all information for all others who will be in your assisted household.**

Last Name	First Name	Middle Name	Relationship	Sex	Social Security Number	Date of Birth	Age	Ethnicity *	Race **

**For HUD Statistical Purposes Only:**

**Select One:**

\*(Code for Ethnicity):      1. Hispanic                      2. Non-Hispanic

**Select all that apply for each family member:**

\*\* (Code for Race):      1. White                      2. African American                      3. American Indian  
   4. Asian                      5. Hawaiian Native/Pacific Islander

**General Information:**

**Disabled:** Please list any applicants who are disabled:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Pets:** Subjected to Pet Policy. Would you be bringing a pet?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Smoking:** Do either applicants smoke?

Yes \_\_\_\_\_ No \_\_\_\_\_

**3. Please list all sources of yearly income for each family member, including Employment, Social Security/SSI, Retirement/Pensions, Child/Spousal Support, Interests, Dividends, Annuities, IRA's Unemployment Compensation, W-2, as well as Cash Jobs and Plasma.**

Family Member	Source/Type of Income	Annual Amount

**4. Please list all sources of assets, including home, farm, land, and stocks/bonds. Money market funds and other investment accounts.**

Family Member	Source/Type of Income	Annual Amount

Have you given away any assets within the last two years?

Yes \_\_\_\_\_ No \_\_\_\_\_

**5. Please list all source of Public Assistance for each family member, including Food Share Program and Medical Assistance.**

Family Member	Type and Amount of Assistance

**6. Please list all Financial Institutions and Firms where each family member banks or has investments, including life insurance policies.**

Family Member	Institution Name	Address	Type of Asset

**7. Please list any out-of-pocket medical expenses (prescriptions, medical co-payments/costs, health insurance premiums) from the previous calendar year for each family member who is at least 62 years of age, or a person with disabilities.**

Family Member	Type of Expense	Annual Amount

**8. Please list all contact information for your Case Worker, Counselor, Probation Officer, or Social Worker.**

Name	Agency	Address	Phone Number

**9. Parkview & Cedar Rail Applicants Only: please list all contact information for your primary healthcare provider (e.g. physician). \*\*An Independent Living Checklist will be mailed to each family member's primary healthcare provider to be completed.**

Family Member	Name of Primary Healthcare Provider	Healthcare Facility Name and Address	Department (e.g. Internal Medicine, Family Practice)	Healthcare Facility Phone Number

**10. Current Living Arrangements:**

Renting \_\_\_\_\_ Own Home \_\_\_\_\_ Other \_\_\_\_\_

**Comments:**

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**11. Please list Landlords and Employers over the past five years.**

<b>Full Name</b>	<b>Relationship (Landlord/Employer)</b>	<b>Address City/State</b>	<b>Phone Number</b>	<b>Move- In/Start Date</b>	<b>Move- Out/End Date</b>

\*\*If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

**12. Physical Needs-Nature & Extent of Physical Needs:**

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**13. Are any Special Accommodations needed? Please describe:**

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**CURRENT STATUTORY AND REGULATORY REQUIREMENTS**

In accordance with the regulations at 24 CFR 5.856 and 5.905, the Marshfield Community Development Authority must perform necessary criminal history background checks to determine if an applicant, or a member of an applicant’s household, is subjected to a lifetime registration requirement. This check must be carried out with respect to the State in which the housing is located and with respect to State where the applicant and members of the applicant’s household are known to have resided. Failure to respond to the questions listed below may jeopardize the approval of your application.

1. Are you or have any family member, ever engaged in the use, sale, distribution, or manufacture of drugs known as a controlled substance, as defined in Section 102 of the Controlled Substance Act (21U.S.C.8021)?      Yes \_\_\_\_\_      No \_\_\_\_\_
  
2. Are you or any family member subjected to a lifetime state sex offender registration program in any state?      Yes \_\_\_\_\_      No \_\_\_\_\_
  
3. Have you or any family member ever been convicted of any violations of law other than minor traffic violations?      Yes \_\_\_\_\_      No \_\_\_\_\_

If you answered yes to question 3, please list each conviction, as well as when and where each occurred.

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As part of our procedure for processing your application, an investigative report may be made whereby information is obtained through interviews with third parties. You have the right to make a written request for a complete and accurate disclosure of any information obtained through the investigation.

**Applicant(s)/Tenant(s) Certification**

I/We certify that all the information provided on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head

\_\_\_\_\_  
Date

**AUTHORIZATION  
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Community Development Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household:	_____	Date: _____
Spouse:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____

**Warning!** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only:    \_\_\_ Initial    \_\_\_ Annual    \_\_\_ Interim    Occupancy Specialist \_\_\_\_\_



# 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: 2601-0014

exp. 07/31/2017

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

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.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	
<b>Signature of Applicant</b>	<b>Date</b>

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.