

# Allegiant Property Management, LLC

412 South 3<sup>rd</sup> Street • La Crescent, MN • 55947 • 608-784-1381 • Fax: 507-551-2068

## APPLICATION COVER SHEET

### Housing Choice Voucher Program – City of Marshfield

Enclosed you will find the application packet that you requested for the Housing Choice Voucher Program. Be sure to complete both sides of all forms. Incomplete applications will be returned and will delay determination of program eligibility and/or your placement on the Waiting List. You may return the application by mail or fax or email. If you choose to fax or email the application back to us, be sure to submit both sides of any 2-sided document.

The rental assistance program is based on household income and size. You must list and include all requested information for everyone who would live with you when you received a voucher.

Upon receipt of your application, we will begin a preliminary review based on the information you provide to check for program eligibility. During this review we check to determine if the household's income falls under the HUD maximum amounts, and we determine if there are any court records that would preclude a household from participating in the program. We also check the National Sex Offender Registry and conduct a former tenant search for any debts owed or adverse terminations from any federally-funded housing program.

**All eligible households will be placed on the waiting list.** The waiting list is maintained by date and time of application, with preference given to extremely low-income households. **We do not have emergency funding.** The wait time varies depending on the current budget projections. You will receive a confirmation letter from us when the application eligibility process is complete.

#### Completed applications can be returned:

by mail: Allegiant Property Management, LLC

Attn: Voucher Applications

412 South 3<sup>rd</sup> Street

La Crescent, MN 55947

or by fax: 608-790-9235

or by email: [kheyer@apmwi.net](mailto:kheyer@apmwi.net) or [nthao@apmwi.net](mailto:nthao@apmwi.net)



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## Application for Housing Choice Voucher Program City of Marshfield

Applicant Name \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Office Use Only

Received Date \_\_\_\_\_ Time \_\_\_\_\_

Received by \_\_\_\_\_

BR Size \_\_\_\_\_

HH Income \_\_\_\_\_

Eligible 30% \_\_\_\_\_

50% \_\_\_\_\_

Ineligible (reason) \_\_\_\_\_

Staff Initials \_\_\_\_\_

### HOUSEHOLD INFORMATION

Full Name	How Related	Disabled Y/N	Birthdate	Age	Sex M/F	Social Security Number	Student Y/N	Race Ethnic
	HEAD							

Is there anyone who will live with you in the future who is not listed above? If yes, who \_\_\_\_\_

Are you or have you ever lived in subsidized housing or had a housing voucher or certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the county and state \_\_\_\_\_

### INCOME INFORMATION

Who Receives	Employment	Unemployment (weekly amount)	SS/SSD/SSI/W2 (monthly amount & what type of benefit)	Child Support Amt & how often (list even if not receiving)	Other income that is not already listed
	\$ _____ per hr/ Hrs per week _____				
	\$ _____ per hr/ Hrs per week _____				
	\$ _____ per hr/ Hrs per week _____				
	\$ _____ per hr/ Hrs per week _____				

\*\*\* Please provide contact information for ALL employers:

Who is employed? _____ Employer's Name _____ Employer's Address _____ City, State, Zip Code _____ Telephone Number _____	Who is employed? _____ Employer's Name _____ Employer's Address _____ City, State, Zip Code _____ Telephone Number _____	Who is employed? _____ Employer's Name _____ Employer's Address _____ City, State, Zip Code _____ Telephone Number _____
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**ASSET INFORMATION**

Have you disposed of any assets for less than the fair market value within the last two (2) years? Yes \_\_\_ No \_\_\_  
If yes, explain what was disposed of and when \_\_\_\_\_

List Accounts for ALL household members

Whose Account	Bank/ Credit Union Name & Address	Checking Account Balance	Savings Account Balance	Other Account (list type of acct & balance)

Do you have a whole life or universal life Policy? \_\_\_\_\_ If yes, list the cash value \_\_\_\_\_

Do you own any stocks or bonds or treasury bills? \_\_\_\_\_ If yes, list the type and value \_\_\_\_\_

List the amount of any cash on hand \_\_\_\_\_

**EXPENSES AND ALLOWANCES**

Do you pay childcare to go to work or school? Yes \_\_\_ No \_\_\_ If yes, list the childcare provider's name and address: \_\_\_\_\_

Does any person or program/agency reimburse or pay for your childcare costs? Yes \_\_\_ No \_\_\_ If yes, explain who and how much \_\_\_\_\_

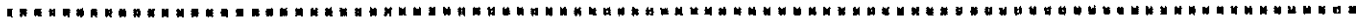
**ELDERLY AND DISABLED FAMILY ONLY**

Do you receive Medicare or Medical Assistance? Yes \_\_\_ No \_\_\_  
Do you receive Badger Care or Badger Care Plus? Yes \_\_\_ No \_\_\_ Monthly Premium Amount? \_\_\_\_\_  
Do you have other health insurance? Yes \_\_\_ No \_\_\_ If yes, please list the name of the insurance company, the premium amount, and frequency of payments \_\_\_\_\_

**ELDERLY AND DISABLED FAMILY ONLY (continued)**

Do you pay out of pocket for any medical (clinic, doctor, prescription, etc.) expenses? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list names of pharmacies and other medical providers, and the monthly amounts paid to each. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Allegiant Property Management will provide reasonable accommodations for any person(s) who are unable to complete this application due to physical or mental disability. You may request a reasonable accommodation by contacting our office. Allegiant Property Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally-assisted programs or activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing these programs.

David Heyer  
412 S 3<sup>rd</sup> Street  
La Crescent, MN 55947  
1-888-393-3282  
TTY#: 1-800-947-3529

**Forms that will be needed (at a later date) prior to issuance of a voucher include:** copies of social security cards and birth certificates for all household member(s).

APPLICANT CERTIFICATION – I/We certify that the information provided and indicated on this form is true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and State laws. I/We also understand that false statement or information are grounds for termination of housing assistance.

**Signature of all adult household members**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

**Applications can be returned to:**

ALLEGiant PROPERTY MANAGEMENT, LLC  
412 S 3<sup>rd</sup> St  
La Crescent, MN 55947  
Fax : 608-790-9235  
Email : khey@apmwi.net or nthao@apmwi.net

For questions, call toll free at 888-393-3282 or Katie Heyer :  
608-784-1381, ext. 206 or Nu Thao: 608-784-1381, ext. 211

## 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

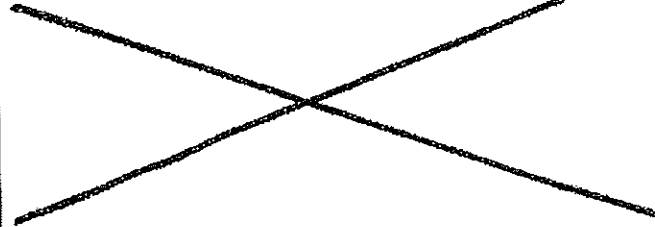
OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

Allegiant Property Management, LLC  
412 S 3rd Street  
La Crescent, MN 55947

HA 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.

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.

<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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<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.	

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.

**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.

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_____	_____	_____	_____
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

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