

HOME Rental Housing Program

*Northwest Wisconsin Community Services Agency, Inc.*  
1118 Tower Ave., Superior WI 54880  
Telephone (715)392-5127

## Application for Occupancy of HOME Assisted Unit

### APPLICANT/HEAD OF HOUSEHOLD INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

What do you currently pay for rent? \_\_\_\_\_ Utilities? \_\_\_\_\_

Do you receive federal or state rental assistance? \_\_\_\_\_

How much rental assistance do you receive? \_\_\_\_\_

Have you applied for rental assistance with a Housing Authority? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on a "waiting list" for rental assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_

Landlord: \_\_\_\_\_

### HOUSEHOLD/FAMILY INFORMATION

1. Are any household members handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are any household members age 62 or older? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you a single Parent? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Are there 4 or more children living in the home? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Are you a female head of household? Yes \_\_\_\_\_ No \_\_\_\_\_

List the names of ALL PERSONS living in your Household and/or who will be part of your Household at the Rental Unit.

List the Social Security Number of ALL Persons Living in the household

List the birth dates of ALL persons living in the household

Relationship to Applicant

<u>NAMES</u>	<u>SEX</u>	<u>SOCIAL SECURITY #</u>	<u>DATE OF BIRTH</u>	<u>Relationship</u>
1. _____	Sex _____	_____	_____	APPLICANT
2. _____	Sex _____	_____	_____	_____
3. _____	Sex _____	_____	_____	_____
4. _____	Sex _____	_____	_____	_____
5. _____	Sex _____	_____	_____	_____

**HOUSEHOLD/FAMILY INCOME INFORMATION**

List ALL CURRENT sources of Income for ALL Household Members and/or person who will be a part of your household at the rental unit listed on this application. IF ADDITIONAL SPACE IS REQUIRED, PROVIDE THE REQUESTED INFORMATION ON A SEPARATE PAGE.

**Employment Income**

Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tele No. \_\_\_\_\_

Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tele No. \_\_\_\_\_

**Stocks/Bonds/Dividends**

Stocks: Monthly Income: \$  
 Bonds: Monthly Income: \$  
 Dividends: Monthly Income: \$  
 Gross Monthly: \$

**Bank Accounts**

Savings Acct#: \_\_\_\_\_  
 Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Balance: \$

**AFDC/General Assistance**

Name: \_\_\_\_\_  
 Case Worker: \_\_\_\_\_  
 County DSS: \_\_\_\_\_  
 Gross AFDC GA Monthly Benefit: \$

**Child Support/Alimony Income**

Name: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Court Case #: \_\_\_\_\_  
 Gross Monthly Awarded Income: \$

T1 continued

**Unemployment Compensation 1**

Name: \_\_\_\_\_

V.C. Office:  
Address:

Gross Weekly Benefit: \$

**Other Income**

Name: \_\_\_\_\_

Provider:  
Address:

Gross Monthly Income: \$

**Social Security/Pension Income**

Name: \_\_\_\_\_

Gross Monthly Amount: \$

Name: \_\_\_\_\_

Gross Monthly Amount: \$

**Unemployment Compensation 2**

Name: \_\_\_\_\_

V.C. Office:  
Address:

Gross Weekly Benefit: \$

**School Grants/Scholarships**

Name: \_\_\_\_\_

Provider:  
Address:

Gross Monthly Income: \$

**Workers Compensation Income**

Name: \_\_\_\_\_

Provider:  
Address:

Gross Monthly Income: \$

**ALL income sources will be verified. If you DO NOT have an income, please explain why on the following lines below. Please include details such as: your current financial living situation, listing your last date of employment, and if and how you are pursuing another job.**

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

**CERTIFICATION**

I/WE certify all the above information is complete and correct. I/WE understand false statements or withholding of required information are punishable under Federal Law and are grounds for denial or termination of HOME Rental Housing Program. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Hotline at 1- 800-424-8590.

\_\_\_\_\_  
Signature of Applicant/Head of Household

\_\_\_\_\_  
Date

(T2)

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**Rent and Income Self-Declaration**

Please complete this self-declaration of income and rent for your unit. All information provided is confidential.

Renter Name:	Social Security Number:	Rental Address:
Total Household Members: ____ (List Names)	Income Source:	Gross Monthly Income Amount (\$)
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
Other Household Income	Source	Gross Monthly Amount (\$)
		\$
		\$
	Total Gross Monthly Income	\$
Monthly Rent Amount (\$) \$ _____	Are utilities included in you monthly rent?	What utilities do you pay for?
# of Bedrooms (circle one)	Eff.	1Bdr      2Bd      3Bdr      4Bdr      5Bdr
I certify this self-declaration of income and rent is true and accurate.		
Renter Signature: _____		Date: _____

**FOR OFFICE USE ONLY:      Income Guidelines**

L30 \_\_\_\_\_ L50 \_\_\_\_\_ L80 \_\_\_\_\_ Annual Income \_\_\_\_\_

(T3)

## **BUDGET AND INCOME INFORMATION**

### **Release authorization**

To Whom It May Concern:

The undersigned applicant has applied for a rental unit which is approved for occupancy by Northwest Wisconsin Community Services Agency, Inc. (NWCSA). You are hereby authorized to release any information required by NWCSA to complete the processing of the rental application through the NWCSA – HOME Rental Housing Development Program. Necessary information may include verification of employment and employment income information, budget, savings deposits, checking accounts, SSI, unemployment and other budget and income information.

A photographic or carbon copy of this authorization (Including a photographic or carbon copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help expedite the NWCSA Home Rental Application

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Signature of Applicant/Date

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Social Security Number

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Signature of Co-Applicant/Date

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Social Security Number