

**HOUSING AUTHORITY OF THE
CITY OF PARK FALLS**
1175 South Third Avenue
Park Falls, WI 54552
715-762-2133
FAX 715-762-4426
pfha@pctcnet.net

Application No. _____
Date of Application _____
Name of Applicant _____
Address _____
City & State _____
Phone number _____ or
Message number _____

APPLICATION FOR ADMISSION

I. PERSONS WHO WILL LIVE IN THE UNIT:

Family Member No.	Name of Family Member /SS#	Relationship	Date of Birth	Age	Sex	Occupation
1		HEAD of Household				
	SS#					
2						
	SS#					
3						
	SS#					
4						
	SS#					
5						
	SS#					

FINANCIAL INFORMATION

II. INCOME OF ALL HOUSEHOLD MEMBERS

Family Member Number	Source, Rate and Type of Income	Estimated Income	
		Past 12 months	Next 12 months
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
TOTAL FAMILY INCOME			\$

II. ASSETS OF ALL HOUSEHOLD MEMBERS

Family Member Number	Description of Asset (including Bank name and address)	Value of and/or income from asset.
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL ASSET VALUE		\$

III. MEDICAL EXPENSES

Family Member Number	Description (insurance, bill, prescription, etc.)	Amount
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL EXPENSE		\$

Do you pay for child care that is not reimbursed by another agency which enables you or your spouse to work or go to school ?
 Yes _____ No _____

If Yes answer the following: Child Care Provider Name and address _____

Cost _____ . Family member enabled to go to Work _____

Families with handicapped members: Do you pay for care or equipment which enables you or another family member to work or go to school ? Yes _____ No _____

If Yes describe the expense: _____

IV. HOUSING CONDITIONS

A. Present Housing Conditions and Need:

Without Housing..... Yes _____ No _____

Involuntarily displaced..... Yes _____ No _____

Displaced as a victim of domestic violence..... Yes _____ No _____

About to be without housing..... Yes _____ No _____

If yes to any of the above please explain: _____

Substandard Housing Conditions:..... Yes _____ No _____

If yes check conditions present:

- Structurally unsafe _____
- No operable indoor plumbing _____
- Does not have a flush toilet or toilet not in working order _____
- No usable tub or shower unit _____
- No operating sink or proper stove connections _____
- No electricity or unsafe and inadequate electrical wiring _____
- In adequate or unsafe heating facilities _____
- Overcrowded _____
- Declared uninhabitable by authorities _____
- Other conditions present _____

B. Current Housing:

Monthly amount now paid for Rent and Utilities: _____

Landlord's name, address and phone number: _____

V. PREVIOUS HOUSING

Length of current residence _____ Previous residences in past 3 years _____

Previous Landlords in past 3 years _____

Have you ever lived in federally assisted Housing? Yes _____ No _____ . If yes when? _____

Address _____

VI. DISPLACED, DISABLED, HANDICAPPED, VETERAN AND SERVICE DATA

A. Displaced by Urban renewal or Low-rent project or other Public action: Yes _____ No _____

Details _____

Voluntary Information:

B. Disability: Yes _____ No _____ Family member disabled _____

C. Handicap: Yes _____ No _____ Family member handicapped _____

Do you request a handicapped accessible unit? _____

D. Military Service: Yes _____ No _____ Family member who has been or is in military service: _____

VII. BACKGROUND AND REFERENCES

Criminal background checks for all adult applicants are required by HUD before any applicant is accepted as a program participant. Conviction or pending legal charges for the possession, use, or sale of any controlled substances, other felony charges or non-traffic violations may affect eligibility.

Have you ever been convicted of any controlled substance charges, felony charges, or other non-traffic violations, or are there any such charges pending against you at the time of this application?

Explain: _____

List your maiden name if applicable and all other names that you have been known by: _____

Personal References 1 _____ 2. _____
3 _____

APPLICANT CERTIFICATION: I/we certify that the information given to the Housing Authority of the City of Park Falls on household composition, income, net family assets, and allowances and deductions are accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law. *I/we also understand that false statements or misinformation are grounds for termination of housing assistance and termination of tenancy.

APPLICANT (S): _____

DATE _____

Applicant has been found to be Eligible for Admission. Application denied: (see reasons attached.)

PHA Official Date

***WARNING: section 1001 of Title 18 U.S.C. provides: " Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned for no more than (5) years or both."**

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

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

**Housing Authority of the
City of Park Falls
1175 South Third Avenue
Park Falls, WI 54552**

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.

- Identity and Marital Status
- residences and rental activity
- Credit activity
- Medical or childcare allowances
- criminal activity
- Employment, income, assets

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 CONSULTED:

The groups or individuals that may be asked to release the above information (depending upon program requirements) include but are not limited to:

- Previous landlords (including Public Housing Agencies)-
- Courts and Post offices-
- Schools and Colleges-
- Law Enforcement Agencies-
- Support and alimony providers-
- Past and present employers-
- Human Service Agencies-
- State Unemployment Agencies-
- Medical and Childcare providers-
- Veterans Administration-
- Retirement Systems-
- Banks and other Financial Institutions-
- Credit Providers and Credit Bureaus-
- Utility Companies-

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that HUD or the Housing Authority of the City of Park Falls 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 incorrect information. HUD or the Housing Authority 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 Administration, the Internal Revenue Service, and State and local Human Service Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for 15 months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES—(all adult household members, or legally Authorized representatives)

Head of Household (Print name) Date

Adult Member (Print name) Date

Adult Member (Print name) Date

Adult Member (Print name) Date

**INFORMED CONSENT AUTHORIZATION-
DISCLOSURE OF FINANCIAL RECORDS AND OTHER
INFORMATION RELATING TO ELIGIBILITY AND
PARTICIPATION IN SUBSIDIZED HOUSING PROGRAMS**

The Department of Housing and Urban Development (HUD) requires that each applicant for housing assistance or participant of any housing program administered by the Housing Authority of the City of Park Falls submit documentation to verify financial information, social Security numbers, health and medical records, social service records, previous tenant records, and other information related to the Admission and Continued Occupancy Policies of the Housing Authority. The failure of any person to make the required disclosure and verification constitutes grounds for denial of eligibility, or termination of assistance or tenancy (or both), under the program involved.

CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to The **Housing Authority of the City of Park Falls** any information or materials needed to complete and verify my application for participation, and /or maintain my continued assistance under the Low-Income Public Housing program. 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.

I also give consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED:

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