



HOUSING AUTHORITY OF THE COUNTY OF MONROE

WESTWOOD MANOR 1108 W. Wisconsin Street, Apt. 103, Sparta, WI 54656
Monroe County Housing Authority is an Equal Opportunity Provider and Employer
Telephone: (608) 269-5017 Toll Free: 1-800-491-5017 Fax: (608) 269-5102



APPLICATION FOR HUD SECTION 8 RENTAL ASSISTANCE HOUSING CHOICE VOUCHER

All questions must be completed or this application will be returned to you unprocessed.

**APPLICATION MUST BE COMPLETED IN FULL AND FORMS SIGNED AS INDICATED.
INCOMPLETE OR UNREADABLE FORMS MAY DELAY YOUR APPLICATION PROCESS.**

- You are required to sign this application in four (4) areas.
- We are required to conduct a criminal history search with the "crime information bureau" on all applications. Once received, there are restrictions to participate in this program for charges and/or convictions of: any drug related activity and/or violent criminal activity. These charges and/or convictions will/may prohibit participation in our program.
- Once your application has been processed and you are determined to be eligible you will be placed on a waiting list. When there is an opening in the program, you will be required to attend an orientation briefing. This meeting will inform you of all program regulations. You will be **required** to bring in third party verification of all household members' income, child care expenses (if applicable), medical expenses (if applicable).
- Our program has restrictions on*Income. Current income guidelines are attached to application.
- Housing quality standards. All units must pass an informal inspection. This inspection is only conducted after you receive a "voucher" at the orientation meeting.
- A one year lease with a private landlord will be required once you are placed on our program.
- Normally applications are processed within two to three weeks. If you do not receive written notification of your eligibility within this time period – you may contact our office regarding your application.
- We will **NOT** accept faxed or scanned copies. Originals must be returned with signatures.

Jasmine Burnstad
Executive Director, MCHA
Revised 7/2018



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**HUD SECTION 8
HOUSING CHOICE VOUCHER PROGRAM
ANNUAL INCOME LIMITS**
Effective Date: 4/1/2021

Family Size	Extremely Low Income 30%		Very Low Income Income 50%
1	\$15,400		\$25,650
2	\$17,600		\$29,300
3	\$21,960		\$32,950
4	\$26,500		\$36,600
5	\$31,040		\$39,550
6	\$34,590		\$42,500
7	\$39,010		\$45,400
8	\$43,430		\$48,350

At least 75% of the families admitted to the Housing Choice Voucher program must have incomes at or below the "Extremely Low Income" level.

Incomes that exceed the "Extremely Low Income" level may be placed on an extended waiting list.

Incomes that exceed the "Very Low Income" limits in the right hand column are considered to be over income and cannot be served.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could 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 five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

TOTAL HOUSEHOLD INCOME: List ALL money earned/received by everyone living in household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments, SSI, worker's comp, retirement benefits, TANF, veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

Household Member:	Employer:	Weekly Wages:	W-2 TANF:	Monthly Child Support:	Circle income:	U/C Benefits:	Other Income:
					SS SSI SSDI		
					SS SSI SSDI		
					SS SSI SSDI		
					SS SSI SSDI		

INCOME INFORMATION:

Does any member of your household work for someone who pays them cash: If Yes, amount \$ _____ per week. From:	Y or N
If you are currently receiving W-2 monies, please enter case manager's name and County:	Y or N
Is any member of your household entitled to child support that he/she is NOT receiving at this time?	Y or N
If "entitled to child support, but not receiving any support, have you filed a complaint with the child support agency or Clerk of Courts? If no, please explain. If yes, what County?	Y or N
Did you file Federal or State tax form for the previous year?	Y or N
In the last 12 months, have you been self employed?	Y or N
Is any family member a student in a college or vocational school? If Yes, indicate member's name and school name:	Y or N
Do you wish to claim a deduction for care attendant payment or any equipment for the handicapped members(s) of the family, necessary to permit that person or someone else in the family to work? If yes, please describe expense:	Y or N

ASSET INFORMATION:

Cash on hand:	Whom:	Bank Name:	Balance:
Checking:	Whom:	Bank Name:	Balance:
Checking:	Whom:	Bank Name:	Balance:
Savings:	Whom:	Bank Name:	Balance:
Savings:	Whom:	Bank Name:	Balance:
Real Estate Owned or sold within the last 2 yrs:	Market Value:	Recent annual property tax:	Amount sold for:
Does anyone outside your household pay any of your bills or give you money?	Yes or No	If yes, explain. (name, address, phone #:	Amount/frequency:
Do you or any household own or have an interest in any real estate, boat, and/or mobile home?	Yes or No Value:	Yes or No Value:	Yes or No Value:
Do you own a car? Y or N	Model/Year:	2nd Car? Y or N	Model/Year:

OTHER ASSETS OWNED: (No vehicles): Stocks or bonds?

Type:	Value:
Type:	Value:
Type:	Value:

MISCELLANEOUS INFORMATION

The following questions pertain to yourself and each member of your household who will occupy the unit.

Have you or any member of your household ever been arrested of a felony or a misdemeanor other than traffic violation?	Y or N	Explain:
Are you or any member of the household, subject to State Lifetime Sex Offender Registration in any State?	Y or N	List States:
Do you or any member of the household use an illegal drug or other illegal controlled substance?	Y or N	Explain:
Have you or any member of the household ever been convicted of the illegal use, possession, distribution or manufacture of an illegal drug or other controlled substance:	Y or N	Explain:
Have you or any member of your household ever used different names from the names given on this application?	Y or N	Explain:
Have you or any member of your household ever used a social security number different from those listed on this application?	Y or N	Explain:
Has any member lived in any government assisted housing? If yes: Date of Occupancy: Phone Number:	Y or N	Name/address of housing:
Have you ever committed any fraud in a Federally Assisted Housing Program or been requested to repay money for misrepresenting information for such housing programs?	Y or N	If yes, explain:
Do you owe any money for rent, damages or fraud to Public Housing? If yes, Amount: _____	Y or N	Name/address of housing:
Do you pay for child care which enables you or another family member to work or go to school? Weekly amount: _____	Y or N	List child care provider:
Has your housing assistance ever been terminated due to fraud, non-payment of rent or utilities?		

Applicant's Signature

Date

Co-Applicant's Signature

Date

Other Adult

Date

SECTION 8 "HOUSING CHOICE VOUCHER": Recent HUD regulations declared that all applicants will have to be prepared to submit evidence of citizenship or eligible immigrant status. This evidence pertains to each family member. Evidence may be in the form of a declaration of citizenship or original documents of eligible immigrant status. ORIGINAL DOCUMENTS to satisfy eligible immigrant status are:

- 1. Resident Alien Card (I-551)
 - 2. Alien Registration Receipt Card (I-151)
 - 3. Arrival – Departure Record (I-94)
 - 4. Temporary Resident Card (I-688)
 - 5. Employment Authorization Card (I-6883)
 - 6. Receipt issued by INS for issuance of replacement of any of the above.
- When final eligibility status is being determined, each family member is requested to provide this information. The head or spouse in the family will make the necessary declaration for each family member under the age of 18.

DECLARATION OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS

I ATTEST, UNDER PENALTY OF PERJURY THAT I AM (CHECK ONE):

_____ **A Citizen of the United States;**

Signature of Head of Household	Signature or Spouse of Other Adult	Date

_____ A non-citizen(s) with eligible immigration status. Attach documentation

Signature of Head of Household	Signature or Spouse of Other Adult	Date

OR

_____ A non-citizen without eligible immigration status:

Signature of Head of Household	Signature or Spouse of Other Adult	Date

I attest, under penalty of perjury, that:

(PRINT CHILD(REN) NAME(S), IF APPLICABLE

Is/are citizen(s) of the United States.

Legal Guardian Signature	Date

OR

I attest, under penalty of perjury, that:

PRINT CHILD(REN'S) NAME(S), APPLICABLE:

Is/are non-citizen(s) with eligible immigration statuses. ATTACH DOCUMENTATION.

Legal Guardian Signature	Date

OR

I attest, under penalty of perjury, that:

Print child(ren's) name(s), applicable:

Is/are non-citizen(s) without eligible immigration Statuses.

Legal Guardian Signature	Date

DRUG-FREE HOUSING STATEMENT

1. Tenant, any members of the tenant's household, or a guest or other person under the tenant's control shall not engage in criminal activity, including drug-related criminal activity, on or near project premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in Section 102) of the Controlled Substance Act (21 U.S.C. 802)
2. Tenant, any members of the tenant's household, or a guest or other person under the tenant's control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near project premises.
3. Tenant or members of the household will not permit the dwelling unit to be used for, or to facilitate, criminal activity, including drug-related criminal activity, regardless of whether the individual engaging such activity is a member of the household or a guest.
4. Tenant or members of the household will not engage in the manufacture, sale or distribution of illegal drugs at any location whether on or near project premises of otherwise.
5. Tenant, any member of the tenant's household, or a guest or other person under the tenant's control shall not engage in acts of violence or threats of violence, including, but not limited to, the unlawful discharge of firearms, on or near project premises.
6. Any tenant or any member of the tenant's household convicted of manufacturing or producing methamphetamine (commonly referred to as "speed") on an assisted housing premises will be IMMEDIATELY AND PERMANENTLY TERMINATED FROM SECTION 8 ASSISTANCE.
7. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OR DENIAL OF PARTICIPATION. A SINGLE VIOLATION OF ANY OF THE PROVISIONS OF THIS ADDED ADDENDUM SHALL BE DEEMED A SERIOUS VIOLATION AND A MATERIAL NONCOMPLIANCE WITH THE PROGRAM. It is understood and agreed that a single violation shall be good cause for termination from the program. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.
8. In case of conflict between the provisions of this addendum and any other provision of the lease, the provisions of the addendum shall govern.

Head of Household

Date

Spouse or other adult member

Date

Other adult member

Date

AUTHORIZATION for Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Monroe County Housing 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 Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

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 U.S. as to any matter within its jurisdiction.