

MERRILL AREA HOUSING AUTHORITY

215 GRAND AVENUE

MERRILL, WI 54452

www.merrillha.com

APPLICATION FOR PUBLIC HOUSING & SECTION 8 NEW CONSTRUCTION

THIS PAGE IS YOURS TO KEEP – STOP AND READ THESE SIMPLE INSTRUCTIONS!

If you do not have everything listed available, please attach a note. Copies may be made for you at our office.

- **Picture** identification for all family members (18 years of age or older)
- **Social Security Cards**, and/or Immigration cards for each household member
- **Single parent:** you must supply a copy of:
 - ✓ Custody arrangement
 - ✓ Court order or a print of your last 3 months of child support received (<http://dcf.wisconsin.gov>)
- **Proof all income and assets not limited to:**
 - ✓ Social Security recipients-supply your current benefits statement
 - ✓ Employment check stubs
 - ✓ Most current statement(s) from bank, pension, 401K, annuity, etc...
 - ✓ Homeowners must provide current Property Tax Bill
- **Students-adult students of higher education:**
 - ✓ Proof of student status
 - ✓ Financial aid award letter
- **Medicare Expenses (If applicant age 62 & older or receiving Disability payments:**
 - ✓ Medical expenses paid out of pocket from hospital, clinic, dentist, vision, etc...
 - ✓ Proof of Supplement Health Insurance premiums paid for additional coverage
 - ✓ Proof of Prescription's paid out of pocket from pharmacy

How this works: After you have returned the **completed** application, you will be added to the waiting list. As your name nears the top of the waiting list your application will be put through the approval process. If you are denied housing you will be notified by mail, so it is important to **update your contact information** if changes occur after submitting your application.

If you have questions for Park Place, contact Theresa Schmeltzer, Property Coordinator at 715-536-7386 or tschmeltzer@merrillha.com if you have questions for Jenny Towers, contact Kay Tautges, Property Coordinator/Occupancy Specialist at 715-536-3838 or ktautges@merrillha.com. Know your rights: visit hud.gov for information regarding Public Housing.

Note: Please feel free to express any special needs on a separate sheet of paper and return with application.

*Our staff is not able to fill the application out for you however, if you require a reasonable accommodation please ask, we are happy to assist.

Do you have a pet, if so please be sure to ask for a copy of the Pet Policy or print a copy from our website at www.merrillha.com

See the following pages for information that is important to you.

ATTENTION SMOKERS

Effective October 1, 2014 the Board of Commissioners implemented a No Smoking Policy for all City of Merrill Housing Authority properties. A copy of this policy will be included with your lease.

Smoking Policy: You may not smoke in your apartment, common areas, parking lots or anywhere on the property other than the designated smoking area.

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 certification forms **will** be checked. The local housing agency, HUD, or the Office of the 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 & certification for assisted housing from HUD make sure your answers to 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 regular month payments you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

For your information: Allowing someone to move in with you that is not on your lease is a serious violation of our lease:

5. OCCUPANCY: The Tenant shall use the premises as a private dwelling for himself or herself and the persons named in this Lease, with the exception of minor children born or adopted into the household during this tenancy, and shall not permit its use for any other purpose without the written permission of the PHA.

The Tenant shall not:

Permit any persons other than those listed above and minor children which are born or adopted into the household during this tenancy, to stay in the unit for more than 3 days without notifying the PHA first. Guests shall not reside in the dwelling unit for more than fourteen (14) days each year without obtaining the prior written approval of the PHA; sublet or assign the dwelling unit, or any part of the dwelling unit; engage in or permit unlawful activities in the dwelling unit, in the common areas, or on the property grounds; act or allow household members or guests to act in a manner that will disturb the rights or comfort of neighbors; permit any member of the household, a guest, or another person under the Tenant's control to engage in any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other Tenants or Authority employees; permit any member of the household, a guest, or another person under the Tenant's control to engage in any violent or drug-related criminal activity on or off the premises.

With the written permission of the PHA, the Tenant can incidentally use the premises for legally permissible income producing purposes so long as the business does not infringe on the rights of other residents. All such business-related uses of the premises must meet all zoning requirements and the Tenant must have the proper business licenses.

The Tenant has the right to exclusive use and occupancy of the dwelling unit, which includes reasonable accommodation of the Tenant's guests, visitors, and, with the consent of the PHA, foster children and/or adults and the live-in care giver of the Tenant's household.

THE CITY OF MERRILL HOUSING AUTHORITY DOES BUSINESS IN ACCORDANCE WITH THE FEDERAL HOUSING LAW. Title VIII of the Civil Rights Act of 1968, as amended by the Housing and Community Development Act of 1974 states:

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN IN THE SALE OR RENTAL OR HOUSING RESIDENTIAL LOTS, IN ADVERTISING THE SALE OR RENTAL OR HOUSING, IN THE FINANCING OF HOUSING, AND IN THE PROVISION OF REAL ESTATE BROKERAGE SERVICES. BLOCKBUSTING IS ALSO ILLEGAL.

In addition, Wisconsin Statute 101.22 states:

IT IS DECLARED POLICY OF THIS STATE THAT ALL PERSONS SHALL HAVE AN EQUAL OPPORTUNITY FOR HOUSING REGARDLESS OF SEX, RACE, COLOR, SEXUAL ORIENTATION AS DEFINED IN D.111.32 (13M), HANDICAP, RELIGION, NATIONAL ORIGIN, SEX OR MARITAL STATUS OF THE PERSON MAINTAINING A HOUSEHOLD, LAWFUL SOURCE OF INCOME, AGE, OR ANCESTRY.

Please answer Yes or No to ALL questions and answer the questions completely:

1. Have either you or any other member of your anticipated household ever engaged in any drug related criminal activity or violent criminal activity? Yes No Explain: _____

2. Have you ever been convicted of a crime? Yes No Explain: _____
3. Are you currently working with any service agencies? Yes No (Ex: Social worker, Salvation Army, St. Vincent DePaul, Community Care, etc...) If yes list the name of the service agency and your contact with telephone number: _____
4. Are you now or have you ever lived in government subsidized unit/project? Yes No
5. Have you been evicted in the past 5 years? Yes No
6. Have you ever been evicted from Public Housing/Indian Housing/Section 8 program? Yes No
If so, please provide the following information: When? _____ Reason? _____
Name & Address of Housing Authority/Owners: _____
7. Do you owe any money to any other Housing Authority? Yes No
If yes, name of Housing Authority: _____
Amount owed: \$ _____ Do you have a repayment agreement? Yes No
8. Has any household member disposed of assets within the past two years? Yes No
9. Do you have any unmet utility bills? Yes No
10. Do you have any other unmet bills? Yes No
11. Do you currently have any pets? Yes No If yes, describe: _____

PERSON TO CONTACT - If we cannot contact you at the phone numbers listed, please list a person we may discuss your application with:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip code: _____

PRESENT HOUSING INFORMATION:

- 1 Present Housing Situation: Living in own home Living in apartment
 Living with friends/relatives No housing
2. Current monthly rent: \$ _____
Monthly Utilities: Gas \$ _____ Electric \$ _____ Water/Sewer \$ _____ Other \$ _____

REAL ESTATE OWNED AT PRESENT TIME OR SOLD WITHIN THE LAST 2 YEARS

_____ Market Value: \$ _____ Mortgage Balance on Property: \$ _____
(Type of Property) If sold within last 2 year period, list amount sold for: \$ _____
Is property Owned Jointly? Yes No If so, List Name: _____

FINANCIAL INFORMATION

INCOME

Head of Household	Income Source	Monthly	Annual
	Employment (Gross Wages)	\$	\$
	Social Security	\$	\$
	Supplemental Security (SSI) Federal	\$	\$
	Supplemental Security (SSI) State	\$	\$
	Child Support	\$	\$
	Pension	\$	\$
	VA Benefits	\$	\$
	Retirement Plans	\$	\$
	Annuities and Insurance	\$	\$

Co-Applicant Household Member	Income Source	Monthly	Annual
	Employment (Gross Wages)	\$	\$
	Social Security	\$	\$
	Supplemental Security (SSI) Federal	\$	\$
	Supplemental Security (SSI) State	\$	\$
	Child Support	\$	\$
	Pension	\$	\$
	VA Benefits	\$	\$
	Retirement Plans	\$	\$
	Annuities and Insurance	\$	\$

ASSETS: list banks and any other financial institutions which hold accounts in your name (primary or secondary) such as but not limited to: SAVINGS/CHECKING accounts, RETIREMENT, PENSION FUNDS, LIFE INSURANCE, CERTIFICATES OF DEPOSIT (CDs), STOCKS, BONDS, REAL ESTATE PURCHASED OR INHERITED, ETC... If this section does not apply to you check here:

BANK: _____ CITY OF BANK: _____ TYPE OF ACCOUNT: _____
Name(s) on Account: _____

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Name(s) on Account: _____

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Name(s) on Account: _____

MEDICAL EXPENSE

If you are elderly and/or disabled, please be prepared to provide proof of any medical out of pocket expense that have been paid, and not reimbursed once your are qualified.

OTHER EXPENSES

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

Childcare provider's name: _____

Address: _____

Weekly or monthly cost: \$ _____

Name of family member enabled to work/school: _____

LANDLORD REFERENCES

List your current and previous residences for the **PAST 5 YEARS** along with name and **complete address of the landlord**

Current Address:	From ___ / ___ / ___ TO ___ / ___ / ___	Landlord Address:
Previous Address:	From ___ / ___ / ___ TO ___ / ___ / ___	Landlord Address:
Previous Address:	From ___ / ___ / ___ TO ___ / ___ / ___	Landlord Address:
Previous Address:	From ___ / ___ / ___ TO ___ / ___ / ___	Landlord Address:

PROGRAM REQUIREMENTS

Annual income is used to calculate rent and determine eligibility. It is the anticipated total income from all sources received by the applicant and co-applicant(s) including all net income derived from assets.

Rents are based on 30% of estimated adjusted annual income.

I/We, the undersigned, understand that this is not a contract and does not bind either party. I/We certify that the above information on household composition, income, net family assets is full, true and complete to the best of my knowledge. I/We have no objections to inquiries being made for the purpose of verifying the statements made herein. I/We understand that false statements or information are punishable under Federal and State Laws. I/We also understand that false statements or information are grounds for termination of tenancy.

ALL ADULT HOUSHOLD MEMBERS MUST SIGN THIS APPLICATION:

I certify, under penalty of perjury, that the information on this application and the information I have given in connection with it is a true and complete statement of facts according to my best knowledge and belief. I give permission to the Merrill Housing Authority to make any inquiries necessary for the purpose of verifying any information contained in this application. This information will be used to determine eligibility for housing and shall remain confidential for use by the Housing Authority, and it may be released to appropriate Federal, State, or Local Agencies when Relevant to Civil, Criminal, or Regulatory Investigations and Prosecutions. By signing this statement, I understand that I may be prosecuted under Federal and State Laws for providing false information.

_____	_____	_____	_____
Head of Household	Date	Spouse/Co-head of Household	Date
_____	_____	_____	_____
Other Adult	Date	Other Adult	Date

<p>Office Use: Date stamp application as turned in: Initials of Employee: _____</p>
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PUBLIC HOUSING COMMUNITY SERVICE REQUIREMENT

All non-exempt residents of Public Housing age 18 or older, are required to contribute eight (8) hours of community service each month or participate in a self-sufficiency program for eight (8) hours each month.

This community service work is not a service for which the resident is paid; it is strictly volunteer work.

The Community Service Policy is available in the PHA office and describes in detail:

1. Who may qualify for an exemption from the requirement to perform community service;
2. Types of activities that can be performed to meet the requirement;
3. The family's obligations;
4. The PHA's obligations; and
5. The penalties for non-compliance

Resident Requirements:

If any household adult member is not elderly, disabled, the primary caregiver of a disabled person, receiving TANF, receiving SNAP/food stamps or working at least 30 hours per week you must perform 8 hours of community service and/or participate in a self-sufficiency activity (or a combination of the two) each month.

Failure of a non-exempt adult family member to meet the Community Service Self-Sufficiency Requirements (CSSR) will result in non-renewal of the lease and termination of public housing assistance.

More detailed information will be provided to you after the approval process has been processed.