



Park Place  
Jenny Towers  
Stonebridge

215 Grand Avenue Merrill WI 54452  
711 E First Street Merrill WI 54452  
307 W Main Street Merrill WI 54452  
TTY# 800-947-3529

PH 715-722-1081 Fax 715-539-0846  
PH 715-722-1081 Fax 715-536-7378  
PH 715-722-1081 Fax 715-722-1083  
Website: [www.merrillha.com](http://www.merrillha.com)

**APPLICANT NAME:** \_\_\_\_\_



Your application will be verified for eligibility and your name placed on a waiting list based on date and time of completed application. The Merrill Area Housing Authority has a preference for individuals or families that live in the City of Merrill and Lincoln County. You will be contacted when your name reaches the top of the list. I am interested in having my name placed on a waiting list(s) for an apartment at the following complex(es):

**SECTION 8 NEW CONSTRUCTION  
ELDERLY/DISABLED (62 and Older or Disabled)**

**JENNY TOWERS (ELDERLY & DISABLED):**     ☐ 1 Bedroom

**SECTION 8 NEW CONSTRUCTION  
MULTI-PERSON HOUSING**

**DUPLEXES (WOODBINE AVENUE)**                     ☐ 2 Bedroom

**HOMES (ST PAUL, MAIN & CALIFORNIA):**     ☐ 3 Bedroom

**SECTION 8 MULTIFAMILY PBRA  
INDIVIDUALS/DISABLED (Age 18 & older)**

**PARK PLACE (215 Grand Ave):**     ☐ 1 Bedroom

**STONEBRIDGE (307 W Main St):**     ☐ 1 Bedroom     ☐ 2 Bedroom

**WESTGATE (WATER STREET):**     ☐ 2 Bedroom     ☐ 3 Bedroom     ☐ 4 Bedroom

**Head of Household Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VERIFICATION OF SOCIAL SECURITY CARDS FOR ALL MEMBERS OF THE HOUSEHOLD,  
And DRIVERS LICENSE OR STATE ID'S FOR ALL ADULT MEMBERS OF THE HOUSEHOLD,  
ARE REQUIRED AT THE TIME YOUR APPLICATION IS PROCESSED**



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## MERRILL AREA HOUSING AUTHORITY APPLICATION FOR OCCUPANCY

**Head of Household (Member #1):** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Maiden Name or Other Names Used, etc.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** ☐ Male ☐ Female **Veteran:** ☐ Yes ☐ No

**Race:** ☐ White ☐ Black/African ☐ Indian-Ameri/Alas ☐ Asian ☐ Hispanic ☐ Decline

**Occupation:** \_\_\_\_\_

**Student:** ☐ Full time ☐ Part time ☐ Neither **Dates Enrolled:** \_\_\_\_\_

**List all states you have resided in:** \_\_\_\_\_

**Co-Head of Household (Member #2):** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Maiden Name or Other Names Used, etc.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** ☐ Male ☐ Female **Veteran:** ☐ Yes ☐ No

**Race:** ☐ White ☐ Black/African ☐ Indian-Ameri/Alas ☐ Asian ☐ Hispanic ☐ Decline

**Occupation:** \_\_\_\_\_

**Student:** ☐ Full time ☐ Part time ☐ Neither **Dates Enrolled:** \_\_\_\_\_

**List all states you have resided in:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_ **Best time to call:** \_\_\_\_\_

**Emergency contact (Name & Phone Number):** \_\_\_\_\_

**Do you currently have any pets:** ☐ Yes ☐ No **Type:** ☐ Cat ☐ Dog **Weight?** \_\_\_\_\_

## HOUSEHOLD INFORMATION

**Please provide the following information for all people that will be living with you in your apartment:** All adults (including yourself), children under the age of 18, list how they are related to the head of household for each person, and mark race of each household member.

(W) White      (B) Black/African      (I) Indian/Alaskan      (H) Hispanic      (A) Asian      (O) Other

<u>Name</u>	<u>SS#</u>	<u>DOB</u>	<u>Sex (M/F)</u>	<u>Veteran Yes/No</u>	<u>Race</u>	<u>Relationship</u>

Is there any member of the household that is considered a disabled individual? ☐Yes ☐No

If so, who?: \_\_\_\_\_

## DISABLED/HANDICAP INFORMATION

Would any member of your household benefit from a wheelchair adapted/barrier free unit? ☐Yes

Tenants or Co-Tenants which meet the definition of disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. See information listed below which defines disabled or handicap.

Do you feel you qualify and would like to request this adjustment to your income? ☐Yes ☐No

If yes, please provide documentation from your physician confirming your qualification for this status. Failure to provide this information may result in the denial of these deductions.

## INCOME INFORMATION

**List all sources of gross income earned by all individuals living in your household to include:**

Income from wages, self-employment, Social Security, disability payments (SSI), retirement or pensions, veteran's benefits, W2, alimony, child support, workman's compensation, unemployment benefits, cash paid jobs, etc.

Household Member	Source of Gross Income	Weekly Hours Worked	Hourly Wage	Monthly Gross Income
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

## CHILD SUPPORT

Was child support ordered to be paid? ☐Yes ☐No

If receiving child support, please list name of person pay the support: Be sure to list address where the child support is paid from. If receiving support directly from the payer, indicate their name and address. If receiving support through the court, indicate County Agency name and address.

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

File Number: # \_\_\_\_\_

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

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

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

File Number: # \_\_\_\_\_

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

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

## CLAIMING ZERO INCOME

Are you receiving help on a regular basis from someone not living in your household to help you pay rent, purchase household/personal items, or pay other bills? If so, complete the following:

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

Phone Number: # \_\_\_\_\_

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

## ASSET INFORMATION

(List all information for all individuals residing in household)

**Cash on Hand:** List Amount on Hand at Present Time:

\$\_\_\_\_\_

(Include cash in safety deposit boxes, home safes, etc...)

### Checking Accounts

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

\$\_\_\_\_\_

Bank Address: \_\_\_\_\_

Current Balance

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

\$\_\_\_\_\_

Bank Address: \_\_\_\_\_

Current Balance

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

\$\_\_\_\_\_

Bank Address: \_\_\_\_\_

Current Balance

### Savings Accounts

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

\$\_\_\_\_\_

Bank Address: \_\_\_\_\_

Current Balance

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

\$\_\_\_\_\_

Bank Address: \_\_\_\_\_

Current Balance

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

\$\_\_\_\_\_

Bank Address: \_\_\_\_\_

Current Balance

### CD's or IRA's

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

\$\_\_\_\_\_

Bank Address: \_\_\_\_\_

Current Balance

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

\$\_\_\_\_\_

Bank Address: \_\_\_\_\_

Current Balance

### Stocks/Bonds

Type: \_\_\_\_\_ # Owned: \_\_\_\_\_ Dividend Rate: \_\_\_\_\_% Value: \$\_\_\_\_\_

Type: \_\_\_\_\_ # Owned: \_\_\_\_\_ Dividend Rate: \_\_\_\_\_% Value: \$\_\_\_\_\_

### Annuities/Trusts

Type: \_\_\_\_\_ # Owned: \_\_\_\_\_ Dividend Rate: \_\_\_\_\_% Value: \$\_\_\_\_\_

Type: \_\_\_\_\_ # Owned: \_\_\_\_\_ Dividend Rate: \_\_\_\_\_% Value: \$\_\_\_\_\_

**REAL ESTATE** - Owned at present time or sold within the last 2 years

Type of Property: \_\_\_\_\_ Market Value \$ \_\_\_\_\_

If sold within last 2-year period, list amount sold for \$ \_\_\_\_\_

Is property owned jointly? ☐ Yes ☐ No If yes, list name of person: \_\_\_\_\_

Type of Property: \_\_\_\_\_ Market Value \$ \_\_\_\_\_

If sold within last 2-year period, list amount sold for \$ \_\_\_\_\_

Is property owned jointly? ☐ Yes ☐ No If yes, list name of person: \_\_\_\_\_

**Land Contract Sale**

Original land contract amount: \$ \_\_\_\_\_ Balance due at present time: \$ \_\_\_\_\_

Terms of Land Contract: \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Annual Interest Rate: \_\_\_\_\_%

**All Other Assets Owned** (Funeral Trusts with Revocable Interest, Whole Life Ins Policies, etc...)

Type: \_\_\_\_\_ Name of Bank: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_%

Type: \_\_\_\_\_ Name of Bank: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_%

**MEDICAL EXPENSES** (To be completed for Elderly/Disabled households only)

If you or any member of your household is 62 years of age or older; disabled; and if any household member pays for medications, medical/dental treatments, supplemental insurance premiums, or prescriptions which are not reimbursed, list information below:

Medical Expense	Provider Name
Medicare Premium: \$ _____	_____
Prescriptions: \$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
Medical Bill Pymts: \$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
Supplemental Ins: \$ _____	_____
Dental Insurance: \$ _____	_____
Vision Insurance: \$ _____	_____
Eyeglasses: \$ _____	_____
Hearing aid: \$ _____	_____

## CURRENT HOUSING EXPENSES

\_\_\_\_\_ Rent      \$\_\_\_\_\_ Monthly for rent      \$\_\_\_\_\_ Monthly Utilities  
\_\_\_\_\_ Own      \$\_\_\_\_\_ Monthly Mortgage      \$\_\_\_\_\_ Monthly Utilities

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

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

Phone #: \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of People \_\_\_\_\_

Are you responsible to pay utilities: ☐ Yes ☐ No Which utilities? \_\_\_\_\_

Are you currently delinquent with rent or utilities payment: ☐ Yes ☐ No

If eviction in process were utilities being disconnected? ☐ Yes ☐ No

Have you been evicted in the last 3 years? ☐ Yes ☐ No

## CHILDCARE EXPENSES

List amount paid by family for the care of minor children under 13 years of age when such care is necessary to enable a family member to further education or to be gainfully employed.

\$\_\_\_\_\_ Monthly      Childcare Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## REFERENCES

Previous Landlord Name: \_\_\_\_\_

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

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

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

Occupancy Dates: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_

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

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

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

Occupancy Dates: \_\_\_\_\_

Has any member of the household rented from the Merrill Area Housing Authority in the past?

☐ Yes or ☐ No      If yes, occupancy dates: \_\_\_\_\_

Has any member of the household received any rental assistance in the past" (Section 8 Voucher, NEWCAP, Rural Housing, rental assisted housing with any other housing authority)

## CRIMINAL HISTORY

Have you or any member of your household been charged with any felonies? ☐ Yes ☐ No

If yes, list individual name: \_\_\_\_\_

List dates, charges, city and state it occurred: \_\_\_\_\_

Have you or any member of your household been charged with drug related activity? ☐ Yes ☐ No

If yes, list individual name: \_\_\_\_\_

List dates, charges, city and state it occurred: \_\_\_\_\_

Have you or any member of your household required to register as a sex offender? ☐ Yes ☐ No

If yes, list individual name: \_\_\_\_\_

Do you currently have any current or outstanding landlord property damages? ☐ Yes ☐ No

Do you currently have any unpaid rent? ☐ Yes ☐ No

Do you currently have any unmet utility bills? ☐ Yes ☐ No

“The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation or marital or family status. (Not all prohibited bases apply to all programs) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact USDA’s TARGET center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.”

**APPLICANT CERTIFICATION:** I understand that the above information is being collected to determine my eligibility and that the information provided will be verified and may be released to appropriate Federal, State or local agencies. I/we certify that the answers and information given on this application are true and complete to the best of my/our knowledge and belief and I/we authorize inquiries to be made of pertinent third parties to verify our income and deductions. I/we understand that false statements or information are punishable by fine or imprisonment under Federal and State Law.

In addition to verifying income, assets and other information, a criminal background check is conducted before any applicant is approved.

I also certify that the unit applied for will be my household's permanent residence and I do not/will not maintain a separate subsidized rental unit in a different location.

_____ Applicant's Signature	_____ Social Security #	_____ Date
_____ Co-Applicant's Signature	_____ Social Security #	_____ Date

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

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# **AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I/we hereby authorize Merrill Area Housing Authority to obtain information it deems necessary in the processing of my application or continuing occupancy, including credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, utility payment and consumption information, and any other relevant information for purposes of determining my eligibility for participation in the following affordable housing programs: Tax Credit Programs, HUD Housing – Section 8, and Rural Development programs; and release Merrill Area Housing Authority, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

I understand that the Merrill Area Housing Authority will deny admission and or assistance to my family because of drug-related or violent criminal activity by any member of my family. I understand that the Housing Authority will check state and local law enforcement records to obtain this information. Furthermore, I understand that if anyone in my family is registered as a lifetime sex offender, my family will be denied admission/assistance for housing.

Additionally, I understand that if a prospective landlord makes a written request to the Merrill Area Housing Authority for information relevant to my rental history or my ability to comply with material standard lease terms or any history of drug trafficking, the Housing Authority is authorized to release this information to the landlord.

This consent to disclose of confidential information may be revoked by me at any time. If, at any time, I revoke my consent, I understand that the information already released with my consent may continue to be used to complete actions already initiated.

Signature of Applicant/Tenant:\_\_\_\_\_

Social Security Number:\_\_\_\_\_

Signature of Spouse/Co-Applicant/Tenant:\_\_\_\_\_

Social Security Number:\_\_\_\_\_

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

U.S. Department of Housing and Urban Development

Revised January 25, 2019

# Document Package for Applicant's/Tenant's Consent to the **Release Of Information**

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

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Attachment to forms **HUD-9887 & 9887-A** (02/2007)

Revised January 25, 2019

