



# City of River Falls

## HOUSING AUTHORITY

625 North Main Street, River Falls, WI 54022  
715-425-7640

### APPLICATION FOR OCCUPANCY

**River Falls:**

Edgewater  Riverview Manor  Briarwood  Oakpark  Family

**Prescott:**  Watertower  St. Croix Manor

**APPLICANT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

**SPOUSE/CO-TENANT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

**Other persons who will live in unit:**

Name	Sex	Age	Relationship	Date of Birth	Place of Birth	Social Security Number

**Please list a relative or friend who will know how to contact you:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Does someone have power of attorney in your behalf? \_\_\_\_\_ If yes, complete below:

Name \_\_\_\_\_ Day Time Phone \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Are you now, or have you ever, lived in a government-subsidized unit (e.g., Public Housing, Section 8, Section 236 or 221(d)(3) subsidized projects)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date of occupancy: \_\_\_\_\_

Have you ever been arrested or convicted of illegal activity? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

Do you have any specific housing requirements, such as a special handicapped accessible unit? \_\_\_\_\_

**For persons under age 62 who are disabled:** Persons who meet the definition of disabled qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to your income, please check here \_\_\_\_\_. If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

Are you displaced from your home due to a natural disaster declared by a state or federal agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Are you a student at an institution of higher education? Yes \_\_\_\_\_ No \_\_\_\_\_

**Complete the following rental history, income, expense and asset information for every person who will be living in the unit. Attach an additional sheet if more space is needed.**

List any and all former addresses, and the name of the landlord or person you stayed with for the past **10 years. Do not leave any time not accounted for between addresses.**

<u>Your Address</u>	<u>Dates</u>	<u>Owner/Manager</u>
_____	From _____	Name _____
_____	To <b>PRESENT</b>	Address _____
_____		City, State, Zip _____
_____		Phone _____
_____	From _____	Name _____
_____	To _____	Address _____
_____		City, State, Zip _____
_____		Phone _____
_____	From _____	Name _____
_____	To _____	Address _____
_____		City, State, Zip _____
_____		Phone _____

**INCOME AND EXPENSE INFORMATION**

1. **Salary/Wages:** List annual gross amount (before deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses. Indicate source.
- \$ \_\_\_\_\_ annually Source: \_\_\_\_\_
- \$ \_\_\_\_\_ annually Source: \_\_\_\_\_
- \$ \_\_\_\_\_ annually Source: \_\_\_\_\_

2. **Net income from business or profession or rental or real estate or personal property:**
- \$ \_\_\_\_\_ annually Source: \_\_\_\_\_

3. **Social Security/SSI:**
- \$ \_\_\_\_\_ annually Source: \_\_\_\_\_
- \$ \_\_\_\_\_ annually Source: \_\_\_\_\_

4. **Pensions, annuities, retirement funds, IRA accounts, interests:**
- \$ \_\_\_\_\_ annually Source: \_\_\_\_\_
- \$ \_\_\_\_\_ annually Source: \_\_\_\_\_
- \$ \_\_\_\_\_ annually Source: \_\_\_\_\_

5. **All other income.** Include income from all other sources, such as unemployment, disability compensation, worker's compensation, severance pay, alimony, child support, regular recurring contributions or gifts of money, income received from trust, educational grants, scholarships, VA benefits, regular pay and special pay and allowances for head of household in armed forces, public assistance, W2 or TANF.
- \$ \_\_\_\_\_ annually Source: \_\_\_\_\_
- \$ \_\_\_\_\_ annually Source: \_\_\_\_\_

6. **Child care expense.** 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.
- \$ \_\_\_\_\_ annually

7. **Disability Assistance Expense.** Do you pay for a care attendant or for any equipment for the disabled member/s of your family, necessary to permit that person or someone else in the family to work?
- \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe expenses: \_\_\_\_\_
- \_\_\_\_\_

8. **Medical Expenses** (to be completed only for households with persons who are disabled or over age 62):  
 Include total expenses not covered by insurance to be incurred over the next 12 month period. May include expenses for dental, prescriptions, medical insurance premiums, eyeglasses, hearing aids/batteries, cost of live-in resident assistant, monthly payments required on accumulated major medical bills, including that portion of spouse's or child's nursing home care paid from family income.

\$ \_\_\_\_\_ annually      Source: \_\_\_\_\_  
 \$ \_\_\_\_\_ annually      Source: \_\_\_\_\_  
 \$ \_\_\_\_\_ annually      Source: \_\_\_\_\_  
 \$ \_\_\_\_\_ annually      Source: \_\_\_\_\_

**ASSET INFORMATION**

1. **Checking accounts:**

Account # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Account # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

2. **Savings accounts (including IRAs):**

Account # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Account # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Account # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

3. **Stocks/Bonds/US Savings Bonds/Mutual Funds:**

Type \_\_\_\_\_ Number Owned \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Type \_\_\_\_\_ Number Owned \_\_\_\_\_ Value \$ \_\_\_\_\_

4. **Real Estate owned at present or sold within two years:**

Type \_\_\_\_\_ Market Value \$ \_\_\_\_\_  
 OR, if sold within last two years, amount sold for \$ \_\_\_\_\_

5. **Property sold under land contract:**

Original amount \$ \_\_\_\_\_ Outstanding balance \$ \_\_\_\_\_  
 Terms: \$ \_\_\_\_\_ per month \_\_\_\_\_ or per year \_\_\_\_\_

6. **All other assets owned:**

Type \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Type \_\_\_\_\_ Value \$ \_\_\_\_\_

I/We certify that this unit will be my/our permanent residence and that I/we do not/will not maintain a separate subsidized unit in a different location.

I/We certify that the information provided 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 information are grounds for termination of housing assistance and termination of residency.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE/CO-TENANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Your signature on this application authorizes the owner/manager of the project in which you are applying for occupancy to contact your prior landlords for information regarding your prior tenancies, to check personal and credit references and to obtain credit, employment and court records.*

**APPLICANT**

The information regarding race, national origin 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 applicants on the basis of race, color, national origin, religion, sex, family 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/national origin and sex of individual applicants on the basis of visual observation or surname.

**Race**

- 1= American Indian/Alaska Native
- 2= Asian
- 3= Black/African American
- 4= Native Hawaiian/Other Pacific Islander
- 5= White

**Citizenship**

- EC= Eligible Citizen
- EN= Eligible Non-Citizen
- IN= Ineligible Non-Citizen
- PV= Pending Verification
- XX= Not required

**Ethnicity**

- 1= Hispanic/Latino
- 2= Not Hispanic/Latino

**Gender**

- 1= Male
- 2= Female

**STATEMENT REQUIRED BY THE PRIVACY ACT**

The United States Department of Agriculture, (USDA) Rural Housing Services is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C. 1471 et. seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful for USDA to deny eligibility because of the refusal to disclose the Social Security Account Number. The principal purposes for collecting the requested information are to determine eligibility for occupancy in the USDA financial rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings.

**FOR OFFICE USE ONLY**



Income \_\_\_\_\_ Bedroom size \_\_\_\_\_  
 Income Code \_\_\_\_\_ Citizenship \_\_\_\_\_  
 HUD Only \_\_\_\_\_ Accessible Unit \_\_\_\_\_



42 U.S.C. Section 423 (d)(1)(A) defines disability as:

“Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or

In the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity in which he has previously engaged with some regularity and over a substantial period of time.”

The Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)) defines developmental disability in functional terms as:

A severe, chronic disability of a person 5 years of age or older which:

- (A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (B) is manifested before the person attains age twenty-two;
- (C) is likely to continue indefinitely;
- (D) results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and responsive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and
- (E) reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

42 U.S.C. 423 (d)(2)(C) and 42 U.S.C. 1437 a(b)(3)(E) states:

- Individuals are not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence.
- Individuals whose alcohol or drug addiction is a material factor to their disability are excluded from the definition.
- Individuals are considered disabled if the disabling mental and physical limitations would persist if the drug or alcohol abuse discontinued.