



River Falls Housing Authority

625 North Main Street, River Falls,
Wisconsin 54022 Phone: 715-425-7640

APPLICATION FOR OCCUPANCY

All Properties are Smoke free

RIVER FALLS:

Persons age 62+ or
with a disability

_____ Edgewater
_____ Briarwood
_____ Oakpark
_____ Riverview Manor

RIVER FALLS

Families

_____ RiverTown Homes

RIVER FALLS

Persons age 55+

_____ Windmill Place

PRESCOTT

Persons age 62+ or
with a disability

_____ St. Croix Manor
_____ WaterTower

APPLICANT

Name _____

Address _____

City-ST-Zip _____

Main Phone _____

Other _____

E-Mail _____

Alternate contact if we are not able to contact

Name _____

Address _____

City-ST-Zip _____

Main Phone _____

Other _____

E-Mail _____

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 Farmers Home Administration that we are complying with Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and disability. 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.

STATEMENT REQUIRED BY THE PRIVACY ACT

The Farmers Home Administration (FmHA) 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 FmHA 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 FmHA 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

SEX: Male - Female **DOB:** Date of Birth **BIRTHPLACE:** City/State/Country of birth

RACE: White - Black - American Indian/Alaska Native - Asian/Pacific Islander **ETHNICITY:** Hispanic - Non-Hispanic

CITIZENSHIP: Eligible Citizen - Eligible Non-Citizen - Ineligible Non-Citizen - Pending Verification

The following information must be provided for every person who will live in your unit:

	Name	SS#	Sex	DOB	Birth Place	Race	Eth	Ctzn
Head								
Co-head								
Other								
Other								
Other								
Other								



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Complete the following address history, income, and expense and asset information for every adult who will live in the unit *Attach an additional sheet if more space is needed.*

- Do you or any member of your household smoke cigarettes, pipes, cigars, etc.? _____ Yes _____ No
- Do you or any member of your household qualify as a full-time student? _____ Yes _____ No
- 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 a qualifying disability _____ Yes _____ No

(See back page of the application for additional information)

- Do you have any specific housing requirements, such as a handicap accessible unit _____ Yes _____ No
- Are you displaced due to a natural disaster declared by a state or federal agency _____ Yes _____ No

List addresses and contact information for all places you have lived for the past 3 years. **Do not leave any time unaccounted for.**

<u>Address</u>	<u>Dates</u>	<u>Owner/Manager</u>
_____	Fr: _____	Name: _____
_____	To: <u>PRESENT</u>	Address: _____
_____		Cty-ST-Zip: _____
		Phone: _____

<u>Address</u>	<u>Dates</u>	<u>Owner/Manager</u>
_____	Fr: _____	Name: _____
_____	To: _____	Address: _____
_____		Cty-ST-Zip _____
		Phone _____

<u>Address</u>	<u>Dates</u>	<u>Owner/Manager</u>
_____	Fr: _____	Name: _____
_____	To _____	Address: _____
_____		Cty-ST-Zip _____

INCOME INFORMATION

Salary/Wages: List ANNUAL GROSS amount (before deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses. Indicate source (employer name & contact information).

\$ _____ Employer (Name/Address/Phone): _____

\$ _____ Employer (Name/Address/Phone): _____

Social Security/SSI/SSD:

\$ _____ annually Source: _____

\$ _____ annually Source: _____

Pensions, annuities, retirement funds, IRA accounts, interests:

\$ _____ annually Source: _____

\$ _____ annually Source: _____



All other income. Include all other sources of income, such as unemployment, self-employment, 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.

All other income:

\$ _____ annually Source: _____
\$ _____ annually Source: _____

EXPENSE INFORMATION

Applicants who are age 62 or older or who are disabled may list annual health insurance expenses. Applicants with children under the age of 12 may list annual cost of childcare.

\$ _____ per year paid to: _____

ASSET INFORMATION

Checking accounts:

Bank _____ Balance \$ _____
Bank _____ Balance \$ _____

Stocks/Bonds/US Savings Bonds/Mutual Funds:

Type _____ Qty _____ Value \$ _____
Type _____ Qty _____ Value \$ _____

Savings accounts (including IRAs):

Bank _____ Balance \$ _____
Bank _____ Balance \$ _____

Mobile Home/Real Estate/Other Property

Type _____ Mkt Value \$ _____
Type _____ Mkt Value \$ _____

Property sold under land contract or Contract for Deed: _____ Yes _____ No

How did you hear about us: _____

Current (or most recent) Monthly Rent/Mortgage Payment: _____

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 _____

Co-Tenant's Signature _____ Date _____

Before mailing the application, please check that:

- _____ you have completed all sections of the application (including ALL sources of income)
- _____ all adults (household members 18 and older) have signed the application
- _____ all adults have completed, signed the Acknowledgment & Authorization for Background Check form.
- _____ copies of Social Security cards for *EVERY MEMBER* of the household are attached
- _____ copies of current photo IDs for *ALL ADULTS* are attached

**Mail the completed application and related documents to:
River Falls Housing Authority, 625 N Main St., River Falls WI 54022**



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Definition of Disability:

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.

Additional information about specific housing requirements to accommodate persons with disabilities.

Do you need a handicapped accessible apartment? _____ Yes _____ No

Do you need a separate room for a care attendant? _____ Yes _____ No

Do you need a room to accommodate your disability; such as oxygen or physical therapy equipment? _____ Yes _____ No

Do you need other accommodations for your disability? Please explain _____

Additional comments _____

FOR OFFICE USE ONLY

Income _____	Inc Code _____	BR Size _____	WMP Tier _____	SP _____
E (age) _____	Disability _____	HC Unit _____	Citizen _____	Race _____
Ethnicity _____	Gender _____	Reviewed by _____		Date _____



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625 North Main Street, River Falls, Wisconsin 54022
Phone: 715-425-7640/Fax: 715-425-8530

AUTHORIZATION FOR THE RELEASE OF INFORMATION

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506 "Request for a Copy of a Tax Form".

U.S. Department of Housing & Urban Development
Office of Housing & Office of Public & Indian Housing

PURPOSE

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
- Low-Income Rental Public Housing
- Mutual Help Homeownership Opportunity
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments
- Section 23 and 10(c) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221(d)(3) Below Market Interest Rate
- Turnkey Homeownership Opportunity Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies

INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employer, Past and Present
- Landlords
- Providers of:
 - Alimony
 - Child Care
 - Child Support
 - Credit
 - Handicapped Assistance
 - Medical Care
 - Pensions/Annuity
- Schools and Colleges
- U.S. Social Security Administration
- U. S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

COMPUTER MATCHING NOTICE & CONSENT

I agree that a Public Housing Agency, Indian Housing Authority or HUD may conduct computer matching programs with other government agencies. The government agencies include:

- U. S. Office of Personnel Management
- U. S. Social Security Administration
- U. S. Department of Defense
- U. S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature of Head of Household

Date

Signature of Additional Adult

Date

This consent form expires 15 months after signed



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ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **River Falls Housing Authority**(the "Company ") at any time after receipt of this authorization and throughout my application, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324, (866) 570-4949, <https://backgroundscreenersofamerica.com>** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature

Date

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

River Falls Housing Authority ("the Company") may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

The investigations will be conducted by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>**

Signature

Date



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DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT"
BACKGROUND INVESTIGATION

River Falls Housing Authority (the "Company") may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your housing application. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living.

You have the right, upon written request made within a reasonable time, to request from the Company (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be prepared by **Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324 (866) 570-4949, <https://backgroundscreenersofamerica.com>.**

Signature Date

BACKGROUND INFORMATION

Last Name: _____ First: _____ Middle: _____

Other Names/Alias: _____

Social Security* #: _____ - _____ - _____ Date of Birth* _____
Month Day Year

Driver's License #: _____ State of Driver's License* _____

Present Address: _____ Phone Number: _____

City/State/Zip _____
City State Zip Code

E-mail required _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

ALL APPLICANTS 18 YEARS AND OLDER MUST COMPLETE AND SIGN THE BACKGROUND INFORMATION AND THE DISCLOSURE REGARDING BACKGROUND INVESTIGATION

PLEASE MAKE COPIES (IF NEEDED) FOR ANY ADDITIONAL ADULTS.



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A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.



KEEP FOR YOUR RECORDS

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:



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TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list,</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA</p>
<p>in addition to the CFPB:</p>	<p>Washington, DC 20580 (877) 382-4357</p>
<p>To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>a. b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>



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