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

Before submitting your application, check all pages, front & back. Be sure it is fully and properly filled out and legible.

Please check that:

- ☐ You have completed all sections of the application (including ALL sources of income).
- ☐ ALL ADULTS (18 and older) have signed the application.
- ☐ ALL ADULTS (18 and older) have completed and signed an individual "Acknowledgement and Authorization for Background" form. If you need additional copies, you may make copies or contact our office for additional copies.
- ☐ Copies of current photo ID's for ALL ADULTS (18 and older) are attached.
- ☐ Copies of Social Security cards for EVERY MEMBER of the household are attached. (Regardless of age).
- ☐ The name, address and telephone number for your landlord or, if you own your home, the name, address and number for your utility company(s) are provided.

If the application is not filled out properly, it will be returned to you to complete properly and resubmit. This will delay the date of processing & the date you are placed on the waiting list(s).

Mail or deliver the completed application to:
River Falls Housing Authority, 625 N. Main St., River Falls, WI 54022

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Phone: 715-425-7640

APPLICATION FOR OCCUPANCY

All Properties are Smoke free

Persons age 62+ or with a disability and Families

_____Edgewater
_____Briarwood
_____Oakpark
_____RiverTown Homes
_____Riverview Manor

Persons age 55+

_____Windmill Place

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

GENDER (OPTIONAL): **M**ale – **F**emale **DOB**: Date of Birth **BIRTHPLACE**: City/State/Country of birth
RACE: **W**hite - **B**lack - American **I**ndian/Alaska Native - Asian/**P**acific Islander **ETHNICITY**: **H**ispanic - **N**on-Hispanic
CITIZENSHIP: **E**ligible Citizen - Eligible **N**on-Citizen - **I**neligible Non-Citizen - Pending **V**erification

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

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

- 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, please explain:

_____

- Are you on the National Sex Offender List? _____Yes _____No
- If you have a qualifying disability, please complete page 4 ***(See page 4 for the definition of disability)***
- 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 a disability; such as oxygen or PT equipment? _____Yes _____No
- Are you displaced due to a natural disaster declared by a state or federal agency _____Yes _____No

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

List addresses and contact information for all places you have lived for the past 3 years. **Do not leave any time unaccounted for**. If you owned your home for the past 3 years, under Owner/Manager write in "Self".
Also, provide the name, address and contact number for the utility company(s) you made payments to while owning your home, since you will not have any landlords to list.

Address	Dates	Owner/Manager
_____	Fr:_____	Name: _____
_____	To: PRESENT	Address: _____
		Cty-ST-Zip: _____
		Phone: _____
Address	Dates	Owner/Manager
_____	Fr:_____	Name: _____
_____	To:_____	Address: _____
		Cty-ST-Zip:_____
		Phone:_____
Address of Utility Service **(If owned own home)**	Dates	Utility Company Information
_____	Fr:_____	Name: _____
_____	To_____	Address: _____
		Cty-ST-Zip:_____

<u>List EVERY State that all Household Members have lived in the past 10 years:</u>

_____

_____

<u>INCOME INFORMATION</u>

Salary/Wages: List **<u>ANNUAL GROSS</u>** 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: **Savings accounts (including IRAs):**

Bank_____Balance $_____ Bank_____Balance $_____

Bank_____Balance $_____ Bank_____Balance $_____

Stocks/Bonds/US Savings Bonds/Mutual Funds: **Mobile Home/Real Estate/Other Property:**

Type_____Value $_____ Type_____Mkt Value $_____

Type_____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_____

FOR OFFICE USE ONLY

Income_____	Inc Code_____	BR Size_____	WMP Tier_____	SP_____
E (age)_____	Disability_____	HC Unit_____	Citizen_____	Race_____
Ethnicity_____	Gender_____	Reviewed by_____		Date_____

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

VERIFICATION OF DISABILITY

I authorize the requested information concerning my disability, be furnished to the Housing Authority of River Falls, as soon as possible.

_____

Printed Name of Applicant Address

_____

Signature of Applicant DOB Date

_____

Evaluator/Diagnostician/Physician Name & Title

_____

Address of Evaluator/Diagnostician/Physician

Do not write below this line – Medical/Health Provider only

_____ _____

Evaluator/Diagnostician/Physician Signature ***Date***

I certify, that in my opinion, _____, is_____ is not_____ disabled, by the definitions stated below. I agree to testify to this in a court of law if necessary.

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)0 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 of 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 people with disabilities.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

At your written request, The River Falls Housing Authority ("the Company") may obtain information about you from a third-party consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative 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 criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, credit, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; www.backgroundscreeersofamerica.com.**

Signature: _____ Date:_____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by The River Falls Housing Authority ("the Company") after receipt of this authorization. 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, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656;** another outside organization acting on behalf of The River Falls Housing Authority and/or The River Falls Housing Authority itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. **New York City applicants only:** You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.
Washington State residents only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
Minnesota and Oklahoma residents only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. □

BACKGROUND INFORMATION

Last Name:_____ First:_____ Middle:_____

Other Names/Alias:_____

Social Security* #:_____ Date of Birth*_____

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

Present Address:_____ Phone Number: _____

City/State/Zip:_____

E-mail:_____

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

Signature:_____ Date: _____

ALL APPLICANTS 18 YEARS AND OLDER MUST COMPLETE AND SIGN THE BACKGROUND INFORMATION AND THE DISCLOSURE REGARDING BACKGROUND INVESTINGATION
PLEASE MAKE COPIES (IF NEEDED) FOR ANY ADDITONAL ADULTS

River Falls Housing Authority
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Phone: 715-425-7640

AUTHORIZATION FOR THE RELEASE OF INFORMATION

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

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".

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

Keep for your Records

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

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 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 NW, 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.
- **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 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies**:**

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **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:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks 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. c. Non-member Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357