

JEFFERSON HOUSING AUTHORITY  
 431 N. ELIZABETH AVE.  
 JEFFERSON, WI 53549  
 Phone: 920-674-5294  
 Fax: 920-674-5194  
 Email: jhadirector@yahoo.com

## APPLICATION FOR ADMISSION

Date of Application \_\_\_\_\_ Time \_\_\_\_\_

Applicant \_\_\_\_\_ (family head of household)

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### ***FAMILY COMPOSITION (List all persons who wish to move into the unit):***

Name of family members	Relationship to Family Head	DOB:	Age	Sex	Occupation
_____	HEAD OF HOUSEHOLD	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Anticipated changes in family composition (adding or deleting family members)? Yes No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

### ***INCOME (MUST list all sources of income):***

\*SOCIAL SECURITY: PLEASE LIST YOUR ACTUAL CHECK AMOUNT

Head of Household: \$ \_\_\_\_\_

Spouse: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

\*SSI:

Head of Household: Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_

Spouse: Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_

Other: Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_

**\*PENSION:**

Head of Household: \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**ANNUITIES:**

Head of Household: \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Name of Provider: \_\_\_\_\_  
Address/phone: \_\_\_\_\_

**\*CHILD SUPPORT:**

Head of Household: \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Payor: \_\_\_\_\_

**\*VA BENEFITS:**

Head of Household: \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**\*INTEREST INCOME:**                      Yearly amount per household: \$ \_\_\_\_\_

**\*DIVIDEND INCOME:**                      Yearly amount per household: \$ \_\_\_\_\_

**\*PUBLIC ASSISTANCE: (food stamps etc)**

Head of Household: \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**\*SALARY/WAGES:**

Wage Earner # 1 name: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address/Phone: \_\_\_\_\_  
Regular hours scheduled each week: \_\_\_\_\_      Hourly Rate: \$ \_\_\_\_\_

Wage Earner # 2 name: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address/Phone: \_\_\_\_\_  
Regular hours scheduled each week: \_\_\_\_\_      Hourly Rate: \$ \_\_\_\_\_

**\*UNEMPLOYMENT:**

Head of Household Weekly Benefit Amount: \$ \_\_\_\_\_  
Spouse Weekly Benefit Amount: \$ \_\_\_\_\_  
Other Weekly Benefit Amount: \$ \_\_\_\_\_

Does anyone outside of your household pay your expenses and/or give you money regularly?      Yes      No  
If yes, please provide amount of money given to you each month: \_\_\_\_\_

Do you have any other household income (insurance benefits, disability pay, alimony, etc.):      Yes      No  
If yes, please explain and provide source and amount: \_\_\_\_\_

Do you anticipate and changes in this income in the next 12 months?      Yes      No  
If yes, please explain: \_\_\_\_\_

TOTAL GROSS ANNUAL INCOME PER HOUSEHOLD: \_\_\_\_\_

***ASSETS: Include all assets held by all members of your household who will be occupying the rental property.***

Financial Institution Name: \_\_\_\_\_  
Address/Phone: \_\_\_\_\_

**\*CHECKING BALANCE:**

Head of Household: \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**\*SAVINGS BALANCE:**

Head of Household: \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**\*CD BALANCE:**

Head of Household: \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**\*OTHER:**

Head of Household: \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

***REAL PROPERTY:***

Do you own any property?      Yes      No  
If yes, type of property: \_\_\_\_\_  
Location: \_\_\_\_\_  
Appraised Market Value: \$ \_\_\_\_\_

Amount of most recent real estate tax bill: \$ \_\_\_\_\_

Have you sold/disposed of any property in the last two (2) years? Yes No

If yes, type of property: \_\_\_\_\_

Market value when sold/disposed: \$ \_\_\_\_\_

Amount sold/disposed for: \$ \_\_\_\_\_ Date of transaction: \_\_\_\_\_

Have you disposed of any other assets in the last two (2) years (Examples: given money away to relatives, set up Irrevocable Trust Accounts)? Yes No

If yes, describe asset: \_\_\_\_\_

Date of disposition: \_\_\_\_\_ Amount Disposed: \$ \_\_\_\_\_

Do you have any other assets not listed above (Excluding Personal Property)? Yes No

If yes, please list: \_\_\_\_\_

**CURRENT HOUSING:**

Current Landlord's Name: \_\_\_\_\_

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

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

How long have you rented from your current landlord? \_\_\_\_\_ (Example: May 2018 – present)

Monthly amount now paying for rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

**GENERAL:**

Have you ever resided in a project financed and/or subsidized by the Government? Yes No

If yes, please provide name, address and time-period: \_\_\_\_\_

Have you ever been evicted from public housing or any other federal housing program? Yes No

If yes, please provide name, address, time-period, and reason for eviction? \_\_\_\_\_

Have you ever been evicted from other housing? Yes No

If yes, please explain \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

Are you currently using illegal drugs? Yes No

Have you ever been convicted of sale, distribution, or possession of illegal drugs? Yes No

I understand that this is not a contract and does not bind either party. The above provided on this application is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made to verify the statements made herein.

Do you have a pet(s): Yes No If yes, what \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.”

***PAST HOUSING:***

Past Landlord's Name: \_\_\_\_\_

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

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

Address you resided at: \_\_\_\_\_

Rental Timeframe (month/year): \_\_\_\_\_

Past Landlord's Name: \_\_\_\_\_

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

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

Address you resided at: \_\_\_\_\_

Rental Timeframe (month/year): \_\_\_\_\_

***REFERENCE INFORMATION: Include (3) references (other than family members)***

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

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

Phone and/or Email: \_\_\_\_\_

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

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

Phone and/or Email: \_\_\_\_\_

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

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

Phone and/or Email: \_\_\_\_\_

City of Jefferson Housing Authority  
 431 N Elizabeth Ave  
 Jefferson WI 53549  
 Phone 920-674-5294 Fax 920-674-5194

The Jefferson Housing Authority must evaluate all persons applying for admission into our low-income public housing project to determine eligibility for tenancy.

To comply, we ask your cooperation in providing any police records pertaining to criminal activities, having several instances of noise or other disturbance complaints affecting neighbors, or any other type of records you may feel would affect their eligibility for housing into our project. Please provide such information for individual (s) listed below.

Respectfully,

Tracie Stammer                                  Date: \_\_\_\_\_  
 Executive Director

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I/We hereby authorize any law enforcement agency to release to the Jefferson Housing Authority, any, and all information necessary for the determination of my/our eligibility for housing into the Jefferson Housing Authority's low-income public housing projects.

Applicant 1

Name (first, middle, last): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Sec #: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant 2

Name (first, middle, last): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Sec #: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant 3

Name (first, middle, last): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Sec #: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Signature: \_\_\_\_\_

**# 6 - AUTHORIZATION for Release of Information**

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Jefferson Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

- Identity and Marital Status                      Employment, Income, and Assets                      Residences and Rental Activity
- Medical or Child Care Allowances      Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- Previous Landlords (including              Past and Present Employers                      Veterans Administration
- Public Housing Agencies)              Welfare Agencies                      Retirement Systems
- Courts and Post Offices                      State Unemployment Agencies                      Banks and other Financial Institutions
- Schools and Colleges                      Social Security Administration                      Credit providers and Credit Bureaus
- Law Enforcement Agencies              Medical and Child Care Providers                      Utility Companies
- Support and Alimony Providers

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

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	Signature	Printed Name	Date
Head of Household	_____	_____	_____
Spouse	_____	_____	_____
Adult Member	_____	_____	_____
Adult Member	_____	_____	_____