Office Use Only:		
Date/time received:_____	Waitlist: Approve / Deny	Letter sent on:_____
Former Tenant_____ Existing Tenant_____	WICCAP_____	Rental History Report_____
Debts Owed _____	NSOPW_____	SAVE_____

Algoma Housing Authority
Grand View Terrace Apartments
145 Grand View Ct., Algoma, WI 54201
Ph.920-487-5905 / Fax 888-304-3064 / christine@algomahousing.com

EQUAL HOUSING OPPORTUNITY

Public Housing APPLICATION

HEAD OF HOUSEHOLD INFORMATION		
1st Household Member (Head of Household) First Name:	Middle name:	Last name:
List any aliases or previous names:		
Date of Birth (age 18+):	SSN:	Other SSN :
Current address:		
City:	State:	Zip Code:
Email:		Phone:

Check all that apply: ___ U.S.citizen ___Eligible non-citizen ___Full Time Student ___U.S.Veteran
Check one: ___Male ___Female ___Other

Ethnicity:___Hispanic ___Non-Hispanic
Race: ___Asian ___American Indian ___Black ___Pacific Islander ___White

___I am requesting VAWA Protections ___Homeless

VAWA: Violence Against Women Act provides legal protections for applicants and residents of assisted housing who are victims of domestic violence, dating violence, sexual assault, or stalking, ensuring they cannot be denied housing or evicted based on these acts of abuse. To claim VAWA protections, an applicant must submit a completed HUD Form 5382 (Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking) or alternative documentation, such as a federal, state, tribal, or local police or court record, or a statement signed by a victim service provider, medical professional, or attorney.

HOUSEHOLD INFORMATION (who will be living with you?)

2nd Household Member
First name:_____Middle name:_____Last name: _____
List any aliases or previous names:
Date Of Birth: _____ SSN: _____ Other SSN:_____
Check one: __Spouse __Co-Head (18+) __Youth under 18 __Foster child/adult __other adult __Live-in-Aide
Check all that apply: __Disabled __US Citizen __Eligble NonCitizen ___US Veteran ___Male ___Female ___Other
Ethnicity:___Hispanic ___Non-Hispanic
Race: ___Asian ___American Indian ___Black ___Pacific Islander ___White

3rd Household Member
First name:_____Middle name:_____Last name: _____
List any aliases or previous names:
Date Of Birth: _____ SSN: _____ Other SSN:_____
Check one: __Youth under 18 __Foster child/adult __other adult __Live-in-Aide
Check all that apply: __Disabled __US Citizen __Eligble NonCitizen ___US Veteran ___Male ___Female ___Other
Ethnicity:___Hispanic ___Non-Hispanic
Race: ___Asian ___American Indian ___Black ___Pacific Islander White

4th Household Member
First name:_____Middle name:_____Last name: _____
List any aliases or previous names:
Date Of Birth: _____ SSN: _____ Other SSN:_____
Check one: __Youth under 18 __Foster child/adult __other adult __Live-in-Aide
Check all that apply: __Disabled __US Citizen __Eligble NonCitizen ___US Veteran ___Male ___Female ___Other
Ethnicity:___Hispanic ___Non-Hispanic
Race: ___Asian ___American Indian ___Black ___Pacific Islander ___White

INCOME (list ALL income for each household member)
Source: SSA, SSI, State SSI, unemployment, employer name, annuity, support, dividends, etc.
Name: name of houshold member receiving the income

SSA,SSI,SSDI,stateSSI,unemployment,employer,	annuity,support,dividends, etc.	Household Member:
Source: (example) ABC Employer	Monthly Income: $ 1999	Name: Martha Washington
Source:	Monthly Income: $	Name:
Source:	Monthly Income: $	Name:
Source:	Monthly Income: $	Name:
Source:	Monthly Income: $	Name:
Source:	Monthly Income: $	Name:

ASSETS (List all assets for each household member)
List all financial and property including bank accounts, Debit Cards, stocks, bonds, CD, MoneyMarket, IRA, internet based (Cash App, Venmo, etc),Trusts, etc. Asset total over $100,000 is over the limit to qualify.

NAME OF BANK	BALANCE	Household Member:
Name of bank: (example) Cherry Tree Bank	Balance: $ 15,000	Name: George Washington
Name of bank:	Balance: $	Name:
Name of bank:	Balance: $	Name:
Name of bank:	Balance: $	Name:
Name of bank:	Balance: $	Name:
Digital bank:	Balance: $	Name:
Name of bank/Cash on hand:	Balance: $	Name:
Whole Life Ins. Co:	Cash Value: $	Name:
Real Estate:	market value:$	Name:
Secondary Vehicles (RV/motorcycle/boat/ATV/UTV):	Value: $	Name:
Other:	Value$	Name:
Sold/Gifted/Donated money or property-last 2 years:	Value: $	Name:
Income Tax Refund (Fed/State) this year (decreases your total assets):	Received $	Name:

MEDICAL EXPENSES
(ONLY IF Head of Household/Spouse/Co-Head is age 62+ OR DISABLED)
Type: medical, insurance premiums, out of pocket pharmaceuticals, copays, doctor, hospital, vision, dental, etc.

Name of Medical Provider	Monthly Expense	Household Member:
Pharmacy:	Monthly Expense: $	Name:
Clinic:	Monthly Expense: $	Name:
Hospital:	Monthly Expense: $	Name:
Dentist:	Monthly Expense: $	Name:
Vision:	Monthly Expense: $	Name:
Insurance Premiums:	Monthly Expense: $	Name:
Travel (only for medical appointments)	Miles:	Name:

WAITING LIST PREFERENCE

Check all that apply: ___Displaced (Homeless, VAWA, or Disaster) ___ age 62+ ___Disabled (18-61)
___age 50-61 ___NonSmoking Household ___Resident/Working in city of Algoma

LANDLORD RFERENCES

Current or most recent Landlord/PHA:		
Address:	City:	State: ZIP Code:
Phone:	Date From:	To:
Previous Landlord/PHA:		
Address:	City:	State: ZIP Code:
Phone:	Date From:	To:

ALL household members:	
Check all that apply:	
Requesting Apartment with ___Hearing/Visual Accessibilities ___Mobility Accessibilities Animals: ___Pet ___Service Dog/Horse ___ESA	Assistance and ESA's are welcome as a reasonable accommodation for individuals with disabilities. If the disability or need for the animal is not readily apparent, management may request documentation from a qualified health care or mental health professional verifying the disability-related need for the accommodation.

REQUIRED QUESTIONS for all household members		
A "YES" answer does not necessarily disqualify you for admission. Falsifying any answer will automatically disqualify you for admission.		
Has anyone in your household ever been charged, arrested, or convicted of a crime other than minor traffic violation:	____NO ___YES – explain:	
Is anyone in your household a registered lifetime sex offender:	____NO ___YES – explain:	
Has anyone in your household committed fraud in a federally assisted housing program:	____NO ___YES – explain:	
Has anyone in your household ever requested repayment for misrepresenting information in a federally assisted housing program:	____NO ___YES – explain:	
Has anyone in your household ever been evicted from Public Housing:	____NO ___YES – explain:	

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein, which includes but not limited to, a criminal background check.

Head of Household Signature **Date**

Co-Head or Spouse Signature **Date**

To keep your application current, it is your responsibility to contact Algoma Housing Authority if you move or change your phone number while on the waiting list.

When your application for admission has been approved, rent will be calculated using a federal formula: 30% of the <u>adjusted</u> income. Algoma Housing Authority offers applicants a choice of: income based rent (30% of income) or flat rate rent (80% Fair Market Rent)

Warning: 18 U.S.C. 1001 provides other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than $10,000 or imprisoned for not more than five years of both.