



# Allegiant Property Management, LLC

412 South 3rd Street • La Crescent, MN • 55947 • 608-313-5535 • Fax: 608-790-9235 • HCV@apmwi.net

**COUNTY REQUIRED ON PAGE 1 & 3. ONLY ONE COUNTY PER APPLICATION.  
IF NO COUNTY IS SELECTED, WE CANNOT PROCES YOUR APPLICATION.**

*Counties We help with Housing Choice Voucher Program Include: Iowa (City of Dodgeville HA Only), Washington (City of West Bend HA Only), and Wood (Marshfield CDA Only).*

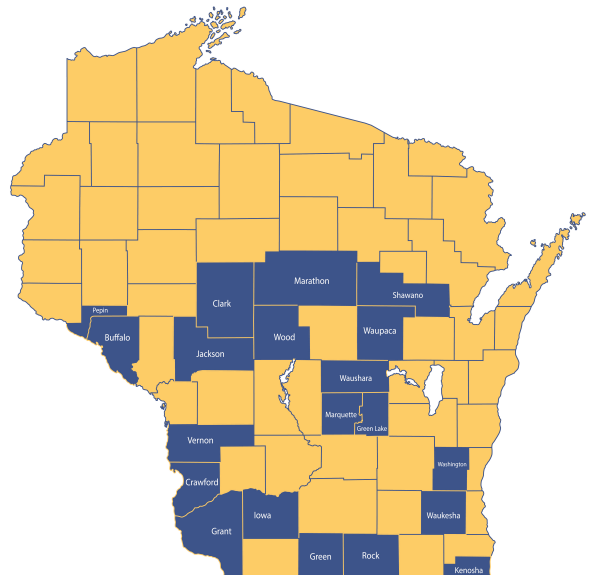
*\*\*Effective April 8, 2025, we are no longer accepting applications for the following counties - Buffalo, Clark, Crawford, Grant, Green, Green Lake, Jackson, Kenosha, Marathon, Marquette, Pepin, Rock, Shawano, Vernon, Waukesha, Waupaca, Waushara\*\**

Please write or select **ONLY ONE** County or City we cover below per application:

WE CAN ASSIST YOU WITH HOUSING CHOICE  
VOUCHERS IN THE FOLLOWING COUNTIES...

Choose from dropdown above or write down if printed

Write down only one County or City per application



**REMEMBER TO SELECT ONE COUNTY PER  
APPLICATION BEFORE YOU SUBMIT.**



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## APPLICATION COVER SHEET

### Housing Choice Voucher Program – Application

Enclosed you will find the application packet that you requested for the Housing Choice Voucher Program. Be sure to complete both sides of all forms.

Incomplete applications will be returned and will delay determination of program eligibility and/or your placement on the Waiting List. You may return the application by mail or fax or email. If you choose to fax or email the application back to us, be sure to submit both sides of any 2-sided document.

The rental assistance program is based on household income and size. You must list and include all requested information for everyone who would live with you when you received a voucher.

Upon receipt of your application, we will begin a preliminary review based on the information you provide to check for program eligibility. During this review we check to determine if the household's income falls under the HUD maximum amounts, and we determine if there are any court records that would preclude a household from participating in the program. We also check the National Sex Offender Registry and conduct a former tenant search for any debts owed or adverse terminations from any federally-funded housing program.

**All eligible households will be placed on the waiting list.** The waiting list is maintained by date and time of application, with preference given to extremely low-income households. **We do not have emergency funding.** The wait time varies depending on the current budget projections. You will receive a confirmation letter from us when the application eligibility process is complete.

Completed applications can be returned:

by mail: Allegiant Property Management, LLC

Attn: Voucher Applications

412 South 3<sup>rd</sup> Street

La Crescent, MN 55947

or by fax: 608-790-9235

or by email: HCV@apmwi.net



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## Application for Housing Choice Voucher Program \_\_\_\_\_ County

Applicant Name \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Office Use Only

Received Date \_\_\_\_\_ Time \_\_\_\_\_

Received by \_\_\_\_\_

BR Size \_\_\_\_\_

HH Income \_\_\_\_\_

Eligible 30% \_\_\_\_\_

50% \_\_\_\_\_

Ineligible (reason) \_\_\_\_\_

Staff Initials \_\_\_\_\_

## HOUSEHOLD INFORMATION

Full Name	How Related	Disabled Y/N	Birthdate	Age	Sex M/F	Social Security Number	Student Y/N	Race Ethnic
	HEAD							

Is there anyone who will live with you in the future who is not listed above? If yes, who \_\_\_\_\_

Are you or have you ever lived in subsidized housing or had a housing voucher or certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the county and state \_\_\_\_\_

## INCOME INFORMATION

Who Receives	Employment	Unemployment (weekly amount)	SS/SSD/SSI/W2 (monthly amount & what type of benefit)	Child Support Amt & how often (list even if not receiving)	Other income that is not already listed
	\$_____ per hr/ Hrs per week _____				
	\$_____ per hr/ Hrs per week _____				
	\$_____ per hr/ Hrs per week _____				
	\$_____ per hr/ Hrs per week _____				

\*\*\* Please provide contact information for ALL employers:

Who is employed?

Who is employed?

Who is employed?

Employer's Name

Employer's Name

Employer's Name

Employer's Address

Employer's Address

Employer's Address

City, State, Zip Code

City, State, Zip Code

City, State, Zip Code

Telephone Number

Telephone Number

Telephone Number

### ASSET INFORMATION

Have you disposed of any assets for less than the fair market value within the last two (2) years? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain what was disposed of and when \_\_\_\_\_

List Accounts for ALL household members

Whose Account	Bank/ Credit Union Name & Address	Checking Account Balance	Savings Account Balance	Other Account (list type of acct & balance

Do you have a whole life or universal life Policy? \_\_\_\_ If yes, list the cash value \_\_\_\_\_

Do you own any stocks or bonds or treasury bills? \_\_\_\_ If yes, list the type and value \_\_\_\_\_

List the amount of any cash on hand \_\_\_\_\_

### EXPENSES AND ALLOWANCES

Do you pay childcare to go to work or school? Yes \_\_\_\_ No \_\_\_\_ If yes, list the childcare provider's name and address: \_\_\_\_\_

Does any person or program/agency reimburse or pay for your childcare costs? Yes \_\_\_\_ No \_\_\_\_ If yes, explain who and how much \_\_\_\_\_

### ELDERLY AND DISABLED FAMILY ONLY

Do you receive Medicare or Medical Assistance? Yes \_\_\_\_ No \_\_\_\_  
Do you receive Badger Care or Badger Care Plus? Yes \_\_\_\_ No \_\_\_\_ Monthly Premium Amount? \_\_\_\_\_  
Do you have other health insurance? Yes \_\_\_\_ No \_\_\_\_ If yes, please list the name of the insurance company, the premium amount, and frequency of payments \_\_\_\_\_

### ELDERLY AND DISABLED FAMILY ONLY (continued)

## ELDERLY AND DISABLED FAMILY ONLY (continued)

Do you pay out of pocket for any medical (clinic, doctor, prescription, etc.) expenses? Yes \_\_\_\_ No \_\_\_\_  
If yes, list names of pharmacies and other medical providers, and the monthly amounts paid to each. \_\_\_\_\_

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Allegiant Property Management will provide reasonable accommodations for any person(s) who are unable to complete this application due to physical or mental disability. You may request a reasonable accommodation by contacting our office. Allegiant Property Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally-assisted programs or activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing these programs.

David Heyer  
412 S 3<sup>rd</sup> Street  
La Crescent, MN 55947  
1-888-393-3282  
TTY#: 1-800-947-3529

**Forms that will be needed (at a later date) prior to issuance of a voucher include:** copies of social security cards and birth certificates for all household member(s).

APPLICANT CERTIFICATION – I/We certify that the information provided and indicated on this form is true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and State laws. I/We also understand that false statement or information are grounds for termination of housing assistance.

**Signature of all adult household members**

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

By checking this box, I agree my electronic signature, above on this document is as valid as if I signed the document in writing and I consent to be legally bound to this agreement.

### Applications can be returned to:

ALLEGiant PROPERTY MANAGEMENT, LLC  
412 S 3<sup>rd</sup> St  
La Crescent, MN 55947  
Fax : 608-790-9235  
Email : HCV@apmwi.net  
For questions, call 608-313-5535, option 1

An Equal Housing Opportunity

# Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

## PHA or IHA requesting release of information (full address, name of contact person, and date):

WHEDA  
C/O Allegiant Property Management LLC  
412 S 3rd Street  
La Crescent, WI 55947

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing  
Housing Choice Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

## Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**Signatures:**

_____		_____	
Head of Household		Date	
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	
		Date	
_____		_____	
Spouse		Other Family Member over age 18	
Date		Date	
_____		_____	
Other Family Member over age 18		Other Family Member over age 18	
Date		Date	
_____		_____	
Other Family Member over age 18		Other Family Member over age 18	
Date		Date	

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

**Applicant Name:**

**Mailing Address:**

**Telephone No:**

**Cell Phone No:**

**Name of Additional Contact Person or Organization:**

**Address:**

**Telephone No:**

**Cell Phone No:**

**E-Mail Address (if applicable):**

**Relationship to Applicant:**

**Reason for Contact:** (Check all that apply)

☐ Emergency

☐ Unable to contact you

Termination of rental assistance

☐ Eviction from unit

☐ Late payment of rent

☐ Assist with Recertification Process

☐ Change in lease terms

☐ Change in house rules

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

**Commitment of Housing Authority or Owner:** If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

**Signature of Applicant**

**Date**

**By checking this box, I agree my electronic signature, above on this document is as valid as if I signed the document in writing and I consent to be legally bound to this agreement.**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act (1995 144 U.S.C. 3501-352). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13674) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.