



Lutheran Social Services Subsidized Housing Application



Shaded area to be filled out by LSS

Date application received:
Time application received:
Receipt endorsement:

What property are you applying to? _____

See list on last page of application.

*Under the HUD 202 and 811 programs owners provide housing for persons who meet the eligibility criteria for a targeted population. Only one adult member must be a member of the targeted population to occupy a development reserved for a targeted population. (All household members must also meet the program eligibility criteria). Please indicate with an "X" for any or all of the following targeted population developments in which the household is interested and believes it is eligible to reside in.

___ Elderly (age 62+) ___ Chronically Mentally Ill ___ Physically Disabled ___ Developmentally Disabled

Do you believe you would qualify for preference for a fully accessible unit for a person with a disability? ___ Yes ___ No

Do you believe you would qualify for a preference for a unit for a vision-impaired household member? ___ Yes ___ No

Do you believe you would qualify for a preference for a unit for a hearing-impaired household member? ___ Yes ___ No

Do you need a second bedroom because of need for a live-in attendant? ___ Yes ___ No

Unit Size Requested 1BR 2BR (note you must meet occupancy requirements for a 2BR)

Name _____ **Date** _____

Address _____ **Phone** _____

City _____ **State** _____ **Zip** _____

Date of Birth _____ **Social Security Number** _____

U.S. Citizen? Yes ___ No ___ **If no, Alien Registration Number** _____

Email Address _____

Occupants: List all members that will reside in the apartment

Legal Names of Household Members	Relationship to Head of Household	Sex	Date of Birth	Social Security Number

Income Sources: Please list amounts received for each household member in the applicable boxes.

Household Member Name	Wages, Salaries, Etc.	Social Security & Pensions	AFDC	SSI	Other Income

Assets: Please list amounts/values for each household member in the applicable boxes.

Household Member Name	Bank Accounts	Stocks and Bonds	Real Estate	Pension Plans	Other

Have you disposed of any assets in the past 2 years? Yes _____ No _____ If yes, what was disposed of?

Other Interested Parties:

Does any member of the family have a court appointed guardian? Yes _____ No _____

If yes, which family member _____

Guardian Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Do you have a representative payee? Yes _____ No _____

Payee Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Residence History:

Have you or any person listed as an applicant on this application ever been evicted or had tenancy in a subsidized housing program terminated for fraud, nonpayment of rent, or failure to comply with recertification procedures? Yes _____ No _____

If yes, please explain and provide year(s) of occurrence:

Please list previous addresses for the **past five years**- use additional pages if necessary

Present Address- From _____ To _____

Landlord Name _____ Phone _____

Address _____

Reason you wish to move? _____

First Previous Address- From _____ To _____

Landlord Name _____ Phone _____

Address _____

Reason for moving? _____

Second Previous Address- From _____ To _____

Landlord Name _____ Phone _____

Address _____

Reason for moving? _____

Third Previous Address- From _____ To _____

Landlord Name _____ Phone _____

Address _____

Reason for moving? _____

Fourth Previous Address- From _____ To _____

Landlord Name _____ Phone _____

Address _____

Reason for moving? _____

Student Status:

Are you, or any adult member of the household currently a student? ___Yes___ No

**Additional information will be necessary to determine eligibility based on student status.*

Employment References:

Head of Household

Present Employer _____ Date of Hire _____

Address _____ Phone _____

First Previous Employer _____ From _____ To _____

Address _____ Phone _____

Other Adult Member of Household

Present Employer _____ Date of Hire _____

Address _____ Phone _____

First Previous Employer _____ From _____ To _____

Address _____ Phone _____

Other Inquiries

Are you or any member of your household currently using any illegal controlled substance?

Yes _____ No _____

Have you or any member of your household ever been convicted of the illegal use, manufacture, or distribution of a controlled substance?

Yes _____ No _____

Have you or any member of your household been convicted of a crime?*

Yes _____ No _____

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?*

Yes _____ No _____

**Criminal Background checks and sexual offender registry checks will be completed as part of the eligibility verification process.*

Please list applicant/household member name and all states that you or any member of your household has ever resided:

Applicant _____

Household member _____

Household member _____

Household member _____

I understand that the information above will be used in conjunction with the tenant selection plan to determine eligibility and preference for housing. LSS does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, familial status, or handicap.

Referral Status

How did you hear of this project? Please specify the source on the line provided.

Newspaper _____

Community/Government Agency _____

Present or Past Tenant _____ (no need to identify the person)

Other _____

Verification of Eligibility for Special Needs Housing

Please provide the name and address of a qualified neutral third party who will be able to provide verification of your eligibility for special needs housing. (Example: physician, therapist, social worker, etc.)

Name _____ Title _____

Address _____ Telephone # _____

City _____ State _____ Zip _____

Reasonable Accommodations- If any person in the household, because of one or more disabilities, needs a reasonable accommodation(s) to our policies or procedures, or a reasonable modification(s) to the apartment or premises please complete the Tenant/Applicant Request for Accommodation and/or Modification (Form available upon request).

Tenant Selection Plans- Tenant Selection Plans are available for each project. Should you wish to receive a copy please request from the person that provided you with this application. Updates to the plan will be provided to all that have previously requested a plan, and to all upon request.

Signatures and Acknowledgments:

By my signature I acknowledge that Title 18, Section 1001, of the United States Code states that a person is guilty of a felony if they knowingly and willingly make false or fraudulent statements to any department or agency of the United States.

I therefore certify by my signature that the foregoing information is true and complete to the best of my knowledge.

I authorize any necessary inquiries to verify the information above.

Head of Household _____ Date _____

Spouse or Co Head _____ Date _____

Received by _____ Date _____

Occupancy Specialist

Please return your completed application to:

**Lutheran Social Services
Housing Services
6737 W Washington Street, Suite 2275
West Allis, WI 53214**

Fax: 414-246-2524 (Attn: Housing)

Thank you.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). 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. 13604) 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.

LSS Subsidized Housing Locations Open Waiting Lists

Please, place a check beside the property(s) for which you are applying.

✓	Property Name	Property Address	City	# of Units	Eligible Population	Open Waiting lists
Wisconsin Locations:						
	Granville Apartments	7500 N. Granville	Milwaukee	8	DD	2-bed*
	Hampton Ave. Apartments	10524 W. Hampton Ave.	Milwaukee	8	DD	2-bed*
	Mill Road Apartments	6369 N. 100th St.	Milwaukee	8	DD	1 & 2-bed
	Woodside Apartments	6519 Bradley Rd.	Milwaukee	12	DD	1 & 2-bed
	Woodview Apartments	7323 W. Brown Deer Rd.	Milwaukee	12	DD	1 & 2-bed
	North Willow Apartments	9704 W. Allyn St	Milwaukee	16	PD	2-bed*
	Alden St. Apartments	1837 Alden Rd.	Janesville	11	CMI	1 & 2-bed
	Florence St. Apartments	1226 W. Florence St.	Whitewater	11	CMI	1 & 2-bed
	South Willow Apartments	1840 Roosevelt Ave.	Racine	10	CMI	2-bed*
	Stone St. Apartments	400 Stone St.	Beaver Dam	11	CMI	1 & 2-bed
	Jeffers Rd Apartments	3413 Jeffers Rd.	Eau Claire	8	DD	1-bed
	Sessions St. Apartments	2614 Sessions St.	Eau Claire	11	CMI	1 & 2-bed
	Progressive Apartments	3002 West Darling St.	Appleton	11	CMI	1 & 2-bed
	Round River Apartments	1411 W. Veterans Pkwy	Marshfield	15	CMI	1-bed
	Columbus Manor	779 Maple Ave.	Columbus	25	PD, 62+	Efficiency & 1-bed
	High Ridge Manor	13445 W. National Ave.	New Berlin	48	62+	1-bed
	Geneva Hills	1385 Elkhorn Rd.	Lake Geneva	33	62+	1-bed
Upper Michigan Locations:						
	Pineview Apartments	210-220 Sharon Ave.	Houghton	11	CMI	1 & 2-bed
	Oakwood Village I	580 Cox Street	Marquette	24	62+	1-bed
	Cherry Creek Village	201 Cherry Creek Rd.	Harvey	32	PD, 62+	1-bed
	Golden Horizons	57405 Mine St.	Calumet	16	PD, 62+	1-bed

CMI - Chronic Mental Illness

DD - Developmental Disability

PD - Physical Disability

*2-bed waiting lists require two (2) or more occupants in the household. A one (1) person household is not eligible without having a “reasonable accommodation” completed by a medical professional.

Properties are HUD-subsidized, meaning rent equals 30% of adjusted gross income for eligible tenants.

Project Name: LSS Housing

Consent for Credit & Criminal Background Check (Move-In)

Applicant's Information

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Maiden Name: _____

Social Security Number: _____

Birthdate: _____

Current Address:

Driver's License Number: _____

Employer: _____

Have you ever been convicted of a sex crime? _____ YES _____ NO

If YES, are you on the lifetime sex offender registry? _____ YES _____ NO

I hereby give my permission to obtain my credit report, to check my criminal history, and to complete a sex offender background check on me. I understand that negative information on these reports may be cause for rejection for tenancy.

Applicant's Signature: _____ Date: _____

Reviewed By (LSS): _____ Date: _____

Lutheran Social Services, Housing Services does not discriminate on the basis of handicapped status in the admission of, or access to, or treatment or employment in its federally assisted programs and activities.



Thank you for applying to Lutheran Social Services HUD-Subsidized Housing.

In order to determine your eligibility for the HUD-subsidized housing you applied for, we must verify your disability.



The Verification of Disability form:

Please list a Physician or Psychiatrist below that can provide verification of your disability. Lutheran Social Services will fax a verification of disability to the Physician or Psychiatrist you provide. (Submitting the information yourself may delay the application process).

Physician/Psychiatrist Name: _____

Telephone/Fax Number: _____

Clinic Name: _____

Address: _____

Consent for Credit, Criminal and Sex Offender Background Check form:

Complete all lines. Not doing so may delay the application process.

Complete the following before returning to LSS:

- ✓ Provide a Physician or Psychiatrist for Verification of Disability
- ✓ Sign the "Release" section on page 2 for the Verification of Disability
- ✓ Complete the consent for credit, criminal, and sex offender background check

Mail the completed forms to

Lutheran Social Services
Attn: Housing
6737 W Washington St., Suite 2275
West Allis, WI 53214

Fax #: (414) 246-2524
Hotline #: (414) 246-2304

Boxed area to be completed by Professional filling out Disability Verification.

_____ Name & Title of Person Supplying the Information	_____ Firm/Organization
_____ Signature	_____ Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify the information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant's Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 42 U.S.C. 208 (a) (6) and (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).