

Lutheran Social Services of WI & Upper MI, Inc.  
Affordable 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

Note- 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\_\_\_\_

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

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

Yes\_\_\_\_ No\_\_\_\_

Please list applicant/household member name and all states that you or any member of your household have 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(s) to:

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

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

Thank you.

## Lutheran Social Services of Wisconsin and Upper Michigan, Inc. - Affordable Housing

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

✓	Property Name	Property Address	City/State	Units	Population	Rent**
	26th St. Apartments	4273 S. 26th St.	Milwaukee, WI	7	DD	30%
	Center St. Apartments	7400 W. Center St.	Wauwatosa, WI	6	DD	30%
	Granville Apartments	7500 N. Granville	Milwaukee, WI	8	DD	30%
	Hampton Ave. Apartments	10524 W. Hampton Ave.	Milwaukee, WI	8	DD	30%
	Hickory Hill Apartments	1219 S. Grandview Blvd.	Waukesha, WI	20	DD	30%
	Mill Road Apartments	6369 N. 100th St.	Milwaukee, WI	8	DD	30%
	Woodside Apartments	6519 Bradley Rd.	Milwaukee, WI	12	DD	30%
	Woodview Apartments	7323 W. Brown Deer Rd.	Milwaukee, WI	12	DD	30%
	Alden St. Apartments	1837 Alden Rd.	Janesville, WI	11	CMI	30%
	Florence St. Apartments	1226 W. Florence St.	Whitewater, WI	11	CMI	30%
	Appleton Ave. Apartments	6616 W. Appleton Ave.	Milwaukee, WI	11	CMI	30%
	South Willow Apartments	1840 Roosevelt Ave.	Racine, WI	10	CMI	30%
	Stone St. Apartments	400 Stone St.	Beaver Dam, WI	11	CMI	30%
	Willow Wood Apartments	4321 Durand Ave.	Racine, WI	8	CMI	30%
	North Willow Apartments	9704 W. Allyn St.	Milwaukee, WI	16	PD	30%
	Hickory Flats Apartments	1219 S. Grandview Blvd.	Waukesha, WI	8	DD, PD	30%
	Prairieview Apartments	604 W. Hillcrest Rd.	Saukville, WI	12	PD	30%
	Jeffers Rd Apartments	3413 Jeffers Rd.	Eau Claire, WI	8	DD	30%
	Sessions St. Apartments	2614 Sessions St.	Eau Claire, WI	11	CMI	30%
	Progressive Apartments	3002 West Darling St.	Appleton, WI	11	CMI	30%
	Round River Apartments	1411 W. Veterans Pkwy	Marshfield, WI	15	CMI	30%
	705 W. Maple	705 West Maple St.	Milwaukee, WI	1	CMI	30%
	1502 S. Union	1502 South Union St.	Milwaukee, WI	1	CMI	30%
	2040-2040A S. 5th	2040-2040A South 5th Place	Milwaukee, WI	2	CMI	30%
	1508 S. 6th	1508 South 6th St.	Milwaukee, WI	1	CMI	30%
	1512-1512B S. 10th	1512-1512B South 10th St.	Milwaukee, WI	3	CMI	30%
	Columbus Manor	779 Maple Ave.	Columbus, WI	25	PD, 62+	30%
	High Ridge Manor	13445 W. National Ave.	New Berlin, WI	48	62+	30%
	Geneva Hills	1385 Elkhorn Rd.	Lake Geneva, WI	33	62+	30%
	Pineview Apartments	210-220 Sharon Ave.	Houghton, MI	11	CMI	30%
	Oakwood Village I	580 Cox Street	Marquette, MI	24	62+	30%
	Cherry Creek Village	201 Cherry Creek Rd.	Harvey, MI	32	PD, 62+	30%
	Golden Horizons	57405 Mine St.	Calumet, MI	16	PD, 62+	30%
	Eastridge Estates	3504 Hoover Ave.	Altoona, WI	64	55+	Varies

**CMI - Chronic Mental Illness**

**DD - Developmental Disability**

**PD - Physical Disability**

30% indicates HUD subsidized unit, rents equal 30% of adjusted gross income for eligible tenants

**Call our Housing Hotline at 414-325-3004 to receive applications and information via mail.**