



Date Received: _____
Time Received: _____ am/pm

Ellsworth Region

Return to Office:
Lee Dreyfus Manor - Office
271 East Summit
Ellsworth, WI 54011

ellsworthregion@impactseven.org
Property: _____

Phone: (715) 419-2238
Fax: (715) 972-8948

PRE-APPLICATION FOR WAITLIST APPLICANTS

Date/Time: _____ Current Address: _____
Contact # _____
Work # _____ Email Address: _____

#	FULL NAME (List ALL occupants) Last, First, MI	Relationship to HOH	Date of Birth (mm/dd/yyyy)	Sex	Social Security Number	Employer (School) Name and Position Title
1.						
2.						
3.						
4.						
5.						
6.						

Under some USDA and the HUD 202 & 811 programs, owners provide housing for persons who meet the eligibility criteria for a targeted population. Only one adult household member must be a member of the target population to occupy a development reserved for a targeted population. All household members must meet the program eligibility criteria. Please circle any or all of the following targeted populations you believe you are eligible to reside in.

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

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname. Please circle any or all of the following that apply.

Race: W-White/Caucasian, B-Black/African American, A-Asian, AI-American Indian/Alaskan Native, H-Hawaiian/Pacific Islander, O-Other **Ethnicity:** H-Hispanic, N-Non-Hispanic
Citizenship: C-Citizen, I-Immigrant/Refugee, GC-Green Card, V-Visa Holder

Is the head of household a student? YES NO If yes, Full-Time Part-Time

WARNING: The penalties for false information include eviction, loss of assistance, fines up to \$10,000 and imprisonment up to 5 years. [2-14 (4350.3 CHG.4)]

Has ANYONE who will LIVE IN this household EVER:

Left an apartment owing rent? Yes No Been evicted or moved under threat of eviction? Yes No
Declared bankruptcy? Yes No Been arrested for convicted of a crime? Yes No
Had civil judgments for unpaid bills? Yes No Lived in another state? Yes No which state: _____

If you answered "Yes" to any of the above, please explain: _____

Do you own an automobile? YES NO If yes, what is the make, model, year? _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Penalties for Misusing This Form: 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, the PHA and any owner (or an employee of HUD, the PHA or the owner) 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 this verification form is restricted to the purposed 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 or information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. **Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)**



It is the policy of Impact Seven, Inc. and the above-named property to fully comply with all Federal, State and local nondiscrimination laws: the Americans with Disabilities Act, and the U. S. Department of Housing and Urban Development and Wisconsin Housing and Economic Development Authority regulations governing Fair Housing and Equal Opportunity. No person shall, on the grounds of race, color, sex, sexual orientation, religion, national or ethnic origin, familial status, LGBT or disability be excluded from participation in, be denied the benefit of or be otherwise subjected to discrimination.

INCOME: For each household member, enter the **GROSS MONTHLY** income from each applicable source.

Mbr #	Wages, Salary	Pensions	Social Security	SSI	W-2	Asset Income	All Other
1.	\$	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$	\$	\$

ASSETS: For each household member, list **ALL ASSETS**, including any **REAL ESTATE/LAND** and the **ASSET VALUE** any member of the household **OWNS OR OWNED AND DISPOSED OF WITHIN THE PAST 3 YEARS**.

Mbr #	Asset Type & Description	Value	Asset Type & Description	Value	Asset Type & Description	Value
		\$		\$		\$
		\$		\$		\$
		\$		\$		\$

I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I, therefore, certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquires to be made and the release of any information to Impact Seven, Inc. necessary to verify all information listed above. I further understand that this information will be incorporated into and become part of the lease for the premises sought and, if subsequently found to be incorrect or untrue, shall be grounds for termination of the lease. I authorize release of information now and during my tenancy (if accepted), to future inquiries. I understand that landlord, credit, arrest and criminal reports will be used to verify all information given to Impact Seven, Inc.

RELEASE OF INFORMATION – Each adult household member who is making application for or is currently living in either a Section 8 or Rural Development must sign HUD Forms 9887 and 9887A (or its equivalent). Failure to sign constitutes grounds for denying housing. I certify that I have received a copy of the Fact Sheet for HUD Assisted Residents, Project-Based Section 8, “How Your Rent is Determined” the EIV and You Brochure, and HUD form 5380.

_____	_____	_____
Head-of-Household Applicant Signature	Printed Name	Date
_____	_____	_____
Co-Applicant Signature	Printed Name	Date
_____	_____	_____
Property Manager Signature	Printed Name	Date Received

NOTE: It is the Applicant’s responsibility to provide Management any contact information changes (ex. phone number and address). Failure to do so may result in your removal from the waiting list.



“This institution is an equal opportunity provider and employer.”