



Date Received: _____
Time Received: _____ am/pm

Ashland Region

ashlandregion@impactseven.org
Property: _____

Return to Office:
Wilmarth Mansion
522 Chapple Avenue
Ashland, WI 54806

PRE-APPLICATION FOR WAITLIST APPLICANTS

Phone: (715) 208-4216
Fax: (715) 972-8946

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.”

Dear Applicant:

The following information is intended to help you understand the subsidized housing programs managed by Impact Seven, Inc. The units were funded by U.S. Department of Housing and Urban Development (HUD) and we, as a management agent, are required to follow the rules and regulations set up by these federal agencies.

Applicants are determined income-eligible to occupy a unit according to the income guidelines prepared annually by HUD. Generally, the applicant must be at or below 50% of the median income for the county in which the unit is located. This procedure ensures that the subsidized housing is made available only to the very low-income individuals.

Once your Property Manager receives the application, a preliminary check of income is done to determine eligibility. If the applicant appears to be income-eligible, the applicant is put on the waiting list if no vacancies are available or if an appropriated sized (number of bedrooms) unit is available, the certification process is begun. If we find you are not eligible, you will be notified of the reason(s) why.

HUD requires reference checks to ensure that the buildings will be cared for, the rent will be paid, and that all residents will have a peaceful, safe, secure, and sanitary living environment.

All income must be verified including social security, wages, pensions, interest, AFDC, etc. Properties such as real estate, bank accounts, certificates of deposits, etc., are considered as assets and only the interest (or imputed interest) is included as income. If you are currently receiving, or expect to receive, social security benefits please include a copy of your current benefits letter with this application.

In elderly or disabled households, expected out of pocket medical expenses (those expenses not covered by Medicare or insurance) in excess of 3% of the gross income are treated as a deduction. Medical insurance premiums are a deduction. All of these expenses must be verified by your doctor, pharmacist, hospital, or insurance company. This ensures that the verification process can be completed efficiently and in a timely manner. Please be sure to include names, addresses and phone numbers. The Impact Seven Management Team will provide the forms and assistance during this process.

The amount of rent paid for an apartment varies according to income deductions. The resident will pay 30% of their adjusted monthly income toward rent and utilities.

A security deposit is equal to one month's gross tenant rent and is required before occupancy. This is refunded at the end of tenancy providing no damages or unpaid rent must be retained.

Each resident is re-certified once a year on the anniversary date of move-in. The process of verifying income and deductions is begun 120 days ahead of time to allow for the paperwork to be completed. Rent may go up or down according to circumstances, but it will remain at 30% of adjusted monthly income.

You, as the applicant, are responsible for keeping your application up-to-date. If you have a change of address or telephone number, you should notify the Manager by telephone or letter advising us of these changes as soon as possible. You may wish to list the name, telephone number and address of a friend or a relative on your application in case we need to reach you about a vacancy and cannot locate you.

If you do not notify us of these changes and we are unable to locate you, your application will be filed in the inactive file and your name will be removed from our waiting list.

When a vacancy occurs, we call the names on the waiting list in order of date and time of application. If at the time we call you cannot accept a unit, your name will remain on the list re-dating the application as to the date you were last called. We do not remove your name from the waiting list unless you request us to do so, or until we have expended a reasonable amount of effort to locate you.

HUD requires the disclosure and verification of Social Security Numbers for all household members. Applicants do not need to disclose or provide verification at the time of application or for placement on the waiting list. However, if you are called from the waiting list regarding an opening and do not disclose and/or provide verification of the SSN for all household members at that time, the next eligible applicant must be offered the unit.

We look forward to welcoming you as a new resident.

Sincerely,

Your Impact Seven Property Manager

