

Return to Address:

John Slaby Villa - Rental Office 449 Frederick Street North Stevens Point, WI 54481

Phone: (715) 496-1245 Fax: (715) 972-8509

Stevens Point Region

stevenspointregion@impactseven.org
Property: _____

Date Received:		
Time Received:	 am	pm

PRE-APPLICATION FOR HUD/RD WAITLIST

Fa	x: (715) 972-8509	PRE-APPLICATI	ON FOR HUD/R	D WAI	ILISI			
Da	te/Time:		Current Address:					
Со	ntact #							
W	ork #		Email Address:					
#	FULL NAME (List ALL occupants) Last, First, MI	Relationship to HOH	Date of Birth (mm/dd/yyyy)	Sex	Social Security Number	Employer (S and Position	-	ame
1.								
2.								
3.								
4.								
5.								
6.								
0.			1					
thro relig info requ Plea	information regarding race, ethnicity, and see ugh the Rural Housing Service that the Federgion, sex, familial status, age, and disability arrmation will not be used in evaluating your a uired to note the race, ethnicity, and sex of in use check any or all of the following that appears: W-White/Caucasain	ral laws prohibiting dis re complied with. You a pplication or to discrin dividual applicants on oly.	crimination against te are not required to fu ninate against you in a	requested enant appl rnish this any way. H servation	d in order to assure the ications on the basis of information, but are er However, if you choose	race, color, nat ncouraged to do	nment, acti ional origir so. This	n,
	Al-American Indian/Alaskan N		aiian/Pacific Island		O -Other			
<u>E1</u>	thnicity: H-Hispanic N-Non-Hispanic							
<u>C</u> i	itizenship: C -Citizen I -Immig	rant/Refugee	GC -Green Card	V- Vis	sa Holder			
	the head of household a student? Y		yes, Full-Time	Part-Ti \$10,000 aı		5 years. [2-14 (4	1350.3 CHG	i.4)]
На	s ANYONE who will LIVE IN this househ	old EVER:						
	eft an apartment owing rent?	Yes No			ved under threat of	eviction?	Yes	No
	eclared bankruptcy? ad civil judgments for unpaid bills?	Yes No Yes No	Lived in and		nvicted of a crime? e? Yes No W	hich state:	Yes	No
If you answered "Yes" to any of the above, please explain:								
	, and the distriction of the distriction	, p. case explain						
Do	you own an automobile? Yes N	lo If yes, what is t	he make, model, a	nd year?				

It is the policy of Impact Management Group, LLC. and the above-named property to fully comply with all Federal, State and local nondiscrimination laws: the Americans with Disabilities Act, 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.	\$	\$	\$	\$	\$	\$	\$

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 Management Group, LLC 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 Management Group, LLC.

RELEASE OF INFORMATION – Each adult household member who is completing application for or is currently living in either Section 8 or Rural Development housing 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
Community Manager Signature	Printed Name	 Date

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

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).







Dear Applicant:

The following information is intended to help you understand the subsidized housing programs managed by Impact Management Group, LLC. 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 Community 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 Management Group 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 Management Group Community Manager



