

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 the U.S. Department of Housing and Urban Development (HUD) and we, as the 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 appropriate size (number of bedrooms) unit is available, the certification process is started. 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. If you are currently receiving, or expect to receive, social security benefits please include a copy of your current benefits letter with this application. 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. Households with combined assets over \$100,000 are ineligible. **This applies to the following \*Section 8 properties: Alvin O'Konski Manor, Lee Dreyfus Manor, Gaylord Nelson Manor, Warren Knowles Manor, Neil Rasmussen Manor, Eldon Marple Manor, BCH Center Park, BCH Maple Park and BCH Pine Park.**

In elderly or disabled households, expected out-of-pocket medical expenses (those expenses not covered by Medicare or insurance) in excess of 10% 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 promptly. 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.

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 contact 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, if you have turned down three units 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 must disclose or provide verification at the time of application or for placement on the waiting list. If, at the time a unit becomes available, all non-exempt household members have not provided adequate documentation necessary to verify Social Security Numbers, the next eligible applicant family must be offered the available unit.

All non-exempt household members have ninety (90) days from the date they are first notified that a unit is available to provide documentation necessary to verify the Social Security Numbers. During this 90-day period, the household may retain its place on the waiting list but will not be considered again until the required documentation is provided. If, after ninety (90) days, the applicant family is unable to disclose/verify the Social Security Numbers of all non-exempt household members, the household will be determined ineligible and removed from the waiting list.

We look forward to welcoming you as a new resident!

Sincerely,

Your Impact Management Group Community Manager



"This institution is an equal opportunity provider and employer."



**Return to Address:**

Superior View Cottages - Rental Office  
2201 6th Street East  
Ashland, WI 54806

**Phone:** (715) 208-4216

**Fax:** (715) 972-8946

**Ashland Region**

ashlandregion@impactseven.org  
Property: \_\_\_\_\_

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_ am pm

**PRE-APPLICATION FOR HUD/RD WAITLIST**

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)	Social Security Number	Employer (School) Name and Position Title
1.					
2.					
3.					
4.					
5.					
6.					

Under some USDA and 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 targeted population to occupy a development reserved for a targeted population. All household members must meet the program eligibility criteria. **Please check any or all of the following targeted populations you believe you are eligible to reside in.**

Elderly (age 62+)

Disabled

Chronically Mentally Ill

Physically Disabled

Developmentally Disabled

Do you require a unit with special accessible housing features? Yes No

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 check 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 or 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, and 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, LGBTQ 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:** Households with combined assets over \$100,000 are ineligible (\*Section 8 properties only). 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 2 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 inquiries 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.

**REQUIRED DOCUMENTS** – Upon submission of this pre-application, a copy of your social security card is required.

_____ 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 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 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)\*\*



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