

Please complete the attached application and return to Sawyer County Housing Authority, PO Box 791, Hayward WI 54843, or deliver to 16036 W US Hwy 63 S, Hayward.

Sawyer County Housing Authority administers several different rental assistance programs throughout the county. A brief description of each program follows:

Housing Choice Voucher Program: Tenant based rental assistance. This program will allow you to rent through a private landlord. Rent will be based on income.

48 Project: Rent will be 30% of adjusted monthly income, all utilities included. Two and Three-bedroom units located in Hayward, Radisson, Winter and Exeland. Non-smoking units.

Exeland Senior Duplex: No income restrictions. Must be elderly, handicapped or disabled to be eligible. Rent is \$600 per month and includes all utilities. Non-smoking units.

Stone Lake Senior Duplex: No income restrictions. Must be elderly, handicapped or disabled to be eligible. Rent is \$625 per month and includes all utilities. Non-smoking units.

Sommerset Acres: No income restrictions. Two-bedroom units with garage. Rent is either \$625 or \$650 depending on unit. Non-smoking Units.

Cali-Triplex: No income restrictions. Two, one-bedroom units and one two-bedroom unit.

Indianhead Community Action Agency (ICAA): Various programs with housing in Hayward, Radisson, Winter, and Exeland. Non-smoking units.

Please select all of the waiting lists you are interested in. You may be on several lists.

	Yes	No		Yes	No
Housing Choice Voucher Program	<input type="checkbox"/>	<input type="checkbox"/>	Hayward	<input type="checkbox"/>	<input type="checkbox"/>
Stone Lake Elderly Duplex	<input type="checkbox"/>	<input type="checkbox"/>	Radisson	<input type="checkbox"/>	<input type="checkbox"/>
Exeland Elderly Duplex	<input type="checkbox"/>	<input type="checkbox"/>	Winter	<input type="checkbox"/>	<input type="checkbox"/>
ICAA Units - Hayward	<input type="checkbox"/>	<input type="checkbox"/>	Exeland	<input type="checkbox"/>	<input type="checkbox"/>
Radisson	<input type="checkbox"/>	<input type="checkbox"/>	Sommerset	<input type="checkbox"/>	<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	Cali	<input type="checkbox"/>	<input type="checkbox"/>
Exeland	<input type="checkbox"/>	<input type="checkbox"/>			

In order to be eligible for rental assistance, your annual gross income must not be higher than the income in the table below.

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$25150	\$28750	\$32350	\$35900	\$38800	\$41650	\$44550	\$47400

Priority Guidelines: Preference will be given to families without housing, families living in substandard housing, families paying more than 50% of their income toward housing, and those who are working/disabled/retired.



P.O. Box 791 16036W Hwy 63 S Hayward, Wisconsin 54843
 Phone (715) 634-4280 Fax (715) 934-4803 Email: schous@cheqmet.net

Head of Household Information

Social Security Number		Date of Birth	Sex	Phone (include area code)	
First Name		Middle Name	Last Name		
Address		City/Town		State	Zip Code
e-mail address					

Do you qualify for a reasonable accommodation due to a disability? Yes No Are you a Veteran?

Household Composition – List all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc.

First Name	Last Name	Relationship to Head	Birth Date	Age	Sex	Disabled	Social Security Number

Household Income: (Employment, General Relief, W2, SS, SSI, VA, Pensions, Child Support, Workers Compensation, Unemployment Compensation, Alimony, Annuities, Per Capita, Bonuses, Tips, Commissions)

Family Member	Source of Income	Gross Amount per week/month

Household Assets: Please list all household member’s assets (i.e., bank accounts, real estate, stocks, bonds, retirement or pension funds, IRA, 401K account, life insurance policies, etc.)

Type of asset	Account Number	Cash Value	Location of Asset	Int Rate/Dividend

For Housing Authority Use Only:

- HCV Program Vista Village Radmore Village Winmore Village Plainview Village
- Exeland Elderly Stone Lake Elderly ICAA Sommerset Cali

Date Received: _____ Time: _____ Initials: _____ CCAP: _____ SOR: _____



“This institution is an equal opportunity provider and employer”



Rental History

Name of Landlord	Address	Phone #	Date of Rental

Yes No

- Have you ever been evicted? If yes, when? Who was your landlord?
 Do you owe any past due rent? If yes, what is the amount?
 Do you owe any past due utilities? If yes, what utilities? Amount?

Preference

- I am homeless (Must supply third party verification of housing situation)
 I live in substandard housing
 I pay more than 50% of my income for rent and utilities
 I am working, disabled, or over age 62

Miscellaneous Information

Yes No

- Is anyone in your household on the Sex Offender Registry?
 Is anyone in your household pregnant? If yes, what is your due date?
 Has anyone in your household been arrested or convicted for drug related activity within the last three years?
 Has anyone in your household been arrested or convicted of violent criminal activity in the last three years?
 Have you or any member of your household ever received rental assistance through a government agency?
 If yes, what agency did you receive rental assistance through? Date?
 Do you currently owe a balance to any housing authority? If yes, what agency? Amount \$
 Do you have pets? If yes, how many? Would you be willing to give them away?
 Have you disposed of any assets at less than fair market value within the last two years? If yes, please list amount of asset
 and amount received. Asset value? Amount received? Date:

Ethnicity/Race

We collect data on race and ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

- White Black/African American American Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander

Ethnicity of head of household (Check only one) Hispanic non-Hispanic

Certification of Applicant

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- Any misrepresentation or false information will result in my application being cancelled or denied;
- At the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and Sawyer County Housing Authority (SCHA) policy;
- It is my responsibility to notify SCHA in writing of any change of address and my application may be cancelled if I fail to do so;
- It is my responsibility to notify SCHA in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- I/We give permission to SCHA to verify my/our income, assets, expenses and family composition to determine eligibility.

Signature:

Date:

Signature:

Date:

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to SAWYER COUNTY HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| Identity and Marital Status | Employment, Income, and Assets | Residences and Rental Activity |
| Medical or Child Care Allowances | Credit and Criminal Activity | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | | |
|--|--------------------------------|--|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers | Veterans Administration |
| Courts and Post Offices | Welfare Agencies | Retirement Systems |
| Schools and Colleges | State Unemployment Agencies | Banks and other Financial Institutions |
| Law Enforcement Agencies | Social Security Administration | Credit Providers and Credit Bureaus |
| Support and Alimony Providers | Medical and Child Care | Provider Utility Companies |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove with other Federal, State, or local agencies, including but not limited to: State Employment Security agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Head of Household *Print Name* *Date*

Spouse/Co-Tenant *Print Name* *Date*