

JUNEAU COUNTY HOUSING AUTHORITY

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**APPLICATION FOR OCCUPANCY**

**It is required to include a copy of your Social Security card and drivers license /ID card when submitting this application.**

Applicant's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Marital Status \_\_\_\_\_  
Married, Unmarried, Separated

Spouse/Co-Tenant \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other Members of Household:

Name Sex Age Relationship

\_\_\_\_\_  
\_\_\_\_\_

Please list children or other close relatives or friends to contact in case of an emergency:

Name Relationship Address

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Please attach another sheet if needed. Zip Code \_\_\_\_\_

Juneau County Housing Authority is an equal opportunity provider and employer.  
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at &S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Is someone legally empowered to act in your behalf?

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Business Phone \_\_\_\_\_

\_\_\_\_\_  
Zip Code \_\_\_\_\_

Present Physician:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address

City

Zip Code

Persons who meet the definition of disabled or handicapped qualify for a \$400 Deduction to their annual income when determining rent contribution and certain other deduction. See the attached addendum which defines disabled or handicap. If you feel that you qualify and would like to request this adjustment to your income, please check here \_\_\_\_\_. If you have indicated your desire to request this adjustment, then we will need only sufficient documentation to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

If you are less than 62 years old, are you eligible for occupancy based on your status as an individual with handicaps or disabilities you and your healthcare provider will need to fill out the attached Verification of Disability.

Do you have any specific housing requirements, such as a handicapped accessible unit?  
\_\_\_\_\_

Do you have any of the following: without or about to be without housing, living in substandard housing, paying more than 50% of income for rent. Circle one if applicable.

Do you have a Letter of Priority Entitlement? \_\_\_\_\_ Issued by Rural Development? \_\_\_\_\_

Do you certify that this will be your permanent residence and that you do not/will not maintain a separate subsidized unit in a different location? \_\_\_\_\_

Are you enrolled as a student at an institution of higher education? \_\_\_\_\_

How did you hear about Juneau County Housing Authority? \_\_\_\_\_

How did you hear about any vacancies? \_\_\_\_\_

What is your preferred moving date? \_\_\_\_\_

Complete **all applicable** information for Applicant, Spouse, or Co-Applicant on this page and the next. Attach an additional sheet if needed.

INCOME INFORMATION

1. Social Security/SSI Payments & Veteran Benefits

\$ \_\_\_\_\_ Annually from \_\_\_\_\_  
\$ \_\_\_\_\_ Annually from \_\_\_\_\_

2. Pensions, Annuities, Retirement Funds, IRA Accounts, Interest Income

\$ \_\_\_\_\_ Annually from \_\_\_\_\_  
\$ \_\_\_\_\_ Annually from \_\_\_\_\_

3. Salary/Wages – List **gross** amount of wages, salaries, overtime pay, commissions, fees, tips and bonuses.

\$ \_\_\_\_\_ Annually from \_\_\_\_\_  
\$ \_\_\_\_\_ Annually from \_\_\_\_\_

4. Net Income from Business or Profession or Rental, Real or Personal Property.

\$ \_\_\_\_\_ Annually from \_\_\_\_\_  
\$ \_\_\_\_\_ Annually from \_\_\_\_\_

5. All Other Income: Include income from all other sources, such as Unemployment, Disability Compensation, Workman’s Compensation, Severance Pay, Alimony, Child Support, Regular Recurring Contributions or Gifts of Money, Regular Pay, Special Pay and Allowances for Head of Household in Armed Forces; Public Assistance, or any other source.

\$ \_\_\_\_\_ Annually from \_\_\_\_\_  
\$ \_\_\_\_\_ Annually from \_\_\_\_\_

EXPENSE INFORMATION

1. **Child Care Expense:** List amount paid by family for the care of minor children under 13 years of age when such care is necessary to enable a family member to further education or to be gainfully employed.

\$ \_\_\_\_\_ Annually to \_\_\_\_\_

2. **Medical Expenses:** (To be completed for households with persons who are handicap, Disabled or over the age of 62) – Include total expenses paid out of your pocket over the past twelve months (not paid or reimbursed by insurance). May include any medically related expense. Ex: dental, prescriptions, supplement premiums, eye, hearing, cost of live-in resident assistant, doctor, including that portion of spouse's or child's nursing home care paid from family income.

\$ \_\_\_\_\_ Annually to \_\_\_\_\_  
 \$ \_\_\_\_\_ Annually to \_\_\_\_\_  
 \$ \_\_\_\_\_ Annually to \_\_\_\_\_  
 \$ \_\_\_\_\_ Annually to \_\_\_\_\_  
 \$ \_\_\_\_\_ Annually to \_\_\_\_\_  
 \$ \_\_\_\_\_ Annually to \_\_\_\_\_

**ASSET INFORMATION** – List all information for applicant, spouse, and/or co-applicant

1. Cash on hand – amount in pocket, purse, etc. \$ \_\_\_\_\_

2. Checking Accounts

Bank Name \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

3. Savings Accounts (including IRA's)

Where \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Where \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Where \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

4. Stocks and/or Bonds

Type \_\_\_\_\_ Number \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Type \_\_\_\_\_ Number \_\_\_\_\_ Value \$ \_\_\_\_\_

5. Real Estate Owned Within Last 2 Years

Market Value \$ \_\_\_\_\_

If sold within last 2 years, list amount sold for \$ \_\_\_\_\_

6. Property Sold Under Land Contract

Original Amount \$ \_\_\_\_\_

Outstanding Balance \$ \_\_\_\_\_

Terms: \$ \_\_\_\_\_ per month \_\_\_\_\_ or per year \_\_\_\_\_

**REFERENCES**

**PERSONAL REFERENCES** *(Not Relatives)* **3 References are required**

1. \_\_\_\_\_  
Name Complete Mailing Address
2. \_\_\_\_\_  
Name Complete Mailing Address
3. \_\_\_\_\_  
Name Complete Mailing Address

**FINANCIAL REFERENCES** *(Not Relatives)* **3 References are required**

1. \_\_\_\_\_  
Name of Business or Person Complete Mailing Address
2. \_\_\_\_\_  
Name of Business or Person Complete Mailing Address
3. \_\_\_\_\_  
Name of Business or Person Complete Mailing Address

**LANDLORD REFERENCES**

**You must report the past ten years.** Please use another piece of paper if needed.

**Present Address** \_\_\_\_\_  
Dates resided there \_\_\_\_\_ to Present Landlord \_\_\_\_\_  
Complete Landlord Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Previous Address #1** \_\_\_\_\_  
Dates resided there \_\_\_\_\_ to \_\_\_\_\_ Landlord \_\_\_\_\_  
Complete Landlord Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Previous Address #2** \_\_\_\_\_  
Dates resided there \_\_\_\_\_ to \_\_\_\_\_ Landlord \_\_\_\_\_  
Complete Landlord Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Have you ever been convicted of a felony or drug related charge? \_\_\_\_\_

Your signature on this application authorizes the owner/manager of the project in which you are applying for occupancy to contact your prior landlords, to check personal and credit references and to obtain credit, employment and court records.



Applicants Signature



Date

The information regarding race, national origin, and sex designation solicited on the application is requested in order to assure the Federal Government, acting through USDA/Rural Development and Housing and Urban Development (HUD), that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disabled are compiled 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/manager is required to note the race/ national origin and sex of individual applicants on the basis of visual observation or surname.”

APPLICANT	SEX
<p>Race/National Origin</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> American/Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not-Hispanic or Latino</p>	<p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>

**STATEMENT REQUIRED BY THE PRIVACY ACT**

The USDA, Rural Development, is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C.1471 et. Seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that is unlawful for Rural Development to deny eligibility because of the refusal to disclose the Social Security Account Number.

The principal purposes for collecting the requested information are to determine eligibility for occupancy in the Rural Development financed rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal or regulatory proceedings.