

Housing Choice Voucher Program: Application Instructions

Income Limits

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$23,700	\$27,050	\$30,450	\$33,800	\$36,550	\$39,250	\$41,950	\$44,650

The following documents must be received with your Preliminary Application in order for it to be processed; if all documents are not included the application will be returned to you:

1. A signed and completed preliminary application.
2. Proof of Brown County **residence**- need both items below (MUST BE ATTACHED):
 - Current/Valid Drivers License or State ID with current address which matches address on application

AND

- **TWO (2)** of the following documents of your choice (**Address on ALL documents MUST match the address you are applying for assistance under, and can not use two of the same documents**):
 - Lease (signed by all adult parties listing current address and lease terms)
 - Credit Card Statement – Current (within last 30 days)
 - Employment/Check Stubs – Current (within last 30 days)
 - Local Bank Records – Current (within last 30 days)
 - Utility Bill (gas, electric, water, cable, telephone) **MUST** be current (within 30 days)
 - Court Documents for Child Support/Paternity
 - Rent/Auto Insurance Policy
 - School Records/Day Care Records
 - Local College Enrollment Records
 - Local Physician Records
 - Social Security Award Letter
 - Vehicle Registration
3. Verification of legal identity for **ALL** household members (MUST BE ATTACHED):
 - **Social Security Card**, Alien Registration card, or naturalization papers
 - Forward cards are NOT accepted
 4. Verification of date of birth for **ALL** household members (MUST BE ATTACHED):
 - **Birth certificate**, church issued baptismal certificate, hospital birth announcement, permanent resident card, or drivers license/state ID
 5. Proof of your preference, if applicable (MUST BE ATTACHED):
 - A. **Displaced due to a natural disaster or government action:** Statement from a government agency or service agency such as city officials or The Red Cross
 - B. **Homeless Families with Children:** Certification from a local social service agency that is providing case management

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- C. **Veteran:** Copy of form DD 214 or service discharge papers
- D. **Age 62 or Over:** Copy of birth certificate, baptismal certificate
- E. **Disability:** Copy of **ORIGINAL** SS/SSI benefit award letter
- F. **Households with Children under 18 years of age:** Copy of birth certificate, baptismal certificate or hospital announcement

If the previous preferences do not apply to you:

Brown County Residents:

Will be placed on the waiting list as of the date and time the completed application was received. After applicants with the above preferences are assisted, all other Brown County applicants will be pulled from the waiting list.

Not Brown County Residents:

Will not be pulled off the waitlist until all other Brown County applicants have been assisted

Additional Information:

Please note that completed applications that are received will be accepted in date order. You will receive a notification letter when your name is placed on the waiting list.

Phone calls or visits to the agency WILL NOT be returned or accepted to check the status of your application. It will take 4 - 6 weeks to process your application and notification of your status will be sent by mail.

The wait to be assisted may be up to 1 year and is subject to change without notice due to funding sources.

You **MUST** notify Integrated Community Solutions **IN WRITING** of any change in address or household members

In order to be placed on the waiting list, all adult household members must pass a criminal background check



ATTENTION!

PLEASE READ THIS IMPORTANT MESSAGE!

THE BROWN COUNTY HOUSING AUTHORITY SECTION 8 HOUSING CHOICE VOUCHER PROGRAM USES A *PRIVATE INVESTIGATION SERVICE* TO CAREFULLY SCREEN ALL PROGRAM APPLICANTS.

IF YOU HAVE RECENT CRIMINAL HISTORY OF:

- **DRUGS**
- **VIOLENCE**
- **GANG-RELATED ACTIVITY**
- **NAME ON SEXUAL OFFENDER REGISTER**

...YOUR APPLICATION TO THE PROGRAM WILL BE DENIED.

PROVIDING FALSE INFORMATION ON YOUR APPLICATION IS ALSO GROUNDS FOR DENIAL.

NOTE: *ALL ENROLLED HOUSEHOLD MEMBERS WILL BE SCREENED ANNUALLY. UNREPORTED INCOME OR UNREPORTED HOUSEHOLD MEMBERS WILL RESULT IN HOUSING FRAUD CHARGES.*

PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:
 Integrated Community Solutions, 2605 S. Oneida St, Suite 106
 Green Bay, WI 54304

Name: _____

Legal address if different from mailing address

Address: _____

City, State, Zip: _____

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address (copy of Drivers License or State ID only), social security cards and birth certificates for all household members **MUST** accompany this form when returned. Preliminary applications returned without this evidence will be denied. Please list all former/maiden names below.

Part 1: Head of Household

Social Security Number _____

Ethnicity
(Check One Box)

- Hispanic
 Not Hispanic

Date of Birth _____

Sex Female Male

Race
(Check All That Apply)

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

Home Telephone _____

Other Telephone _____

Other Telephone Type Work Other Specify: _____

E-mail Address _____

I would like to receive correspondence via e-mail.

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

Racial and ethnic data for statistical purposes only.

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How Often	If Income is from Wages List Address of Employer
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Earned from Asset
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Eligibility and Preferences

Documentation of preference claimed **MUST** be included.

Preferences (Check the applicable box below for the preference(s) you are claiming):

- Displaced due to a natural disaster or government action: Statement from a government agency or service agency such as a city official or The Red Cross.
- Homeless Families with Children: Certification from a local social service agency that is providing case management.
- Veteran: Copy of form DD 214 or service discharge paperwork.
- Elderly (age 62 or older): copy of birth certificate, baptismal certificate or drivers license or state issued ID card.
- Disability: Copy of ORIGINAL SS/SSI benefit award letter.
- Households with children under 18 years of age: Copy of birth certificate, baptismal certificate or hospital birth announcement.

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____

_____ Date

Authorization for the Release of Information

Applicant ID

PHA requesting release of information:



2605 S. Oneida • Suite 106 • Green Bay, WI 54304

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	Date	_____	Social Security Number (if any) of Head of Household
Spouse	Date	_____	Other Family Member over age 18
_____	Date	_____	Other Family Member over age 18
Other Family Member over age 18	Date	_____	Other Family Member over age 18

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 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 of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

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



2605 S. Oneida Street Suite 106, Green Bay, WI 54304

Integrated Community Services administers the housing assistance programs for the Brown County Housing Authority. In order to respond to the widest possible range of housing needs, we operate several housing programs and serve more than 3,200 households in Brown County. An extensive, stringent application process is in place for the programs we provide. All applicants are subject to a criminal background check. If there are any incidents of drug activity or violent behavior within the past three years for a misdemeanor, or five years for a felony, the applicant is ineligible for the program. Anyone on the sex offender list is also ineligible. Those passing the criminal background check are placed on a waiting list.

Below you are provided a brief description of each program that provides housing assistance through our agency. Please indicate on the bottom of this form, which waiting list you would like to be placed on.

Housing Choice Voucher Program:

The Housing Choice Voucher (HCV) program is designed to help individuals and families living on a limited income afford a private housing unit. The average length of wait is 9-12 months for Brown County residents. Applicants from outside the county are given non-preference status and their wait is indefinite. Once determined to be eligible for the program applicants are given vouchers to begin to look for suitable housing in Brown County.

Moderate Rehabilitation Program:

The Moderate Rehabilitation Program is also designed to help individuals and families living on a limited income afford a private housing unit. Once determined eligible, there are specified units located in Brown County that the applicant must occupy. If they decide to move out of the unit they have selected, the participant will lose their voucher and their assistance.

Projected Based Units:

I would like to be placed on the:

- Housing Choice Voucher Program waiting list
- Moderate Rehabilitation Program waiting list
- Project Based Units waiting list

Printed Name of Applicant

Signature of applicant

Social Security number for Applicant

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name