

THE HOUSING AUTHORITY OF THE
CITY OF SUPERIOR, WISCONSIN
1219 NORTH 8TH STREET / P.O. BOX 458
SUPERIOR, WISCONSIN 54880
PHONE (715)394-6601 OR 1-888-682-2374
FAX (715)394-3512

Dear Applicant,

The Superior Housing Authority maintains three distinct applicant lists within our Public Housing Program. Since you have completed an application for housing assistance, we are providing you with information about each of these lists.

Family Sites: Our family sites include Park Place, BayView and Catlin Court. These sites contain residences ranging in size from one to four bedrooms.

Scattered One Bedroom: Our eighty-eight one bedroom sites include Johnson Manor, Howe Manor, Kreips Manor, Idziorek Manor and Billings Park Villa.

Scattered Family: Twenty-five scattered family units are located throughout the City of Superior. These residences are either duplexes or single family homes, and range in size from two to five bedrooms.

An applicant may apply for any of our sites based on household size.

Please identify the specific lists you are interested in and return the completed application to our office. Your name will be added to the list(s) you select, based on the date and time we receive your application.

If you have any questions about the location of our sites, or the waiting list(s) you applied for, please contact our office at (715) 394-6601.

Sincerely,

Laura Hursh
Executive Director

It is my intent to apply for a residence in the following site(s) owned and operated by the Superior Housing Authority:

_____ Family Sites: Ranging from one to four bedrooms

_____ Scattered One Bedroom Sites

_____ Scattered Family/Turnkey: Ranging from two to five bedrooms

Signature

Date

SUPERIOR HOUSING AUTHORITY
1219 NORTH 8TH STREET, PO Box 458, SUPERIOR, WI 54880
PRELIMINARY APPLICATION FOR PUBLIC HOUSING

(Please use the back of the form to list any additional information, if necessary.)

A. HOUSEHOLD COMPOSITION: Please complete the following information for each person residing in your household.

FULL NAME	SOC SEC NUMBER	DATE OF BIRTH	GENDER	RELATIONSHIP TO HEAD	RACE	HISPANIC (Y/N)	PLACE OF BIRTH
1.							
2.							
3.							
4.							
5.							
6.							

B. HOUSEHOLD INCOME: Please list ALL sources and amounts of your household income (i.e. Social Security, SSI, Employment, Pensions, Child Support, W-2, etc.)

FAMILY MEMBER	SOURCE OF INCOME	GROSS AMOUNT PER WEEK/MONTH
		\$ PER
		\$ PER
		\$ PER

C. HOUSEHOLD ASSETS: Please list ALL household member's assets (i.e., bank accounts, real estate, stocks, bonds, retirement or pension funds, IRA or 401K account, life insurance policies, etc.)

TYPE OF ASSET	ACCOUNT NUMBER	CASH VALUE	LOCATION OF ASSET	INTEREST RATE AND OR DIVIDENDS EARNED

D. TENANT SUITABILITY

1. Have you or any member of your household applying today ever received rental assistance through a government agency such as, but not limited to, public housing, Section 8, WHEDA, HOME, HUD or any other private subsidy units, etc.? YES NO
2. Have you or any member of your household applying today, ever applied with the Superior Housing Authority BEFORE today? YES NO
3. Do you currently owe a balance to Superior Housing Authority? YES NO
4. Do you currently owe a balance to any housing authority? YES NO
If yes, which housing authority and address: _____
5. Has any member of your household EVER been convicted of ANY crime other than a traffic violation? YES NO
 - a. If yes, explain which family member and what the conviction was for: _____
 - b. What is the date(s) of conviction(s)? _____
 - c. In what state, county and city was the conviction(s)? _____
 - d. Is any member of your household currently on probation? YES NO
If yes, please list the name of the probation officer _____
6. In selecting eligible applicants, the Housing Authority will give preference to those applicants who meet specific criteria. Those applicants who respond yes to the question below will be given consideration for a preference. **Documented proof MUST be received in order to grant a preference. Driver's license/Photo I.D. required. i.e. pay stub, recent invoice with address.**

 Are you being or have you been displaced from your home due to domestic violence? YES NO

 Have you or any adult household member been residing in Douglas County, WI or St. Louis County, MN for the last one year or more? YES NO

Are you or any adult household member currently employed for at least minimum wage for a minimum of 20 hours a week for a minimum of the last 6 months? YES NO

7. SHA has mobility, visual and hearing impaired designed accessible units. As a result of a household member's disability, are you requesting any reasonable accommodations be made (such as a wheelchair accessible unit, etc.)? YES NO
 If so, what type of accommodation and for which member? _____
8. Are you or any member of your household (including live in aides); subject to a state sex offender registration program in any state? (Failure to respond to the question may jeopardize the approval of the application.) YES NO

I certify that information listed on this document, in its entirety, is true and complete to the best of my knowledge and belief. I further understand that false information or entry on this document may result in denial of application and/or termination of tenancy and/or assistance.

Head of Household's Signature	Address	Phone Number	Date
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Other Adult Household Member's Signature	Date
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OFFICE USE ONLY

Date Application Received _____

Time _____

Superior Housing Authority Smoke-Free Policy

All apartments are smoke-free as of January 1, 2018.

All playgrounds and community areas are smoke-free. You must be at least 25 feet away from any Superior Housing Authority buildings while smoking. The same rules apply to all guests, visitors and vendors on the property. Remember you are responsible for your guest's actions, so if they smoke in your apartment, or not 25 feet away from any building, it means you are violating your lease.

DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS:

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
 - Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
 - Permanent residence under §249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
 - Parole status under §§212(d)(5) of the INA 6/; or
 - Threat to life or freedom under §243(h) of the INA 7/; or
 - Amnesty under §245 of the INA 8/.

(Signature of Family Member)

(Date)

Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older:** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

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.			
<input type="checkbox"/> Check this box if you choose not to provide the contact information.			
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> </table>			

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.

Form HUD- 92006 (05/09)



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Carefull

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

December 2005