

Managed By:
Superior Housing Authority
1219 North 8th Street
Superior, WI 54880

ROSEWOOD APARTMENTS

The Superior Housing Authority complies with the Americans with Disabilities Act of 1990. If you are in need of an accommodation to participate in this appointment, please contact me at (715) 394-6601 by 12:00 p.m. on the day prior to the scheduled meeting. The Authority will attempt to accommodate any request depending on the amount of notice we receive.

Rosewood Apartments

(715) 394-6601

**HOUSING CREDIT PROGRAM
APPLICANT QUESTIONNAIRE**

HOUSEHOLD INFORMATION

List all household members that are applying to live in this apartment with you.

Name First, Middle Initial, Last	Relationship to Head of Household	M/F	Social Security Number	Birthday Month/Day/Year

Current Address _____

Daytime Phone _____ Evening Phone _____

Yes No

1. Do you expect any additions to the household within the next twelve months?

Name & Relationship _____

Explanation _____

2. Is there anyone living with you now who won't be living with you at this property?

Name & Relationship _____

Explanation _____

3. Do you have full custody of your children?

Explanation _____

4. Are there any absent household members who under normal conditions would live with you? (for example, a household member away in the military.)

Explanation _____

5. Does your household have or anticipate having any pets other than those used as service animals?

Rental History

YES

NO

6. Have you or any one else named on this application filed for bankruptcy?

Explanation: _____

7. Have you or any one else named on this application been convicted of a felony?

Explanation: _____

8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs

Explanation: _____

9. Have you or any one else named on this application been convicted of property damage?

Explanation: _____

10. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile-home or trailer?

Explanation: _____

Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	() _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

(EMC #01)

11. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Name of Company

Amount

_____	_____	_____
_____	_____	_____

(EMC #02)

12. Self-employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Type of Business

Amount

_____	_____	_____
_____	_____	_____

(EMC #03)

13. Regular pay as a member of the Armed Forces?

Household Member

Base Name & Branch

Amount

_____	_____	_____
_____	_____	_____

(EMC #04)

14. Unemployment benefits or workman's compensation?

Household Member

Contact Person

Amount

_____	_____	_____
_____	_____	_____

(EMC #05)

15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

If yes, (EMC #06) If no, (EMC #19)

16. (a) Child support or Alimony?
(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

(If yes, obtain court papers)

(c) If money is not actually received, are you taking legal action to remedy?

Explanation: _____

(EMC #07)

17. Social Security, SSI or any other payments from the Social Security Administration?

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

19. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

20. Regular payments from any type of settlement? (For example, insurance settlements.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

21. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #13)

22. Educational grants, scholarships, or other student benefits?

Household Member

Source of Benefit

Amount

(EMC #08)

23. Regular payments from lottery winnings or inheritances?

Household Member

Source of Benefit

Amount

(EMC #08)

24. Regular payments from rental property or other types of real estate transactions?

Household Member

Source of Benefit

Amount

(EMC #08)

24. Any other income sources or types not listed?

Household Member

Source of Benefit

Amount

26. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES NO

(EMC #09)

27. Checking or savings account?

Household Member

Source of Benefit

Amount

(EMC #09)

28. CDs, money market accounts or treasury bills?

Household Member

Source of Benefit

Amount

(EMC #10)

29. Stocks, bonds or securities

Household Member

Source of Benefit

Amount

<input type="checkbox"/>	<input type="checkbox"/>	30. Trust funds?			
	(EMC #09)		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
			_____	_____	_____
			_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	31. Pensions, IRAs, Keogh or other retirement accounts?			
	(EMC #09)		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
			_____	_____	_____
			_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	32. Cash on hand over \$500?			
	(EMC #13)		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
			_____	_____	_____
			_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i>			
	(EMC #10)		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
			_____	_____	_____
			_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	34. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i>			
	(EMC #10)		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
			_____	_____	_____
			_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	35. A safe deposit box?			
	(EMC #13)		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
			_____	_____	_____
			_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	36. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?			
	(EMC #11)		Household Member: _____	Amount: _____	
			Explanation: _____		

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	37. Are you or any other ADULT household members claiming zero income?
	(EMC #20)	
		Household Member: _____
		Explanation: _____

(EMC #12 & #18)

38. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): _____

(EMC #15 & #21)

39. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

40. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

For Office Use Only

Date of Interview: _____

Desired Apt. #: _____

Desired Move-in Date: _____