

Head of Household Name: _____

Date: _____

**PLEASE CHECK THE BOXES BELOW FOR ALL PROPERTIES WHICH
YOU ARE APPLYING FOR.**

ROSEWOOD APARTMENTS

601-621 Clough Avenue, Superior WI 54880

602-620 Weeks Avenue, Superior WI 54880

901-921 N 7th Street, Superior WI 54880

COTTAGES OF SUPERIOR

1406-1506 N 51st Street, Superior WI 54880

NEW YORK APARTMENTS 55+ YEARS OF AGE

1406 Tower Avenue, Superior WI 54880

WASHINGTON APARTMENTS 55+ YEARS OF AGE

1521 Tower Avenue, Superior WI 54880

GRAND CENTRAL PLAZA 55+ YEARS OF AGE

1300 Weeks Avenue, Superior WI 54880

The Superior Housing Authority complies with the Americans with Disabilities Act of 1990. If you are in need of an accommodation to equally participate in our programs, please contact SHA and we will attempt to accommodate any request.



MANAGED PROPERTIES

(715) 718-8150

**Information will be kept on file for 1 year from receipt of
Pre-Application**

**If you would like to keep your pre-application active it will be your responsibility to update
information with our office.**

**HOUSING CREDIT PROGRAM
PRE-APPLICATION 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	Full Time Student Y/N	Gender	Date of Birth Month/Day/Year	Does your household have a HCV (Section-8) Y/N
	Head of Household				

Current Address _____

Daytime Phone _____ Email Address _____

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.

Gross Income (include gross income for all household members listed on pre-application)

Family Member Name	Source	Amount	Per week/month/year
		\$	
		\$	
		\$	
		\$	
		\$	

Signature Clause - I certify that the information listed in this application is true and complete to the best of my knowledge and belief. I further understand that false or misleading information on this pre-application may result in the denial of the application and/ / or the termination of tenancy. All adult household members must sign below.

 Signature Date

 Signature Date