



SUPERIOR HOUSING AUTHORITY PRE-APPLICATION

Rosewood Apartments I & II
602 Weeks Avenue – Superior, WI

Name of other properties applying for: _____

HOUSEHOLD INFORMATION (Attached additional pages if necessary)

List all household members 18 years of age and older that are applying to live in this apartment with you:

Name First, Middle Initial, Last	Relationship to Head of Household	Gender	Birthday Month/Day/Year	Full Time Student? Yes or No (Answer Yes for Kindergarten - 12th grade and institutions of higher education)
	Head			

Yes No
 Will the household include anyone 17 years of age or younger? If yes, how many: _____

Your Current Address: _____

Daytime Phone: _____ Email Address: _____

- Yes No
 Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments? If yes, select all that apply:
 Fully handicap accessible unit Hearing Visual
 Other special features, please explain: _____
- Yes No
 Does your household receive tenant based rental assistance, such as a Housing Choice Voucher?
 Currently have a voucher On the waiting list for a voucher
 Provider of the rental assistance: Superior Housing Authority Other Housing Authority: _____
 Other, please provide: _____
 Bedroom size allowed by rental assistance: _____ bedroom
- Yes No
 Does your household have or anticipate having any pets?
 If yes, please describe: _____
- Yes No
 Have you or anyone else named on this application been convicted of a felony?
 If yes, please explain: _____
- Yes No
 Have you or anyone else named on this application been convicted for dealing manufacturing illegal drugs?
 If yes, please explain: _____
- Yes No
 Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer?
 If yes, please explain: _____
- Yes No
 Are you currently renting? If yes, Landlord / Management Company Name: _____

Received	By:		Office Use Only

**SUPERIOR HOUSING AUTHORITY
PRE-APPLICATION**

INCOME INFORMATION (Attached additional pages if necessary)

Income is counted for anyone 18 years of age or older. Include all gross income (before any deductions) anticipated for all household members for the next 12 months.

Household Member Name	Source	Amount	Frequency (Circle One)
		\$	Weekly / Monthly / Yearly
		\$	Weekly / Monthly / Yearly
		\$	Weekly / Monthly / Yearly
		\$	Weekly / Monthly / Yearly
		\$	Weekly / Monthly / Yearly

SIGNATURE REQUIRED

I/We understand that management is relying on this information to prove my/our household's eligibility for housing. I/We certify all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We further understand that providing false information, making false statements, or providing misleading information on this pre-application may result in the denial of this application or result in the termination of tenancy. Additionally, I/we agree, upon request, to provide all necessary information required to determine my/our eligibility including, but not limited to, source names, addresses, phone numbers, account numbers, or other requested information. I/We understand that my/our occupancy is contingent on meeting the property's resident selection criteria and/or any federal/state housing program requirements.

By signing this Pre-Application, I/We authorize the release of information to the Superior Housing Authority for purposes of determining my/our eligibility for occupancy including housing, rental, tenant based assistance, criminal and credit information.

ALL ADULT household members must sign below:

Signature	Date
Signature	Date
Signature	Date

Thank you for your Pre-Application. Submission of a completed pre-application is not a guarantee of housing. We will contact you when a unit becomes available that your pre-application appears to qualify for. If a unit is not currently available, your pre-application will be placed on a waiting list in the order received.

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

Submit your completed Pre-Application or direct your questions to:

Superior Housing Authority
1219 North Eighth Street
P.O. Box 458
Superior, WI 54880

Telephone (715) 718-8150 Fax (715) 394-3512
Email: sharie@superiorhousing.org

