



Dear Applicant,

The Superior Housing Authority (SHA) maintains three distinct waitlists between our Housing Choice Voucher, Public Housing, and Project-Based Rental Assistance (PBRA) programs. Please find descriptions of the first two programs below:

Housing Choice Voucher (HCV/Section8) - The purpose of the Housing Choice Voucher program is to provide rental assistance to eligible Very-Low and Extremely-Low Income families. A participant in this program will receive a voucher that allows them to choose a unit on the private market. The household will pay 30-40% of their income towards rent. The voucher can be used anywhere in Douglas County or, if eligible for portability, anywhere in the nation that manages an HCV program.

Public Housing – Superior Housing Authority is the owner/landlord of 264 units in Public Housing. A Low Income applicant will be offered one of SHA's units and will pay 30% of the household income towards rent. Our Public Housing has 3 types of sites, as follows:

- Public Housing Family Site - This site consist of 151 units at Park Place. This site contains residences ranging in size from one to four bedrooms.
- Public Housing Scattered Sites – Our scattered sites include 88 one-bedroom residences at five sites, including Kreips Manor, Idziorek Manor, Howe Manor, Johnson Manor and Billings Park Villa.
- Public Housing Scattered Family Sites (Turnkey) – The Turnkey sites are made up of 27 scattered family units 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 both wait lists or choose to be on only one list. This application is for Public Housing Family Sites (Park Place), Public Housing Scattered Sites, Public Housing Scattered Family Sites (Turnkey) and Housing Choice Voucher (HCV/Section 8).

If you want to apply for Project-Based Rental Assistance (PBRA) Bayview LLC and Catlin LLC units or our privately managed sites, please request and complete those separate applications.

Please identify the specific list(s) you are interested in on the preliminary applications and return to our office either by mail, email, fax or in person. Your name will be added to the list(s) you select, based on the date and time we receive your application(s).

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.

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.

Sincerely,

Pam Benson
Executive Director



Now that you have completed your application, here are a few items to keep in mind:

- Your application will be entered into the waitlist(s) of your choice based on the information you have provided.
- If your information changes prior to you being called in for a full application/final eligibility appointment, please notify SHA, in writing, as soon as possible.
- All information will be verified at your final eligibility appointment.
- A change in household information, eligibility criteria or preference status may affect your placement on the waitlist.
- Each list has a different wait time. These wait times will change periodically, without notice, based on availability.
- Generally, SHA will update the waitlists annually to ensure you are still interested. A letter will be sent to you that will need to be returned in order to remain on the list.
- Please be sure you keep your mailing address updated with SHA. If any correspondence is returned as undeliverable, or if you fail to respond to an update letter, you may be removed from the waitlist(s).

What happens when your name nears the top of the wait list:

- You will be notified with an appointment letter mailed to you.
- At that appointment, SHA will request documentation needed to verify your identity, household composition, income, assets and deductions.
- SHA will also run background checks on all adults at that time. Public Housing and Housing Choice Voucher Programs have different eligibility criteria. We will discuss the criteria with you at the time of the eligibility appointment.
- Public Housing will also screen for suitability including previous rental history and any outstanding debts/fines to other government agencies. This may also include credit references and credit reports.

If you have any questions, we would be happy to help.

Phone: 715-394-6601
Fax: 715-394-3512
Email: info@superiorhousing.org



SUPERIOR HOUSING AUTHORITY PRELIMINARY APPLICATION

Office Use Only

Date:
Time:
Received by:

I. Available Waitlists

Check all lists you are interested in applying for. Descriptions of each option are listed on the cover sheet.

- | | | |
|--------------------------|---|-----------------------------------|
| <input type="checkbox"/> | Housing Choice Voucher (HCV/Section 8) | Any bedroom size |
| <input type="checkbox"/> | Public Housing | Ranging from one to five bedrooms |

PLEASE USE THE CORRECT LEGAL NAMES FOR ALL MEMBERS OF YOUR HOUSEHOLD AS THEY APPEAR ON THEIR SOCIAL SECURITY CARDS. THIS PRE-APPLICATION MUST BE SIGNED BY THE HEAD OF HOUSEHOLD. **ALL INFORMATION ON THIS PRE-APPLICATION IS PRELIMINARY AND WILL BE VERIFIED AT THE TIME OF YOUR FINAL ELIGIBILITY APPOINTMENT. PLEASE REPORT ALL CHANGES TO THE SUPERIOR HOUSING AUTHORITY, IN WRITING, AS THIS INFORMATION MAY AFFECT YOUR PLACEMENT ON THE WAITLIST(S).**

II. Head of Household Contact Information

Last Name	
First Name	
Mailing Address	
Phone	
Email	

III. Family Composition

Please list all persons who are anticipated to live in this household. If you need additional space, please attach another sheet. This information will affect which waitlists and what bedroom sizes your household will qualify for.

***Race:**

- Caucasian/White (W)
- African American/Black (B)
- Native American/Alaskan Native (NA)
- Asian/Pacific Islander (A)

****Ethnic Group:**

- Hispanic (H)
- Non-Hispanic (NH)

	Name Last, First, MI	Social Security Number	Relation to Head of Household	Gender	*Race	**Ethnic Group	Date of Birth	Age	Place of Birth	Disabled (Y or N)
1		- -	Head of Household							
2		- -								
3		- -								
4		- -								
5		- -								
6		- -								

IV. Income

	Family Member Name	Source	Amount	per yr/mnth/wk
1			\$	
2			\$	
3			\$	

V. Eligibility and Potential Preferences

Public Housing Only:

Does anyone in the household require an accessible unit due to a disability? YES NO
If YES, what types of features would meet your accessibility needs? _____

Housing Choice Voucher Only:

Does your household include a person who is between the ages of 18-61 AND has a disability? YES NO

Does your household meet the definition of homelessness as defined below? YES NO

- Transitioning out of an institutional or other segregated setting
- At serious risk of institutionalization
- Currently experiencing homelessness
- Previously experienced homelessness and is a current participant in a Rapid Rehousing or Permanent Supportive Housing Program
- At risk of experiencing homelessness

All Waitlists:

Is any household member subject to lifetime sex offender registration? YES NO

Has any member ever been convicted of manufacturing methamphetamine on federally subsidized property? YES NO

Does anyone in this household owe any money to this or any other Housing Authority? YES NO
If YES, which Housing Authority? _____

Has any member ever received rental assistance through any government agencies such as, but not limited to, Public Housing, WHEDA, HCV/Section 8, HOME, HUD or any other subsidy? YES NO
If YES, which program, where and when? _____

Does any member require an accommodation due to a disability to fully utilize the programs and services we provide? YES NO
If YES, what type of accommodation is needed? _____

Has your household been displaced based on the following definition? YES NO
A **displaced family**, which is a family in which each member, or whose sole member, has been displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

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 application may result in the denial of the application and/or the termination of tenancy.

Head of Household Signature

Date

Superior Housing Authority Public Housing Smoke-Free Policy

Please note: Effective July 30, 2018 all Public Housing units, community areas and playgrounds 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.



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.