



**SUPERIOR HOUSING AUTHORITY  
PRE-APPLICATION FOR  
PROJECT BASED RENTAL ASSISTANCE  
(PBRA)**

<b>Office Use Only</b>
Date: _____
Time: _____
Received by: _____

PLEASE LIST ALL HOUSEHOLD MEMBERS USING 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 ALL ADULT HOUSEHOLD MEMBERS. 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 WAIT LIST.

**All notifications, appointments and requests for information will be mailed to the address listed below. If no address is provided, SHA will place your name on the list using "General Delivery". Failure to respond to a request for information will result in the removal of the application from the wait list. If mail is returned as undeliverable, the application will be removed from the wait list.**

Head of Household Name:	_____
Address:	_____
City, State, ZIP:	_____
Daytime Phone:	_____
Email Address:	_____
<input type="checkbox"/>	I opt to also receive electronic communications in relation to this pre-application, if applicable.

In the "Relationship to Head of Household "column below, enter one of the following for each additional household member:

Adult    Co-Head    Spouse    Dependent    Foster Adult/Child    Other Adult

Name: First MI Last	Relationship to Head Of Household	Birthday MM/DD/YYYY	Social Security Number	Veteran (Y or N)	Disabled (Y or N)
1	Head of Household				
2					
3					
4					
5					
6					
7					
8					

For each household member listed on the previous page, complete the following:

Name: First MI Last	List all states lived in
1	
2	
3	
4	
5	
6	
7	
8	

Income Information: Please list annual GROSS income for all household members

Name: First MI Last	Source of income	Gross amount per year
		\$
		\$
		\$
		\$
		\$
		\$

**Project Based Rental Assistance Occupancy Guidelines**

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8
5	5	10

Yes  No

The above chart lists the occupancy guidelines for this program. Do you need additional bedrooms due to a disability? Please check yes or no as this could affect your placement on the wait list. If yes, please state the number of bedrooms needed.

---

SHA may request additional information prior to approving additional bedroom sizes.

Yes  No

Does anyone in the household require an accessible unit due to a disability?

If yes, please describe the accessible feature(s) needed:

---

Yes  No

Does anyone in the household require an accommodation due to a disability to fully utilize the programs and services we provide?

If yes, please describe the accommodation needed:

---

Yes  No

Has your household been displaced based on the following definition? If yes, you may qualify for a preference on the wait list. In order to qualify you must provide documentation verifying your displacement status as defined below. Preference will not be given until documentation is received and approved.

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.

If you meet this definition, please explain:

---

**All eligibility/suitability factors will be verified when your name comes to the top of the list, including but not limited to the following:**

Yes  No

Has anyone in the household been convicted of manufacturing methamphetamine on the premise of Federally subsidized property?

Yes  No

Is any household member subject to current sex offender registration under any jurisdiction's sex offender registration program, state lifetime sex offender registration requirement, or national sex offender registration system?

If yes, please list date of release from requirement, or if life-time, write "life-time".

---

Yes  No

Is any household member currently engaged in illegal drug use or have a pattern of drug or alcohol abuse that would threaten the health, safety or right to peaceful enjoyment of the premises for other residents or household members? "Currently engaged" is defined as illegal use, possession, sale or distribution of illegal drugs in the last 6 months.

Yes  No

Does anyone in the household owe money to another Housing Authority or other Governmental agency? If yes, we encourage you to remedy the debt prior to reaching the top of the list. If yes, please explain:

---

Yes  No

Has anyone in the household been evicted from Federally subsidized housing in the last 3 years for drug related criminal activity?

If yes, please explain:

---

**Please tell us how you found our services!**

	Housing Authority:	
	Internet Search:	
	Newspaper:	
	Referral from:	
	Other:	

HOUSEHOLD CERTIFICATION: I/We understand that management is relying on this information to verify proper placement on the PBRA wait list. 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, criminal and credit information.

**ALL ADULTS MUST SIGN BELOW:**

Signature of Head of Household	Date
Signature of Other Adult	Date
Signature of Other Adult	Date
Signature of Other Adult	Date
Signature of SHA Representative	Date

Thank you for your pre-application. Submission of a completed pre-application is not a guarantee of housing. Your pre-application will be placed on a waiting list in the order received and we will contact you by letter once your name reaches the top of the list.

Please keep your information up to date as it may affect your placement on the wait list or our ability to contact you. Any changes to the information must be made in writing and submitted in person, via mail, FAX or emailed to the contact below. You may also place in the secure drop box outside the Administrative Offices. If you need accommodation to submit your application via alternative means, please contact us and we will assist.

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

*Revised 06/07/2024*