



THE HOUSING AUTHORITY OF THE CITY OF MAUSTON

208 W. MONROE STREET
MAUSTON, WISCONSIN 53948

Tel: (608) 847-4379
Fax: (608) 847-5028

Dear Applicant,

The City of Mauston Housing Authority maintains two different waitlists between our Public Housing and Housing Choice Voucher Programs. Please find a description of each 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 Juneau County or, if eligible for portability, anywhere in the nation that manages an HCV program.

Public Housing - In Public Housing, a Low Income applicant will be offered one of MHA's units (if any available) and will pay 30% of the household income towards rent...

An applicant may apply for both Public Housing and Housing Choice Voucher wait lists or choose to be on only one list.

Please identify the specific list(s) you are interested in on the preliminary application and return to our office either by mail, email, and 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.

If you have any questions about the location of our sites or the waiting list(s) you applied for, please contact our office at (608) 847-4379

The City of Mauston 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 MHA and we will attempt to accommodate any request.

Sincerely,

Dana Anderson
Executive Director
608-847-4379
Mha53948@frontier.com

Carissa Austin
Administrative Assistant
608-847-4379
Mha4379@frontier.com

Office Use Only

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)
<input type="checkbox"/>	Public Housing

Date: _____
 Time: _____
 Received by: _____

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 CITY OF MAUSTON 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.

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

2.

IV. Income

	Family Member Name	Source of Income or Employment	Amount (Gross/Net)	per yr/month/wk
1			\$	
2			\$	
3			\$	

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

- 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 or NO

Has any member ever been convicted of a drug related offense?
 YES or NO

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

If YES, which Housing Authority and date of eviction:

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 YES
NO

Programs and services we provide?

If YES, what type of accommodation is needed?

Has your household been displaced based on the following- 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.

Name: _____

Date: _____

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) Emergency Assist with Recertification Process Unable to contact you Change in lease terms Termination of rental assistance. Eviction from unit 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.

<input type="checkbox"/>	<input type="checkbox"/>
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Signature

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.

**RENTAL HISTORY AND CREDIT INFORMATION
FOR PROJECT II HOUSING**

Name of family applying for Housing:

X _____

Current address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone #: _____

Work Phone #: _____

Cell Phone: _____

Email Address: _____

Current Landlord Name: _____

Telephone #: _____

Mailing Address: _____

Date you moved in: _____

Are you current on your rent?: (Yes or No) _____

If not current; how much do you owe in back rent? _____

Do you have a lease? _____

When does it expire? _____

NAME OF PREVIOUS LANDLORD	MAILING ADDRESS:	PHONE:	DATE YOU MOVED IN:	DATE YOU MOVED OUT:	DID YOU PROVIDE REQUIRED NOTICE?	SECURITY DEPOSIT RETURNED? (YES OR NO)

5. HAVE YOU EVER BEEN EVICTED?(YES OR NO) _____

-IF YES, DATE OF EVICTION: _____

IF YES, PLEASE EXPLAIN, AND ANY AMOUNT OWED TO LANDLORD:

CREDIT REFERENCES:

	NAME	MAILING ADDRESS:	EMAIL:	PHONE NUMBER:
1.				
2.				
3.				

PERSONAL NON-RELATED REFERENCES:

	NAME:	ADDRESS:	PHONE NUMBER	EMAIL:
1.				
2.				
3.				

OTHER INFORMATION:

***ARE YOU CURRENT ON YOUR UTILITY BILLS? (YES OR NO, IF NO; AMOUNT OWED)**

***WHO SUPPLIES YOUR UTILITIES?**

_____ **ALLIANT**

_____ **OAKDALE**

_____ **OTHER (?) NAME OF COMPANY:** _____

SIGNATURE OF APPLICANT:

X _____

DATE: X _____



U.S. Citizenship and Immigration Services

Recent HUD regulations declared that all applicants will have to be prepared to submit evidence of citizenship or eligible immigrant status. This evidence pertains to each family member.

Evidence may be in the form of a declaration of citizenship or original documents of eligible immigrant status. Original documents to satisfy eligible immigrant status are:

- Resident Alien Card (I-151)
- Alien Registration Receipt Card (I-151)
- Arrival- Departure Record (I-94)
- Temporary Resident Card (I-688B)
- Employment Authorization Card (I-688B)
- Receipt issued by INS for issuance of replacement of any of the above.

When final eligibility status is being determined, each family member will be requested to provide this information. The head or spouse in the family will make the necessary declaration for each family member under the age of 18.

DECLARATION OF CITIZENSHIP

OR

ELIGIBLE IMMIGRATION STATUS

I attest, under penalty of perjury that I am (check one):

- _____ A citizen of the United States
- _____ A noncitizen with eligible immigration status; (attach documentation)
- _____ A noncitizen without eligible immigration status;

	Signature	Date
Head Of Household		
Spouse or Other Adult		
Other Adult		

OR

I attest, under penalty of perjury that the following dependents are: (check one):

_____ is/are citizen(s) of the United States

_____ is/are noncitizen(s) with eligible immigration status (attach documentation)

_____ is/are noncitizen(s) without eligible immigration status

Legal Guardian: _____ Date: _____

<u>Child's Name:</u>	<u>Child's Birth Date:</u>	<u>Child's Age:</u>	<u>Date:</u>



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PREVENT FRAUD FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS- IS FRAUD WORTH IT?

DO YOU REALIZE:

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000
- Imprisoned for up to five years
- Prohibited from receiving future assistance
- Subject to State and local government penalties

DO YOU KNOW:

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application's and and recertification forms will be checked.

The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments an with private agencies. Certifying false information is fraud.

SO BE CAREFUL

-When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to teh questions are accurate and honest. You must include:

- All sources of income and changes in income ou or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc..
- Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc...
- Any increases in income, such as wages from a new job or an expected pay raise or bonus
- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member your household.
- All income from assets, such as interest from savings and checking accounts, stock dividends, etc..
- Any business or asset (your home) that you sold in the last two years at less than full value.
- The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricae Rita Evacueess: HUD's reporting requirement s may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

ASK QUESTIONS!

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

WATCH OUT FOR HOUSING ASSISTANCE SCAMS!

- Don't pay money to have someone fill out housing assistance applications and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease
- Get a receipt for any money you pay
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

REPORT FRAUD!

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office or Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. – 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date): **Mauston Housing Authority**
208 W Monroe St
Mauston, WI 53948

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.
Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (If any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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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 MHA, 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, MHA will update the waitlists bi-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 MHA. 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 is at the top of the list?

- You will be notified with an appointment letter mailed to you.
- At that appointment, MHA will request documentation needed to verify your identity, household composition, income, assets and deductions.
- MHA 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.

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

-Office Hours:

Monday thru Friday 8AM to 4:30PM

608-847-4379 (phone)

Mha4379@frontier.com

Or

Mha53948@frontier.com