



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 (MHA) 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.

The MHA complies with the Americans with Disabilities Act of 1990. If you are in need of a reasonable accommodation to equally participate in our programs, please contact MHA and we will attempt to accommodate any request.

The MHA will also take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services and programs.

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

Sincerely,

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

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



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.



THE HOUSING AUTHORITY OF THE CITY OF MAUSTON

208 W. MONROE STREET
MAUSTON, WISCONSIN 53948

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

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.

- Housing Choice Voucher (HCV/Section 8)
 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		- -					

IV. Income

	Family Member Name	Source of Income or Employment:	Amount (before Tax)	per yr/month/wk
1			\$	
2			\$	
3			\$	
4			\$	

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 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 Programs and services we provide? YES NO

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)	
<input type="checkbox"/> Emergency Assist with Recertification Process	<input type="checkbox"/>
<input type="checkbox"/> Unable to contact you Change in lease terms	<input type="checkbox"/>
<input type="checkbox"/> Termination of rental assistance.	<input type="checkbox"/>
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/>
<input type="checkbox"/> Late payment of rent	<input type="checkbox"/>
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.

--	--

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.

Language Identification Flashcard ✓

Arabic

أنا أتحدث اللغة العربية

Armenian

Ես խոսում եմ հայերեն

Bengali

আমী বাংলা কথা বোলতে পারী

Cambodian

ខ្ញុំនិយាយភាសាខ្មែរ

Chamorro

Motka i kahhon ya yangin ûntûngnu' manaitai pat
ûntûngnu' kumentos Chamorro

Dinka

Rinṗ ekënë yic të yijam në thunjäy ye tök, ku kor raan
Bī yī geer thok.

Simplified Chinese

如果你能读中文或讲中文，请选择此框。

Traditional Chinese

如果你能讀中文或講中文，請選擇此框。

Croatian

Govorim hrvatski

Czech

Mluvím česky

Dutch

Ik spreek het Nederlands

English

I speak English

Language Identification Flashcard ✓

Farsi

من فارسی صحبت می کنم

French

Je parle français|

German

Ich spreche Deutsch|

Greek

Μιλώ τα ελληνικά

Haitian Creole

M pale kreyòl ayisyen

Hindi

मैं हिंदी बोलता हूँ ।

Hmong

Kuv has lug Moob

Hungarian

Beszélek magyarul|

Ilocano

Agsaonak ti Ilokano

Italian

Parlo italiano|

Japanese

私は日本語を話す

Korean

한국어 합니다

Language Identification Flashcard ✓

Laotian

ຂ້ອຍປາກພາສາລາວ

Polish

Mówię po polsku

Portuguese

Eu falo português do Brasil
(for Brazil)

Portuguese

Eu falo português de Portugal
(for Portugal)

Romanian

Vorbesc românește

Russian

Я говорю по-русски

Serbian

Ja говорим српски

Slovak

Hovorím po slovensky

Spanish

Yo hablo español

Somali

Waxaan ku hadlaa af-Soomaali

Tagalog

Marunong akong mag-Tagalog

Thai

พูดภาษาไทย

Language Identification Flashcard ✓

Tongan

Maaka 'i he puha ni kapau 'oku ke lau
pe lea fakatonga

Ukrainian

Я розмовляю українською мовою

Urdu

میں اردو بولتا ہوں

Vietnamese

Tôi nói tiếng Việt

Yiddish

איך רעד יידיש

American Sign Language



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 Assist with Recertification Process <input type="checkbox"/> <input type="checkbox"/> Unable to contact you Change in lease terms <input type="checkbox"/> <input type="checkbox"/> Termination of rental assistance. <input type="checkbox"/> <input type="checkbox"/> Eviction from unit <input type="checkbox"/> <input type="checkbox"/> Late payment of rent <input type="checkbox"/>	
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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

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.



THE HOUSING AUTHORITY OF THE CITY OF MAUSTON

208 W. MONROE STREET
MAUSTON, WISCONSIN 53948

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

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 AMOUNTS 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)**

_____ **AMOUNT OWED (IF APPLICABLE) :** _____

***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>

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



THE HOUSING AUTHORITY OF THE CITY OF MAUSTON

208 W. MONROE STREET
MAUSTON, WISCONSIN 53948

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



APPLYING 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





THE HOUSING AUTHORITY OF THE CITY OF MAUSTON

208 W. MONROE STREET
MAUSTON, WISCONSIN 53948

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

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)

dana@maustonhousingauthority.com

Or

carissa@maustonhousingauthority.com