



PLEASE KEEP THIS PAGE FOR YOUR RECORDS

FREQUENTLY ASKED QUESTIONS ON THE BACK

IF AT ANY TIME YOUR PHONE NUMBER OR ADDRESS CHANGES, IT IS YOUR RESPONSIBILITY TO KEEP US INFORMED OF YOUR CURRENT CONTACT INFORMATION IN WRITING BY DOING ONE OF THE FOLLOWING:

- a. **EMAIL:** Go to our website www.friendsofhousing.com to the "CONTACT US" link
- b. **FAX** 414-463-4668
- c. **COME TO** 455 E. Ogden to complete an update form

DON'T FORGET TO ADD YOUR NAME & THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER TO YOUR UPDATE

YOUR APPLICATION WILL BE ACCEPTED IF:

1. Phone & Address are always current
2. All adults have signed
3. Your answers are clear
4. You use blue or black ink
5. You do NOT use white-out
6. Your writing is legible
7. You submit an original application



FAQ

Q. Do I need to complete a pre-application for every property that I am interested in?

A. No. Only one application is needed. Please do NOT submit duplicate applications.

Q. When will I know if I am pre-approved or not?

A. A letter will be mailed once your pre-application is reviewed. This can take anywhere between 4-6 weeks. The timing depends on how many applications have been received. There is **NO EMERGENCY HOUSING**

Q. Is this low income housing?

A. Only some of our locations are subsidized low income; others are not. Pay close attention to the property list on the last page of the application as it tells which properties are low income subsidized.

Q. Do I have to pay anything when I'm ready to submit the pre-application?

A. No. However, a fee may be requested from you when it is time to complete the full application depending on the property you are being processed for.

Q. What is your application process?

A. After your name comes up on the wait list,
~you will complete a full application
~a credit/criminal background check will be processed (a fee may be required)
~a home visit will be scheduled
~a landlord verification will be conducted
~an income & asset verification will be conducted

Q. How many wait lists can I be on?

A. You can be on as many lists as you qualify for.

Q. Do you have any other properties to offer other than what's listed on this application?

A. Yes. You can go to the *Available Units* tab on our website www.friendsofhousing.com to see what's available. This list changes periodically.

Q. What's the difference between a wait list and referral list?

A. The referral list is for properties that are filled by the Rent Assistance Office; therefore, they maintain the wait list. Only when they run out of people, do we call from the referral list and refer people to them. The referral list is for properties that have subsidized low income rent. Our wait lists are maintained by FOHC and are NOT low income subsidized unless listed as so.

Q. What is the status of my application?

A. After you are pre-approved, we will contact you once your name comes to the top of the wait list. Because we deal with several thousand applicants and several wait lists, we are unable to give an accurate status and ask that you refrain from calling with this question.



Pre Application

This is not a lease or rental agreement. **This is a pre application to determine if you qualify for the property of your choice.** We will inform you of the outcome in writing.

**Do NOT leave blank spaces
Do NOT write in pencil
Do NOT use white out
PRINT LEGIBLY**

Return ORIGINAL application to:
Mail to: POB 769 Milwaukee, WI 53201
Drop off to: 455 E Ogden, Ste. 200
DO NOT FAX OR EMAIL

List ALL who will be in household below

| Full Name | Relationship | Birthdate | Age | Sex M/F | Social Security Number |
|-----------|--------------|-----------|-----|------------|------------------------|
| | self | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

_____ Apt _____
Address (**REQUIRED** or file will be DENIED)

_____ Zip Code _____
City, State

Phone numbers () _____ OR () _____

Email (may or may not be used as form of contact) _____

Household sources(s) of income are (GROSS/BEFORE DEDUCTIONS) DO NOT GIVE HOURLY WAGE

| Source & Phone number | Amount | Per |
|-----------------------|--------|--------------------------|
| | \$ | weekly bi-weekly monthly |
| | \$ | weekly bi-weekly monthly |
| | \$ | weekly bi-weekly monthly |

*A mailing address is REQUIRED. Chronically homelessness will be determined by a case manager through a housing agency for the homeless.

1. Is anyone in the household currently receiving rent assistance? YES NO If so, when does your voucher expire? _____

2. Are there members in the household who are or have been full time students within the last 12 months? YES NO

If so, who?

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. Does anyone in the household need an accessible unit? YES NO

If so, what kind?

Hearing Visual Mobility/roll-in shower (shower only, no bath tub)

4. What is the number on bedrooms you will accept? 1 2 3 4 5

5. Have you or any member of your household ever been evicted? YES NO

If so, when? _____ and why? _____
Month/Year Reason

6. Do you or any member of your household owe any landlord outstanding monies? YES NO

If so, are you on a payment plan? YES NO

7. When would you be able to move? _____
Month/Date/Year

8. How did you hear about us (Circle one)?

Friend

Sign on lawn

Passed the property

Rent Assistance Program

Friendsofhousing.com

Other _____

I certify that all the information I provided above is true and accurate to the best of my knowledge.
All adults (18yrs +) must sign below:

| | | | |
|-----------|-------|-----------|-------|
| _____ | _____ | _____ | _____ |
| Signature | Date | Signature | Date |

| | | | |
|-----------|-------|-----------|-------|
| _____ | _____ | _____ | _____ |
| Signature | Date | Signature | 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 | <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.

| | |
|--|--|
| | |
|--|--|

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.

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Name _____ Last 4 of SSN# _____

Instructions: Mark "X" in the box of the properties of your interest

1 bedrooms

- \$530-615** Berryland
- \$720** Convent Hill
 - Must be 55+
- \$30%** Convent Hill
 - Must be 62+
- \$690** Highland Gardens
- \$529-615** Northlawn
- \$524-615** Southlawn
- \$30%** UCC
 - Must be 62+
- \$695** Westlawn Gardens

2 bedrooms

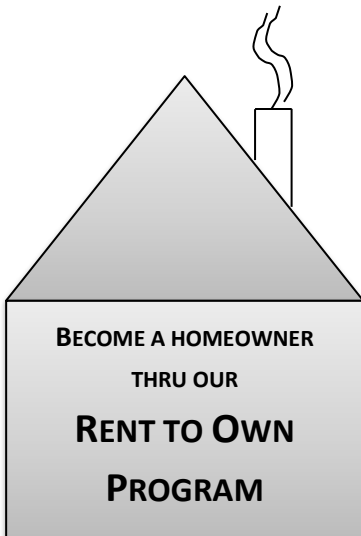
- \$650-750** Berryland
- \$630** Carver Park
- \$30%** Convent Hill
 - Must be 55+
- \$735** Highland Gardens
- \$623-750** Northlawn
- \$641-750** Southlawn

3 bedrooms

- \$739-875** Berryland
- \$730** Carver Park
- \$800** Carver Park Market
- \$748-875** Northlawn
- \$30%** Rev. Davila Village
- \$741-875** Southlawn

4 bedrooms

- \$30%** Rev. Davila Village



LOCATIONS

BERRYLAND

42nd & Florist vicinity

CARVER PARK

6TH – 7TH Reservoir & Brown

CONVENT HILL

455 E. Ogden Ave

HIGHLAND GARDENS

1818 W Juneau Ave

NORTHLAWN

20th & Villard vicinity

REV. DAVILA VILLAGE

6th – 7th & Scott & Washington

SOUTHLAWN

25th & Morgan vicinity

UCC

738 W. Washington St

WESTLAWN GARDENS

62nd Silver Spring vicinity