

READ THIS BEFORE YOU BEGIN!!!

(KEEP FOR YOUR RECORDS)

ITEMS TO SUBMIT WITH YOUR APPLICATION (IF IT APPLIES TO YOU)

COPIES CAN BE MADE IN OUR OFFICE

- 8 MOST RECENT & CONSECUTIVE CHECK STUBS PER JOB
- AWARD LETTER(S) DATED WITHIN THE LAST 30 DAYS FOR:
 - SOCIAL SECURITY
 - DISABILITY
 - SSI
 - VETERAN'S BENEFIT
 - PENSION
- MOST RECENT WE ENERGIES BILL
- VALID ID FOR ALL ADULTS ON APPLICATION
- SOCIAL SECURITY CARDS FOR EVERY PERSON ON THE APPLICATION
- BIRTH CERTIFICATES FOR EVERY PERSON ON THE APPLICATION

PROPERTY INFO (If ~~strike thru~~, the list is closed)

Berryland 6089 N 42nd St

Northlawn 5145 N 20th St

Southlawn 3350 S 25th St

Available Rentals – Scattered (see our website for available addresses)

THIS IS NOT LOW-INCOME SUBSIDIZED HOUSING!

(The rent will NOT be calculated by your income)

*******YOUR INCOME MUST BE 2X THE RENT AMOUNT TO QUALIFY*******

You will be placed on the wait list(s) of your choice (that you mark on Pg. 3). If you do not complete Pg. 3 in its entirety, including choosing a listed property, your application will be automatically **DENIED** and you will have to complete a new application. **NO EXCEPTIONS!**

Approximate wait times for wait lists and processing **CANNOT** be given.

Thank you for your patience in waiting on our response.

READ EACH PORTION OF APPLICATION & QUESTION VERY CAREFULLY!

LEASE ADD-ON: IF YOU'RE COMPLETING THIS TO ADD PERSON(S) TO YOUR LEASE, BE SURE TO INCLUDE ALL WHO ARE CURRENTLY IN YOUR HOUSEHOLD INCLUDING THE PERSON(S) THAT YOU WANT ADDED TO YOUR LEASE.

FOLLOW THESE INSTRUCTIONS!

This will help you to make as less mistakes as possible.

PRINT LEGIBLY I must be able to read your handwriting.

USE N/A IF SOMETHING DOESN'T APPLY TO YOU—DO NOT LEAVE BLANK

ALL ADULTS SIGN YOUR NAME HOW IT IS SIGNED ON YOUR ID

DO NOT SCRIBBLE OUT ERRORS Draw a 1 line thru your error, initial, and correct it.

DO NOT USE WHITEOUT OR PENCIL

ONLY USE BLUE INK

ALL QUESTIONS PERTAIN TO EACH ADULT LISTED ON YOUR APPLICATION

If the answer is "yes" for one adult, but "no" for the other adult, the answer that you should put on the application is "YES"

**CALL TO SPEAK WITH A HOUSING INTAKE SPECIALIST WITH ANY
QUESTIONS 414-463-3371.**



*****For Office Use Only*****

Date Rcv'd _____

Time Rcv'd _____

By _____ Dev. _____

APPLICATION FOR OCCUPANCY

THIS IS NOT A LEASE OR RENTAL AGREEMENT-DO NOT GIVE NOTICE TO MOVE

SECTION A- Applicant DO NOT USE WHITE-OUT OR PENCIL OR LEAVE BLANKS

Name, last four of ssn, and full mailing address is REQUIRED to be considered. Other missing information may deny your application.

Applicant's Name: _____ Last 4 of SSN _____

Mailing Address: _____ Apt.No: _____

City: _____ State: _____ Zip Code: _____

Phone- Day: _____ Night: _____

Email(will be used to contact): _____

Your Age _____

Wheelchair accessible unit needed (circle one)? Y N

Are you a U.S. Veteran (circle one)? Y N

How many moving in? _____ adults _____ minors Estimated monthly income \$ _____

First Choice = 1
Second Choice =2
Third Choice =3

1 bedroom

_____ Berryland (\$565)

_____ Northlawn (\$564)

_____ Southlawn (\$559)

2 bedrooms

_____ Berryland (\$685)

_____ Northlawn (\$658)

_____ Southlawn (\$676)

3 bedrooms

_____ Berryland (\$774)

_____ Northlawn (\$783)

_____ Southlawn (\$776)

Available Rentals

(address applying for-REQUIRED)

↑

Income must be
2x the rent
amount to
qualify!
(unless you receive
rent assistance)

THIS IS NOT LOW-INCOME SUBSIDIZED HOUSING!

(The rent will NOT be calculated by your income)

SECTION B- Housing History Current & Previous DO NOT USE WHITE-OUT OR PENCIL

List the **current & previous** housing information for **ALL adult** household members. List at least 3 years of history. **Begin with your current housing.**

BUILDING INFORMATION	LANDLORD INFORMATION
From: _____ To: <u>CURRENT</u> Who lives here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I want to move because: _____ Does the landlord know you live here? Yes No Are you currently being evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you lived there? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you lived there? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you lived there? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____
From: _____ To: _____ Who lived here: _____ Address: _____ _____ Apartment Name: _____ Rent: \$ _____ I moved because: _____ Did the landlord know you lived there? Yes No Were you evicted? Yes No	Name: _____ Phone: _____ Fax: _____ Email: _____ Address: _____

Explanation or other significant information you want us to know:

1. Will this be your first time ever renting your own residence? ___ Yes ___ No
2. Are you currently receiving rent assistance? ___ Yes ___ No **If yes**, what kind? ___ city ___ county How many bedrooms? _____ When does your contract expire? _____
3. Are all in the household United States citizens? ___ Yes ___ No If no, are you a Non-Citizen with eligible alien status? ___ Yes ___ No Are you a Non-Citizen Student? ___ Yes ___ No **Citizenship and/or Eligible Alien Status must be verified by, and you must possess an acceptable document recognized by, the Federal government. (Not applicable to Section 202 Program)**
4. When would you be available to move? _____
5. Do you currently live with anyone else who is not listed on this application? ___ Yes ___ No If so, who and why aren't they on this application: _____
6. Do you expect to add anyone to your household? ___ Yes ___ No If so, who & when? _____
7. Will anyone live with you on a part time basis? ___ Yes ___ No If yes, explain: _____

8. Do you have sole legal and physical custody of your children? ___ Yes ___ No If no, please explain: _____

9. Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing, or visual impairment? ___ Yes ___ No If yes, please explain: _____

10. How did you hear about us? _____
11. Are you now living or have you lived in a government subsidized development? ___ Yes ___ No If yes, when: _____ Name and address of development _____ Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason? ___ Yes ___ No If yes, please explain: _____
12. Has an eviction ever been filed on you? ___ Yes ___ No
 - a. **If yes**,
when: _____ address: _____ why: _____
13. Are there any past due balances owed to previous or current landlord(s)? ___ Yes ___ No **If yes**, name the landlord & phone number _____
14. Are there any past due balances owed to the gas and/or electric company with no payment agreement? ___ Yes ___ No
15. Do you have a pet? ___ Yes ___ No If yes, what kind? _____ If you are not allowed to take your pet with you, what would you do with the animal? _____

16. Do you have a waterbed? ___ Yes ___ No
17. Will this be your only place of residence? ___ Yes ___ No **If no**, please explain: _____
18. Will a business be run out of your home? ___ Yes ___ No **If yes**, please explain: _____

WAIVER TO RELEASE POLICE RECORD

LAST NAME FIRST NAME MIDDLE NAME (Full)

WRITE N/A if does not apply

OTHER NAMES KNOWN BY (ex. Maiden name or Aliases)

SOCIAL SECURITY NUMBER

RACE DATE OF BIRTH

CURRENT ADDRESS (NO POB): ZIP CODE

"I the undersigned, do hereby authorize the City of Milwaukee Police Department to release any information they may have in their records under my name and date of birth to the present, releasing said law enforcement agency from liability for damage resulting from unauthorized use of said information."

Signature Date

<<<<FOR ADDITIONAL ADULT ON APPLICATION>>>>

LAST NAME FIRST NAME MIDDLE NAME (Full)

WRITE N/A if does not apply

OTHER NAMES KNOWN BY (ex. Maiden name or Aliases)

SOCIAL SECURITY NUMBER

RACE DATE OF BIRTH

CURRENT ADDRESS (NO POB): ZIP CODE

"I the undersigned, do hereby authorize the City of Milwaukee Police Department to release any information they may have in their records under my name and date of birth to the present, releasing said law enforcement agency from liability for damage resulting from unauthorized use of said information."

Signature Date

<<<<FOR ADDITIONAL ADULT ON APPLICATION>>>>

LAST NAME FIRST NAME MIDDLE NAME (Full)

WRITE N/A if does not apply

OTHER NAMES KNOWN BY (ex. Maiden name or Aliases)

SOCIAL SECURITY NUMBER

RACE DATE OF BIRTH

CURRENT ADDRESS (NO POB): ZIP CODE

"I the undersigned, do hereby authorize the City of Milwaukee Police Department to release any information they may have in their records under my name and date of birth to the present, releasing said law enforcement agency from liability for damage resulting from unauthorized use of said information."

Signature Date

WAITING LIST PLACEMENT

--Initial below--

_____ I understand that by the end of the application process there may not be a unit available for me; however, I would like my name to remain on the wait list(s) of which I qualify for.

_____ I understand if I don't keep my contact information updated and I am unable to be contacted when a unit becomes available, my name will be removed from the waitlist(s) and I will have to re-apply.

_____ I understand that there may be additional fees requested to qualify for certain properties. However, I will have the chance to decline and it will not affect my place on other waitlist(s).

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. Explain any YES answers below.

1. Have you or any member of your household ever been convicted of a felony or a misdemeanor other than a traffic violation within the last 5 years? ___ Yes ___ No
2. Do you or any member of your household use an illegal drug or other illegal controlled substance? ___ Yes ___ No
3. Have you or any member of your household been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance within the last 5 years? ___ Yes ___ No
4. Have you or any member of your household ever used different names from the names given on this application? ___ Yes ___ No
5. Have you or any member of your household ever used a social security number different from those listed on this application? ___ Yes ___ No
6. Have you or any member of your household lived in any other state within the past 10 years? ___ Yes ___ No If yes, which ones? _____
7. Have you ever filed for bankruptcy? ___ Yes ___ No
 - a. If yes,

What type? _____ When? _____ Has it been discharged? ___ Yes ___ No
8. Are you or any member of the household a registered sex offender in any state? ___ Yes ___ No **If yes,** which household member and which state? _____

SECTION E- FAMILY COMPOSITION & SIGNATURES
DO NOT USE WHITE-OUT OR PENCIL OR LEAVE BLANKS

List the Head of Household (self) and all other persons who will be living in the unit. Give the relationship, age, sex, and social security number of each person listed.

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SOC SEC NUMBER
	SELF			

READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:

CRIMINAL BACKGROUND CHECK – I understand that a background check will be conducted. Rejection of the application may occur if there is a history or conviction for: 1. Disturbances of neighbors; 2. Destruction of property; 3. Drug-related criminal activity; 4. Criminal activity involving violence to person or property; 5. Theft or burglary; 6. Felony convictions; 7. Disorderly conduct; or 8. Sexual crimes or registered sex offender.

MEGAN'S LAW – You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections at www.widocoffenders.org or 877-234-0085 or contact your local law enforcement agency.

RELEASE OF INFORMATION - Each adult household member who is making application for a Section 202 PRAC Development and/or a Section 42 Development must sign HUD Forms 9887 and 9887A and/or 9886. Failure to sign constitutes grounds for denying housing.

I/We understand the information in this application will be used to determine eligibility for Section 202 PRAC and/or Section 42 housing and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading, or incomplete, management may decline our application, or, if move-in has occurred, terminate our lease agreement.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state, or local agencies.

I/We understand that a home visit will be conducted.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed on this application will occupy the unit, that it will be my/our only residence, and that there are not other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income, assets, and household composition, within 14 days. If I/we do not notify management of the above changes, my application may be rejected for incomplete/inaccurate information.

All household members age 18 or older must sign below:

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.

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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.

Form HUD- 92006 (05/09)