

APPLICATION

For Catholic Charities Bureau Housing Management Properties

Thank you for your interest in our apartments!

**** INSTRUCTIONS ****

Please be sure you fill out this application completely and accurately so we can start the screening process.

INCOMPLETE APPLICATIONS WILL DELAY YOUR OPPORTUNITY TO BE PLACED ON WAITING LISTS.

- Make sure all questions are answered and all "Yes" and "No" questions are checked or circled.
- Make sure you check the boxes on the last page and sign and date it.
- Make sure you have listed your complete rental history for the past 3 years.
- Please provide copies of your Social Security card(s) and proof of your age.

Rent subsidy provided to eligible households by the U.S. Department of Housing and Urban Development or USDA-Rural Development

For Assistance In Completing This Application, Please Contact:

Sue Seikkula or Laurie Kramka
CCB Housing Management
1100 Weeks Avenue – Superior, WI 54880
Phone: (715) 394-2012 Toll Free: 1-888-276-0246
Fax: 715-394-5518 Website: ccbhousing.org
email: sseikkula@ccbsuperior.org or lkramka@ccbsuperior.org



CCB Housing Management is an Operation of
Catholic Charities Bureau, Inc.,
Diocese of Superior, Wisconsin
This Institution is an Equal Opportunity
Provider and Employer



Program and Eligibility Information

Rental Assistance is provided to eligible households by the U.S. Department of Housing and Urban Development or USDA--Rural Development. Please note: Rental Assistance is not available for some units at **Cedar Park Estates, Centennial or Gateway Pines**; please give us a call if you have questions.

To participate in this program, applicants must meet eligibility criteria. Income eligibility is determined by information you will provide in this application. Other eligibility criteria are outlined in our Tenant Selection Plan, which is enclosed with this application. Eligible households renting at our housing communities pay 30% of their adjusted, monthly income for rent, including utilities or a utility allowance.

Our housing communities are designated for specific groups: those 62 years of age or older, people with physical disabilities, those with developmental disabilities, those with chronic mental illness, and families. The head of household must meet specific eligibility requirements to be eligible for an apartment in those buildings.

To be eligible for an apartment, your annual income must not exceed the income limits for the county where the housing community you are applying for is located. Income limits are established annually by the federal government. Applicants must also meet citizenship requirements (not applicable at all properties).

If your eligibility is approved, we will place your name on our waiting list, and contact you when an apartment is available. If you indicate you are ready, a personal interview will be scheduled.

As part of the interview process we will request your written permission to verify all income, assets and, if applicable, recurring out-of-pocket medical expenses. Medical expenses are not considered in determining **eligibility**, but a portion of those expenses may be used in calculating your **rent**.

If your eligibility is confirmed as a result of the verifications, you will be offered an apartment and a move in date will be determined.

We will process applications in accordance with U.S. Department of Housing & Urban Development or USDA-Rural Development policies and our Tenant Selection Plan. **Completion of this application does not bind you to accept an apartment.**

We know this application may seem challenging and we want you to get it right the first time. Please don't hesitate to contact us if you have any questions or need assistance at:

715-394-2012 or 1-888-276-0246.

PLEASE KEEP THESE FIRST TWO PAGES FOR FUTURE REFERENCE - THANK YOU!

APPLICATION FOR HOUSING

For Office Use
 Date Received:
 Time Received:

The following properties are owned or operated by Catholic Charities Bureau Housing Management. Specify the Housing Community you are applying for on the next page.

***Denotes Smoke Free**

The Head of Household Must Be 62 Years of Age or Older

(If you require the design features of an accessible apartment, you **may** be eligible for those units, even if you are not 62.)

*Chetek, WI – Evergreen Apartments	*Minong, WI - Acorn Apartments
*Crandon, WI – Acorn Apartments	*Plover, WI – Maywood Apartments
*Iron River, WI – Phoenix Villa Apartments	*Rhineland, WI – Phoenix Villa Apartments
*Lake Nebagamon, WI – Phoenix Villa Apartments	*Shell Lake, WI – Evergreen Apartments
	*Superior, WI - Phoenix Villa Apartments

Apartments Only for People who are 62 Years of Age or Older

*Conrath, WI - Main Creek Villa Apartments	*Siren, WI – Lilac Grove Apartments
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The Head of Household Must Be 62 Years of Age and/or Have a Disability

*Boulder Junction, WI - Boulder Pines Apts	* Minocqua, WI - Cedar Park Estates
Brule, WI - Brule Valley Apartments	* Phelps, WI - Northwoods Village Apartments
*Land O'Lakes, WI - Gateway Pines Apartments	Solon Springs, WI - Bashara Apartments
*Medford, WI - Centennial Apartments	*Winter, WI – Winterhaven Apartments

The Head of Household Must Have a Qualifying Disability – Mental Illness

Amery, WI - Apple River Apartments	Rice Lake, WI – Phoenix Villa North Apts
Hayward, WI – Phoenix Villa Apartments	Superior, WI - Oakwood Apartments
Rhineland, WI – Sumac Trail Apartments	Superior, WI - Westbay Apartments
Rice Lake, WI – Blue Valley Apartments	

The Head of Household Must Have a Qualifying Disability – Developmental Disability

Chetek, WI - BARC Lane Apartments	*Siren, WI - Lakewood (Evergreen) Apts
*Rhineland, WI – Timberlane (Evergreen) Apts	*Wisconsin Rapids, WI – Acorn Apartments

The Head of Household Must Have a Qualifying Disability -- Physical, Mental or Developmental

*Duluth, MN – Northfield Apartments	*Medford, WI – Maywood Apartments
*Superior, WI – Elmwood Apartments	

Apartments for People who are Seniors, Have a Disability, or for Families ("Family" includes single member households). * Medford, WI - Eastwood Apts.

I AM APPLYING FOR AN APARTMENT AT:

LOCATION (Town/City)	APARTMENTS

****ALL APPLICANTS ARE REQUIRED TO PROVIDE PROOF OF AGE/BIRTHDATE AND SOCIAL SECURITY NUMBER.****

Please enclose a photocopy of your driver's license, state-issued ID or other legal document (baptismal certificate, military discharge papers, valid passport, naturalization certification, Social Security Administration Benefits document) which shows your birth date and Social Security Number.

YOU WILL NOT BE OFFERED AN APARTMENT UNLESS WE HAVE PROOF OF YOUR SOCIAL SECURITY NUMBER.

HOUSEHOLD INFORMATION

List the Head of Household and all other persons who will be living in the unit.
Give the relationship of each family member to the head.

MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SOCIAL SECURITY NO.
	HEAD			

CURRENT ADDRESS:

CITY/TOWN:

STATE:

ZIP CODE:

PHONE:

EMAIL:

Contact person other than yourself (such as legal guardian or representative payee): n/a

Name:

Phone:

Name:

Phone:

Are you (or any household member) subject to a sex offender registration in any state?

Yes **No** If so, what state(s): _____

Admission is unconditionally prohibited if any member of the household is currently registered as a sex offender under any state's registration requirement, regardless of whether it is a lifetime registration requirement or some other period.

Household and medical expense allowances are available for tenants who are elderly and/or have a disability. Are you applying as a senior or household with a disability? Yes No

Are you a United States Citizen or a noncitizen with eligible immigration status? Yes No

(Not applicable for Apple River, Blue Valley, Lilac Grove, Main Creek Villa, Westbay, Oakwood and Sumac Trail Apartments.)

Are you a higher education student? Yes No If yes, you are not eligible for rental assistance if you are younger than 24, are not a veteran, are not married, do not have a dependent child, are not otherwise eligible or have parents who, based on income, would not be eligible to receive housing assistance.

ACCESSIBILITY: Does your household have any needs that would be better served by an apartment which is accessible to persons with mobility impairments? Yes No (Not available at all properties.)

RESIDENCY: Please list each state in which you (and any household member) have resided:

PLEASE INDICATE HOW YOU HEARD ABOUT CATHOLIC CHARITIES BUREAU HOUSING:

HOUSING STATUS - Provide history for the past 3 years - From _____ to _____
Use another sheet if necessary.

Dates: From _____ to present

Current Address: _____

own rent other If other, explain

Landlord Name/Address

Phone: _____

Email: _____

Rent subsidized housing? yes no

Dates: From _____ to _____

Address: _____

own rent other If other, explain

Landlord Name/Address

Phone: _____

Email: _____

Rent subsidized housing? yes no

Dates: From _____ to _____

Address: _____

own rent other If other, explain

Landlord Name/Address

Phone: _____

Email: _____

Rent subsidized housing? yes no

Has your lease 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, explain:

HOUSEHOLD INCOME INFORMATION

(The Occupancy Office must verify all information.)

For each household member, age 18 or older, list current, **gross income** (before Medicare or payroll deductions). Include all full-time, part-time or seasonal income. If a household member has more than one source of income use a separate line for each source.

PLEASE CHECK YES OR NO, THE AMOUNT YOU RECEIVE AND HOW OFTEN YOU RECEIVE THE AMOUNT
(Monthly, Weekly, Every 2 weeks, Etc.)

Indicate what you receive or expect to receive:	Check Every Category		Gross Amount	How Often?
	Yes	No		
Social Security (Before Medicare/insurance deduction)			\$	
SSI			\$	
Pensions (Railroad, Veterans, etc)			\$	
Retirement			\$	
GROSS Wages, Salaries (includes overtime, tips, bonuses, commissions, self-employment)			\$	
Welfare or Disability Benefits			\$	
Worker's Compensation			\$	
Unemployment Compensation			\$	
Alimony			\$	
Child Support			\$	
Annuities or Life Insurance Dividends			\$	
Does any household member work for someone who pays them cash			\$	
Death Benefits			\$	
Lump Sum Payments (includes inheritance, insurance settlements, lottery winnings, capital gains)			\$	
Net Income From Rental Property			\$	
Regular Cash Contributions From Individuals Who Won't be Living in the Unit			\$	
Income Distributions From a Trust (such as Wispact)			\$	
Other (list):			\$	

HOUSEHOLD ASSETS

(The Occupancy Office will verify all information.)

I/We hereby certify that I/we **HAVE** **HAVE NOT** sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

<u>Item</u>	<u>Value</u>	<u>Date Sold/Disposed</u>	<u>Amount Received</u>
_____	\$ _____	_____	\$ _____

Indicate what assets you have:	Check Yes or No		Current Balance/Value
Checking Account(s) (Average 6 month balance)			\$ _____
Savings Account(s)			
Direct Express or Other Debit Card			
Stocks			
Capital Investments			
Bonds (include U.S. Savings Bonds)			
Certificates of Deposit			
Trusts			
Securities			
IRA/KEOGH Accounts			
Pension/Retirement Funds			
Money Market Funds			
Treasury Bills			
Assets in a Safe Deposit Box			
Insurance Settlement			
Whole Life or Universal Life Insurance (current cash value)			
Other List:			
Do You Currently Hold a Contract for Deed?			
Do You Currently Own Any Real Estate? If yes, please list the <u>Estimated Fair Market Value</u> from your most recent property tax statement. The <u>equity</u> in your home is counted; if you have a mortgage, deduct that when calculating the value.			EFMV _____ Mort. _____ Total _____
Do You Have Any Coin Collections, Antique Cars, Stamps, Gems/Jewelry or Any other Items Held for Investment Purposes?			
Do You Have Any Assets Held Jointly With Another Person? If Yes, List The Person's Name And The Asset(s) Held Jointly.			

**IF YOU ARE APPLYING FOR THE FOLLOWING PROPERTIES, PLEASE COMPLETE THIS PAGE.
IF YOU ARE NOT APPLYING FOR ANY OF THESE PROPERTIES, GO TO THE NEXT PAGE.**

Boulder Junction, WI - Boulder Pines Apts
Brule, WI - Brule Valley Apartments
Land O'Lakes, WI - Gateway Pines Apartments
Medford, WI - Centennial Apartments

Medford, WI - Eastwood Apartments
Minocqua, WI - Cedar Park Estates
Solon Springs, WI - Bashara Apartments

Indicate what YOU pay for medical expenses:	I have this expense - check Yes or No		Approximate Monthly Payment
Medicare			\$
Health Insurance			\$
Prescription Drug Plan Insurance			\$
Prescriptions			\$
Payments to health care providers (Hospital, Clinic, Dental Care, Chiropractor, etc.)			\$
Payments for health care products (glasses, dentures, wheelchair, walker, etc.)			\$

ETHNICITY, RACE AND GENDER INFORMATION

Please complete the Ethnicity and Racial Data Form on page 11 of this application

For Office Use	Office Use
Income	
Income from Assets	
Household Allowance	\$400.00
Medical Deduction	
Eligibility Income	

Please check:

I/We provide consent for the release of wage matching data to RHS and CCB Housing Management.



CCB HOUSING MANAGEMENT

1100 Weeks Avenue – Superior, WI 54880

Phone: (715) 394-2012 Toll Free: 1-888-276-0246 Fax: 715-394-5518

- SIGNATURES -

****** Please check [X] the following to acknowledge your understanding: ******

I/We understand that the above information is required to determine eligibility for HUD or USDA--Rural Development Rental Assistance and tenancy at these apartments. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements about the information in this form is grounds for rejection of this application or termination of my lease. I hereby authorize CCB Housing Management to investigate any references or perform any criminal or sex offender checks.

I/We understand that if my/our application is approved and move-in occurs, that only those persons listed in this application will occupy the unit and this will be my/our only residence.

All household members age 18 or older sign below. All information is kept strictly confidential!

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

HUD - Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) 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 this verification form is restricted to the purposes cited above. 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security numbers are contained in the Social Security Act at 42 USC §§ 208 (f), (g) and (h). Violations of these provisions are cited as violations of 42 USC §§ 408 (f), (g) and (h).

USDA/Rural Development - WARNING STATEMENT: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

STATEMENT REQUIRED BY THE PRIVACY ACT: Title V of the Housing Act of 1949 authorizes RHS to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay the processing of your eligibility or rejection. RHS will not deny eligibility if you refuse to disclose your Social Security Number.

This information is collected principally to determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal, State, and Local Agencies, credit bureaus and servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures.

**ETHNICITY AND RACIAL DATA
RURAL DEVELOPMENT**

COMPLETE THE FOLLOWING INFORMATION FOR EACH FAMILY MEMBER:

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. **However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.**

<p><u>Head of Household</u> (Please print)</p> <p>_____</p>	<p><u>Ethnicity - Check One:</u> Hispanic or Latino Non-Hispanic or Latino</p> <p><u>Race - Check All That Apply</u> American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Other Pacific Islander</p> <p><u>Gender – Check One:</u> Female Male</p>
<p><u>Household Member</u> (Please print)</p> <p>_____</p>	<p><u>Ethnicity - Check One:</u> Hispanic or Latino Non-Hispanic or Latino</p> <p><u>Race - Check All That Apply</u> American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Other Pacific Islander</p> <p><u>Gender – Check One:</u> Female Male</p>
<p><u>Household Member</u> (Please print)</p> <p>_____</p>	<p><u>Ethnicity - Check One:</u> Hispanic or Latino Non-Hispanic or Latino</p> <p><u>Race - Check All That Apply</u> American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Other Pacific Islander</p> <p><u>Gender – Check One:</u> Female Male</p>

I choose not to provide this information.