



Catholic Charities Bureau Housing

Creating homes by bringing safe, affordable housing
opportunities to seniors, families and persons with disabilities.

Dear applicant,

Thank you for your interest in Catholic Charities Bureau Housing!

Since 1980, Catholic Charities Bureau Housing has established and operated a network of independent-living, rent-subsidized residential apartments for income-eligible seniors and those with specific disabilities.

We are proud of the facilities we offer — though they are modest, our apartments and buildings provide standard amenities, are well situated, affordable, safe and managed by people who share our vision for service and accountability to residents. Please see the attached list of apartments we own and/or manage.

After your application is submitted for processing, we will verify completeness and eligibility. We will contact you if we need additional information, as well as when we have a decision regarding your application.

Please contact us with any questions, we look forward to assisting you.

CCB Housing
1100 Weeks Avenue, Superior, WI 54880
(715) 394-2012
ccbhousing@ccbsuperior.org



Catholic Charities Bureau Housing

Creating homes by bringing safe, affordable housing opportunities to seniors, families and persons with disabilities.

Application for Housing

To participate in this program, applicants must meet eligibility criteria as outlined in our Tenant Selection Plan, which is enclosed with this application. If your eligibility is approved, we will place your name on our waiting list and contact you when an apartment is available.

Applicant & Household Information

Name		Birthdate	
Phone Number		Social Security #	
Email Address			
Current Address			

Address

City

State

Zip

List any other persons who will be living in the unit.

Name		Birthdate	
Phone Number		Social Security #	
Name		Birthdate	
Phone Number		Social Security #	
Name		Birthdate	
Phone Number		Social Security #	

Is there another person that we should contact regarding questions with your application? Y ☐ N ☐

Name		Phone Number	
Relationship			

Background

Is any household member subject to a sex offender registration in any state? Y ☐ N ☐

Are you applying as a senior, or household with a disability? Y ☐ N ☐

Does anyone in the household require an accessible apartment due to a disability? Y ☐ N ☐

Are you a United States citizen, or have eligible immigration status? Y ☐ N ☐

Are you a higher education student? Y ☐ N ☐

Do you have a pet? Y ☐ N ☐

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

SPECIFY THE APARTMENT LOCATIONS YOU ARE APPLYING FOR (see attached list):

<i>LOCATION (Town/City)</i>	<i>APARTMENT</i>

Income & Assets

Household Income: For each household member 18 years of age or older, list current gross monthly income.

<i>Source</i>	<i>Gross Monthly Amount</i>
Social Security	\$
SSI	\$
Retirement/Pensions	\$
Wages	\$
Other:	\$

Examples of "other": unemployment, worker's compensation, child support, death benefits, net income from rental property, etc.

Please provide information regarding your Household Assets.

<i>Source</i>	<i>Current Balance/Value</i>
Checking Account	\$
Savings Account	\$
Whole Life Insurance	\$
Trust	\$
Other:	\$
Other:	\$
Other:	\$

Examples of "other": stocks, capital investments, bonds, certificates of deposit, trusts, securities, IRA, pensions, money market funds, assets in safe deposit box, treasury bills, insurance settlements, etc.

Medical Expenses

<i>Source</i>	<i>Monthly Payment</i>
Medicare	\$
Health/Prescription Insurance	\$
Prescriptions	\$
Payments to providers	\$
Other:	\$

Housing History

Provide housing history for the past 3 years. Use another sheet if necessary. Include family stays, hotels, shelters, etc.

Has your lease ever been terminated for fraud, non-payment, or any other reason?

Y ☐ N ☐

If yes, please explain: _____

Contact Name		Dates Lived at this address	
Phone Number		From:	To:
Email Address			
Address			
Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> If other, explain: Rent Subsidized housing? Y <input type="checkbox"/> N <input type="checkbox"/>			

Contact Name		Dates Lived at this address	
Phone Number		From:	To:
Email Address			
Address			
Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> If other, explain: Rent Subsidized housing? Y <input type="checkbox"/> N <input type="checkbox"/>			

Contact Name		Dates Lived at this address	
Phone Number		From:	To:
Email Address			
Address			
Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> If other, explain: Rent Subsidized housing? Y <input type="checkbox"/> N <input type="checkbox"/>			

Contact Name		Dates Lived at this address	
Phone Number		From:	To:
Email Address			
Address			
Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> If other, explain: Rent Subsidized housing? Y <input type="checkbox"/> N <input type="checkbox"/>			

By signing below, 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.

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

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.**

<u>Head of Household</u> (Please print) <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 10px;"></div>	<u>Ethnicity - Check One:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <u>Race - Check All That Apply</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <u>Gender – Check One:</u> <input type="checkbox"/> Female <input type="checkbox"/> Male
<u>Household Member</u> (Please print) <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 10px;"></div>	<u>Ethnicity - Check One:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <u>Race - Check All That Apply</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <u>Gender – Check One:</u> <input type="checkbox"/> Female <input type="checkbox"/> Male
<u>Household Member</u> (Please print) <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 10px;"></div>	<u>Ethnicity - Check One:</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <u>Race - Check All That Apply</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <u>Gender – Check One:</u> <input type="checkbox"/> Female <input type="checkbox"/> Male

☐ **I choose not to provide this information.**

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
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.



Catholic Charities Bureau Housing

Creating homes by bringing safe, affordable housing
opportunities to seniors, families and persons with disabilities.

STOP!

Before you submit your application, please make sure the following items are included:

☐ **Complete Application**

Submit all pages 1-5, don't leave any questions blank

☐ **Proof of Age**

Include a photo copy of driver's license, or State ID that shows your birthdate.
Do not send a copy of your birth certificate or other vital records.

☐ **Proof of Social Security Number**

Include a photo copy of social security card, or other legal documentation that
shows your social security number

☐ **Supplement to Application for Federally Assisted Housing**

If you have questions about your application, please call or email:

CCB Housing

(715) 394-2012 – Toll Free (888) 276-0246

Applications can be mailed, faxed or emailed to:

1100 Weeks Avenue, Superior, WI 54880

Fax: (715) 394-5518

Email: ccbhousing@ccbsuperior.org

Website: ccbhousing.org



Catholic Charities Bureau Housing

Creating homes by bringing safe, affordable housing opportunities to seniors, families and persons with disabilities.

Catholic Charities Bureau Housing Owns or Manages the Following Properties

Head of Household MUST be 62 Years of Age or Older	
*Chetek, WI – Evergreen Apartments	*Plover, WI – Maywood Apartments
*Crandon, WI – Acorn Apartments	*Rhinelander, WI – Phoenix Villa Apartments
*Iron River, WI – Phoenix Villa Apartments	*Shell Lake, WI – Evergreen Apartments
*Lake Nebagamon, WI - Phoenix Villa Apartments	*Superior, WI – Phoenix Villa Apartments
*Minong, WI – Acorn Apartments	

Apartments ONLY for People who are 62 Years of Age or Older	
*Conrath, WI – Main Creek Villa Apartments	*Siren, WI – Lilac Grove Apartments

The Head of Household MUST be 62 Years of Age and/or Have a Disability	
*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
*Minocqua, WI – Cedar Park Estates	*Woodruff, WI – Woodcourt 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
Rhinelander, 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.
*Rhinelander, 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	*Superior, WI – Elmwood Apartments
*Medford, WI – Maywood Apartments	

Apartments for People who are Seniors, have a Disability, or for Families (family includes single member households)	
*Medford, WI – Eastwood Apartments	

* Denotes Smoke Free Property

Visit our website at ccbhousing.org to view photos and find more information about each property.