



The Housing Authority of the City of Brillion

108 W. National Ave, Brillion Wi 54110

Phone: (920)756-3041 Fax: (920)756-3869

Request for Occupancy- Heritage Apartments

Applications may be mailed to or dropped off at the Housing Authority Office located at 214 S. Parkway Dr, Brillion Wi 54110. Office hours are Monday-Friday 8:00 AM – 3:00 PM.

It is requested that the Brillion Housing Authority consider this as an application for occupancy for admission to a unit in a project under their jurisdiction and that when more details than set forth herein are required for the purpose of determining eligibility, applicant will be so advised.

Date: _____

Applicant Information:

Name: _____ Phone: _____

Current Address: _____

Date of Birth: _____ Social Security Number: _____ US Citizen () Yes () No

Gender: Male _____ Female _____ Resident City of Brillion: _____ (months/years)

Co-Applicant Name: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____ US Citizen () Yes () No

Gender: Male _____ Female _____ Resident City of Brillion: _____ (months/years)

Other Household Members:

Name: _____ Date of Birth: _____ Social Security Number: _____

Name: _____ Date of Birth: _____ Social Security Number: _____

I/We certify that this unit will serve as my/our primary residence. Initial _____

Income Information: List all full and/or part time employment for all household members (other than minor children). Include self-employment wages. Include documentation with your application.

Household Member	Name and Address of Employer	Gross Earnings

Other sources of income: Include disability, unemployment, alimony, child support, state assistance, etc. Include documentation with your application.

Household Member	Source	Gross Earnings

Applicant Assets:

Checking Account Bank: _____ Balance: _____

Savings Account Bank: _____ Balance: _____

Other Bank: _____ Balance: _____

Other Bank: _____ Balance: _____

Do you own real estate: () Yes () No If Yes, current value: _____

Have you disposed of any property or assets in the last two years: () Yes () No

If Yes, explain: _____

Medical Expense (Elderly, Disabled Only):

Are you receiving Medicare Benefits? () Yes () No Medical Assistance? () Yes () No

Do you take prescription drugs on an on-going basis? () Yes () No

Pharmacy name and address: _____

Do you pay health insurance? () Yes () No

Insurance company name and address: _____

Any personal health information you would like to share: _____

Current Residence Information:

Landlord Name:	Phone Number:	Address:	Dates
From/To:			

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Past Residence Information:

Landlord Name:	Phone Number:	Address:	Dates
From/To:			

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***Failure to provide this information will result in your application being denied.**

Have you ever been evicted from public housing? () Yes () No If yes, explain: _____

Are you current on your utility bills: () Yes () No If no, explain: _____

Do you or any member in the household smoke? () Yes () No **Note*** Our building is smoke free.

Do you have a pet? () Yes () No A pet deposit is required. Please inquire on the Pet Policy with the Housing Authority Office.

The Housing Authority has information on VAWA; The Violence Against Women Act. Would you like information on this Act? () Yes () No

Relative or Friend to notify if we are unable to reach you for information or to inform you of a vacancy:

Name: _____ Address: _____ Phone: _____

Special Unit Requirements:

This questionnaire is to determine whether an applicant needs special features in his/her housing unit.

Able to maintain the unit and provide for your own personal needs? () Yes () No

Will you, or any member of your family require any of the following:

() A separate bedroom () Other modifications to unit _____

Will you or any of your family members require a live-in aide to assist you? () Yes () No If yes, documentation will be required from a health care professional.

*Tenants have the right to request reasonable accommodations. Please speak to the Executive Director with such requests.

Preference Factors:

Eligible applicants will be selected on a first-come, first-serve basis according to chronological order of each income group, in the following priority: Very low income, Low income, Moderate income.

Authorization for Release of Information

I consent to allow the Boscobel Housing Authority and Rural Housing to request and obtain information necessary for verifying my eligibility and level of benefits under HUD's assisted housing programs. I agree that a photocopy of this authorization may be used for the purpose of requesting and obtaining information.

Groups or individuals that may be asked to release information include but are not limited to:

Previous Landlords	Schools and Colleges	Child Support Agencies
Courts and Post Offices	Law Enforcement Agencies	Enterprise Income Verification
Past and Present Employers	Human Services Agencies	Social Security Administration
Child Care Providers	Banks or other Financial Inst.	Utility Companies

All individuals over the age of 18 who will reside in the project must sign this consent:

Applicant Signature: _____ Date: _____

Co- Applicant Signature: _____ Date: _____

Attachments: Criminal Background Information, ZIP Reports Authorization, HUD 92006, HUD 9886, HUD 27061, Wage Match Notice, VAWA Notice, Reasonable Accommodation Request and Prescription Form.

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108 W. National Ave.

920-756-3041

Request for Occupancy- Applicant-Criminal and Sex Offender Background Information

Federal Law requires the Brillion Housing Authority to obtain drug and criminal background and sex offender registration information on all adult household members who are applying for public housing. To enable us to do this, all household members age 18 and older must answer the questions below. If you need additional forms, please inform the Housing Authority. All adult members must also consent to a background check.

The Brillion Housing Authority will deny the application of any person who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug related criminal activity within the past three years? () Yes () No
2. Do you currently use drugs or alcohol? () Yes () No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? () Yes () No
4. Have you been convicted of any drug related crime within the past five years? () Yes () No
5. Have you been convicted of any felony within the past five years? () Yes () No
6. Have you been convicted of any crime involving fraud or dishonestly within the past five years? () Yes () No
7. Have you been convicted of any crime involving violence within the past five years? () Yes () No
8. Are you currently charged with any of the above criminal activities? () Yes () No
9. Please list all states in which you have lived or have held licenses to drive (include Driver's License numbers). _____
10. Have you ever used or been known by any other name? () Yes () No If yes, please list:

I understand the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection of my application or termination of my lease. I authorize the Brillion Housing Authority to verify the above information and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Brillion Housing Authority.

Applicant Signature: _____ Date: _____

Applicant Name (Please Print): _____

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Request for Occupancy- Co-Applicant-Criminal and Sex Offender Background Information

Federal Law requires the Brillion Housing Authority to obtain drug and criminal background and sex offender registration information on all adult household members who are applying for public housing. To enable us to do this, all household members age 18 and older must answer the questions below. If you need additional forms, please inform the Housing Authority. All adult members must also consent to a background check.

The Brillion Housing Authority will deny the application of any person who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug related criminal activity within the past three years? () Yes () No
2. Do you currently use drugs or alcohol? () Yes () No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? () Yes () No
4. Have you been convicted of any drug related crime within the past five years? () Yes () No
5. Have you been convicted of any felony within the past five years? () Yes () No
6. Have you been convicted of any crime involving fraud or dishonestly within the past five years? () Yes () No
7. Have you been convicted of any crime involving violence within the past five years? () Yes () No
8. Are you currently charged with any of the above criminal activities? () Yes () No
9. Please list all states in which you have lived or have held licenses to drive (include Driver's License numbers). _____
10. Have you ever used or been known by any other name? () Yes () No If yes, please list:

I understand the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection of my application or termination of my lease. I authorize the Brillion Housing Authority to verify the above information and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Brillion Housing Authority.

Co-Applicant Signature: _____ Date: _____

Co-Applicant Name (Please Print): _____

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Prescription Form

***This form is only relevant if applicant is elderly or disabled.**

Name: _____

Address: _____

The above person(s) are applying for residence with the Brillion Housing Authority. Any medical expenses above 3% of their gross income may affect their rent. If this person is receiving on-going medication, please complete this form. We are interested in on-going prescriptions only. This form is valid only if signed by pharmacist.

Prescription # How Often Filled Cost of Prescription

Prescription #	How Often Filled	Cost of Prescription

***The Brillion Housing Authority does not need the actual name of the prescription. If the name of the drug shows up on the print-out, please black out this information.**

Pharmacy _____

Signature of Pharmacist _____

*Applicant must supply the Brillion Housing Authority with a print off from the pharmacy where the prescriptions are obtained.

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