



# The Housing Authority of the City of Brillion

214 S. Parkway Dr., Brillion WI 54110

Phone: (920)756-3041

Fax: (920)756-3869

## Request for Occupancy - Parkview 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: \_\_\_\_\_ US Citizen ( ) Yes ( ) No Resident City of Brillion: \_\_\_\_\_ (months/years)

Co-Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ US Citizen ( ) Yes ( ) No Resident City of Brillion: \_\_\_\_\_ (months/years)

Other household members who will live in the unit:

Name	Date of Birth

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. Income documentation will be requested at move-in.

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: \_\_\_\_\_

**\*Flat Rent-** Unlike income-based rents, flat rents do not fluctuate with changes in family income. Flat rents are based on the market rent charged for comparable units in the private, unassisted rental market. You will be given the option of flat rent at lease signing.

**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 Cost per month: \_\_\_\_\_

Pharmacy name and address: \_\_\_\_\_

Do you pay for health insurance? ( ) Yes ( ) No Cost per month: \_\_\_\_\_

Insurance company name and address: \_\_\_\_\_

Any personal health information you would like to share: \_\_\_\_\_

**Childcare Expense:**

Do you have childcare expenses: ( ) Yes ( ) No If yes, list provider's name, address and telephone number:

\_\_\_\_\_

Cost per week: \_\_\_\_\_ or per month: \_\_\_\_\_

**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**\*All BHA HUD Properties are Smoke Free.

Do you have a pet? ( ) Yes ( ) No What kind? \_\_\_\_\_ 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: \_\_\_\_\_

**Preference Factors:**

Eligible applicants will be selected on a first-come, first-serve basis according to chronological order and based on unit bedroom size. Elderly, disabled, and victim of domestic violence applicants will receive priority over all other applicants.

**Special Unit Requirements:** This questionnaire is to determine whether an applicant needs special features in his/her housing unit.

Are you 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 barrier free apartment ( ) First floor apartment ( ) Other modifications to unit \_\_\_\_\_

Can you and all family members use the stairs unassisted? ( ) Yes ( ) No

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.

**Authorization for Release of Information**

I consent to allow the Brillion Housing Authority 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:** \_\_\_\_\_

**Adult Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Adult Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attachments:** Community Service and Self-Sufficiency Requirement, Criminal Background Information, ZIP Reports Authorization, HUD 92006, EIV & You, HUD 9886, HUD 52675, HUD 27061, VAWA Notice, and Reasonable Accommodation Request



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## Community Service and Self-Sufficiency Requirement:

In order to be eligible for occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement. The eight hours of activity must be performed each month. An individual may not skip a month and then double up the following month unless special circumstances warrant it.

Community Service is the voluntary work or duties in the public benefit that serve to improve quality of life and or enhance resident self-sufficiency or increase the self-responsibility of the resident within the community in which the resident resides. A self-sufficiency program is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for the participants.

You may be exempt from this program. See below:

I am exempt from the Community Service Requirements based on the following:

- A. I am 62 or older. \_\_\_\_\_
- B. I am blind or disabled as defined under 216(l)(1) or 1614 of the Social Security Act (42 U.S.C. 416(l)(1) and certify that because of this disability I am unable to comply with the requirements. \_\_\_\_\_
- C. I am the primary care giver for someone who is blind or disabled as set forth in Paragraph B above. \_\_\_\_\_
- D. I am engaged in work activity for at least 25 hours per week as defined in section 407(d) of the Social Security Act, specified below.
  1. Unsubsidized employment; \_\_\_\_\_
  2. Subsidized private-sector employment; \_\_\_\_\_
  3. Subsidized public-sector employment; \_\_\_\_\_
  4. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available; \_\_\_\_\_
  5. On-the-job-training; \_\_\_\_\_
  6. Job-search and job-readiness assistance; \_\_\_\_\_
  7. Community service programs; \_\_\_\_\_
  8. Vocational educational training (not to exceed 12 months with respect to any individual); \_\_\_\_\_
  9. Job-skills training directly related to employment; \_\_\_\_\_
  10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency; \_\_\_\_\_
  11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate; \_\_\_\_\_
  12. The provision of childcare services to an individual who is participating in a community service program. \_\_\_\_\_
- E. I am exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program. \_\_\_\_\_
- F. I am receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and am in compliance with that program.  
\_\_\_\_\_

I have received and read the Community Service and Self-Sufficiency Requirement. I understand that as a resident of public housing, I am required by law to contribute eight hours per month of community service or participate in an economic self-sufficiency program. I further understand that if I am not exempt, failure to comply is grounds for lease nonrenewal. My signature below certifies I have received the notice of this requirement at the time of initial program application.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_ BHA Signature: \_\_\_\_\_



# The Housing Authority of the City of Brillion

210 S. Parkway Dr., Brillion Wi 54110

(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 Housing Authority of the City of Brillion 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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# The Housing Authority of the City of Brillion

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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 Housing Authority of the City of Brillion 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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