



**Bruce Housing Authority  
Parksites Homes**

503 S Coleman, P O Box 65  
Bruce, WI 54819  
(715) 868-4731 Fax: (715) 868-4732

*For Office Use Only*  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Waiting List Assignment  
1 bed\_\_ 2 bed\_\_ 3 bed\_\_

Complete **all** sections of this Application. If an item does not apply, write N/A. Incomplete applications will not be placed on our waiting list and will be returned. *Please Print.*

**Personal Data**

Head or spouse/co-tenant: Other last names known as: \_\_\_\_\_  
Maiden Names \_\_\_\_\_

**For head of household:**

1. Current Phone Number: \_\_\_\_\_ Message Number: \_\_\_\_\_
2. Marital Status: Single\_\_ Married\_\_ Separated\_\_ Divorced\_\_ Widowed\_\_ Cohabiting\_\_
3. Are you disabled? \_\_\_\_\_
4. Are you a veteran or serviceman? \_\_\_\_\_
5. Have you been displaced from your current housing through no fault of your own? \_\_\_\_\*
6. Do you live in substandard housing? \_\_\_\_\* Are you homeless? \_\_\_\_\_
7. Racial Group—Are you: American Indian \_\_ White\_\_ Alaskan Native\_\_ Asian\_\_  
Native Hawaiian/Pacific Islander\_\_ African American/Black\_\_ Other \_\_
8. Ethnic Group--Are you: Hispanic \_\_\_\_ or Non-Hispanic \_\_\_\_
9. Are you claiming you are a victim of domestic violence? \_\_\_\_\_\*\*
10. Are you being referred by a Shelter for abused persons? \_\_\_\_\_

\*\* *Please explain on the bottom of this page or an additional sheet of paper.*

**For all members who plan to live at Parksites Homes:**

1. Do you expect a change in the number of persons listed below? \_\_\_\_\_ If yes, what change? \_\_\_\_\_
2. Does anyone in the household smoke? \_\_\_\_\_
3. Have you or any member of your household ever APPLIED for or LIVED in low-income housing before? \_\_\_\_\_ If yes, explain where, when, and under what name: \_\_\_\_\_
4. Has anyone ever lived in another state? If yes, please who and where: \_\_\_\_\_

Name of Each Household Member Last First Middle Int.	Social Security #	Relationship to Head	Sex	Date of Birth	Place of Birth	Age	Full time Student?
		*					
		<b>Head</b>					

\*You have 90 days to provide documentation or evidence hereof of your Social Security Numbers listed on this form.

Present Address: \_\_\_\_\_ Dates Occupied: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord Name\*: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Amount paid for monthly rent: \$ \_\_\_\_\_ Do you share rent? \_\_\_\_\_ If yes, your portion \$ \_\_\_\_\_  
Utilities(w/o phone): \$ \_\_\_\_\_ Number of bedrooms in unit: \_\_\_\_\_ Number of persons in unit: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Dates Occupied: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord Name\*: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Dates Occupied: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord Name\*: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

\*If any landlord is related to you, please state so.

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**Note: Address history must cover all places where you lived or stayed and must cover a period of not less than 3 years for each adult. If you need more room, please attach the necessary information to this form.**

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## References

**Credit References:** banks, local utility companies, landlords, or a person you have had a financial arrangement with:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of arrangement(loan, monthly bill, other) \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of arrangement(loan, monthly bill, other) \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of arrangement(loan, monthly bill, other) \_\_\_\_\_

**Character References:** (We suggest a neighbor, minister, former employer, former landlord, personal friend, teacher, etc. Please do not list a relative.)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ FAX \_\_\_\_\_  
Address \_\_\_\_\_

## Financial Resources Total Household Income

List all money earned or expected to be received by everyone living in your household. This includes, but is not limited to, money from wages (full or part time), self-employment, child support, contributions or regular gifts from anywhere, social security, disability payments, worker's compensation, retirement benefits, AFDC, W2, pensions, rental income, stock, cash jobs, unemployment, dividends, alimony, unemployment, cash jobs, income from sale of real estate and any other.

Member	Source of Income (Name & Address)	Gross Amount/month

I(we) wish to be placed on waiting lists for the following sized apartments (check all that apply)

One bedroom \_\_\_\_\_ Two Bedroom \_\_\_\_\_ Three Bedroom \_\_\_\_\_

Do you pay for childcare while employed or attending school? \_\_\_\_\_ If yes, list child care providers name and phone number: \_\_\_\_\_

Do you receive any reimbursement for child care expenses? \_\_\_\_\_

### Assets

List all Assets for household: (Assets include but are not limited to: cash, real estate (house & (or) land), checking, savings, stocks, bonds, CDs, money market accounts, life insurance policies, trust funds, IRAs, retirement accounts, assets held as investment such as coins or stamps.) Include banking information (name, acc. numbers, etc.)

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#### For Elderly, Handicapped or Disabled Persons Only

Complete only if head or spouse is 62 or older, handicapped or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance:

Medicare: \$ \_\_\_\_\_ per month

Medical Insurance: Name of Provider: \_\_\_\_\_ Monthly premium \$ \_\_\_\_\_

Medical Insurance: Name of Provider: \_\_\_\_\_ Monthly premium \$ \_\_\_\_\_

Is either medical insurance premium an automatic deduction from a source of income? \_\_\_\_\_

Pharmacy: Name and Phone Number \_\_\_\_\_

If making payments on outstanding medical bills, list provider and amount paid per month: \_\_\_\_\_

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**General Information**

- 1. Have you disposed of any asset worth more than \$1000 in the last 2 years: \_\_\_\_  
If yes, what? \_\_\_\_\_
- 2. Do you have a safety deposit box? \_\_\_\_\_
- 3. Has anyone in your household been convicted of a sex related crime or is registered as a sex offender? \_\_\_\_ If yes, who: \_\_\_\_\_
- 4. Have you or any member of your household ever been convicted of or pled guilty to any crime other than a non-criminal traffic violation? \_\_\_\_\_ If yes, explain who and what for: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ City, County & State: \_\_\_\_\_

- 5. Have you ever been evicted? \_\_\_\_ If yes, when and where? \_\_\_\_\_
- 6. Do you have a pet? \_\_\_\_ We allow 1 cat or 1 dog. If you have more than 1 pet, are you willing to give one up? \_\_\_\_ (If you answered no and that response changes, please notify the office.)
- 7. Does any other Housing Authority claim that you or any household member owe money for rent, damages, or any other reason? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**It is your responsibility to notify the office of changes to this application. If you can not be reached when your application is being considered, it will result in your application being withdrawn from the waiting list and you will no longer be considered for housing under this application.**

**Please attach copies of every member's social security card to this form.**

**Certification**

**I/we understand that this is not a contract and does not bind either party.**

**I/we understand signing below, that all adult members of the household, if not exempt, I may have to perform 8 hours/month of community service.**

**I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, can be grounds for cancellation of this application, can be cause for denial of future admission and can result in termination of residency after occupancy.**

**I/we understand that the Bruce Housing Authority will use any information provided here or obtained thru the tenant selection process for the sole purpose of determining eligibility and admission.**

**I/we do hereby authorize the Bruce Housing Authority and its staff to contact any agencies, offices, credit bureaus, landlords, groups, or organizations to verify the information provided and to obtain any information or materials which it deems necessary to complete its tenant selection process.**

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Spouse/Other Adult**

\_\_\_\_\_  
**Date**