

# Rusk County Housing Authority

311 E. Miner Ave.  
 Ladysmith, WI 54848  
 715-532-6822 (phone) • 715-532-6877 (fax)  
[ruskhousing@ruskcountywi.us](mailto:ruskhousing@ruskcountywi.us)

Office Use Only: (Date/Time stamp)

## Application for Occupancy

Please complete the entire form.

Housing Applying For: (Check all that apply)

Hawkins  
 Ladysmith  
 Bruce

Sheldon  
 Weyerhaeuser

Name of Head of Household: _____		
First	MI	Last
Head of Household Social Security Number: _____		
Date of Birth: _____		
Current Address: _____		City: _____
		State: _____ Zip: _____
Mailing Address: _____		City: _____
		State: _____ Zip: _____
Home Phone: _____		Message Phone: _____
Work Phone: _____		Cell Phone: _____

LIST ALL PERSONS WHO WILL BE LIVING IN THE HOME AND *ATTACH COPIES OF SOCIAL SECURITY/GREEN CARDS.*

First Name	MI	Last Name	Social Security Number	Relationship to Head of Household	Date of Birth	Age	Sex	Birthplace (State/Country)	US Citizen	
									Yes	No
				SELF						

Please attach additional pages, if necessary

Does anyone in the household require an accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No (please check below)  
 Vision  Hearing  Wheelchair  Physical  Interpreter  Other: Specify: \_\_\_\_\_

Is anyone in the household a full or part-time student of higher education? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please list the household member: \_\_\_\_\_

Is someone legally empowered to act on your behalf? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Do you certify that this unit will be your permanent residence and that you do not/will not maintain a separate subsidized unit in a different location? \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_



A person who meets the definition of disabled or handicapped qualifies for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to your income, please check here: \_\_\_\_\_. If you have indicated your desire to request this adjustment, then we will need sufficient information to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

Do you have specific housing requirements, such as a special handicapped accessible unit? \_\_\_\_\_

**LANDLORD INFORMATION: (For previous 5 years, please attach additional pages, if necessary)**

Current Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

I/We understand as a procedure of processing my application an investigative report may be prepared whereby information is obtained through personal inquiries at my home, neighbors, friends, employers, landlords, law enforcement personnel, other governmental offices and agencies. The inquiry may include information as to character, mode of living, and performance in meeting financial obligations. \_\_\_\_\_ (Initial)

**Have you ever participated in a Housing Authority rental assistance program?** \_\_\_\_\_ Yes \_\_\_\_\_ No

(Example: Public Housing, Section 8 Voucher or other Housing Program)

Name of Housing Authority: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Live there from: \_\_\_\_\_ to \_\_\_\_\_ Do you owe any money to another Housing Authority: \_\_\_ Yes \_\_\_ No

**Have you ever been evicted?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, When? Where? \_\_\_\_\_

**Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**Does anyone in your household currently use controlled or illegal drugs?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**Is anyone in your household subject to a lifetime sex offender registration requirement in ANY state?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Does anyone outside of your household pay for any of your bills or expenses?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Who? When? For What? \_\_\_\_\_

**INCOME:** List income for ALL household members 18 years of age and older

Sources of Income (including but not limited to): Employment, Food Stamps, TANF, Social Security, SSI, Pensions, Disability compensation, unemployment, interest, babysitting, alimony, child support, annuities, dividends, income from rental property, Armed Force Reserves, scholarships, and/or grants, etc.

Household Member Name	Type of Income	Name, Address, and Phone Number of Source of Income	Total Gross Monthly Income

Please attach additional pages, if necessary

**ASSETS:** (Bank Accounts {checking/savings}, real estate, stocks, bonds, CD's, IRA's, etc.)

Household Member Name	Type of Account	Name, Address, and Phone Number of Bank or Institution	Current Cash Value	Annual Income

Please attach additional pages, if necessary.

Have you disposed of any assets in the last two years at less than market value?  Yes  No

**SENIOR/DISABLED APPLICANTS ONLY**

**MEDICAL EXPENSES:** (to be completed for households with persons who are handicapped, disabled or over the age of 62) Include total expenses to be incurred over the NEXT twelve month period not covered by insurance. May include expenses for dental, prescriptions, medical insurance premiums, eyeglasses/contacts, hearings aids, cost of live-in resident assistant, and monthly payments required on accumulated major medical bills, including that portion of spouses or child's nursing home care paid from family income.

\$ \_\_\_\_\_ Annually

Will you have a pet?  Yes  No What kind? \_\_\_\_\_ Weight? \_\_\_\_\_

**Statement Required by the Privacy Act**

The USDA-Rural Development (RD) is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C. 1471 et. Seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that is unlawful for USDA-RD to deny eligibility because of a refusal to disclose the Social Security Account Number. The principle purposes for collecting the requested information are to determine eligibility for occupancy in the USDA-RD financed rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings.

CERTIFICATION

Title 18 Section 1001 of the United States Code states that a person who knowingly and willfully makes false or fraudulent statements to any Department or Agency of the U.S. Government is guilty of a felony. I understand that any misrepresentation of information or failure to disclose information in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I understand that this application must be completed in full and that an application that is missing information or signatures will be returned to me for completion before my name will be placed on the waiting list. If any part(s) of the application do not apply to me, I will write non-applicable (N/A) on that line.

I understand that I will be required to provide verification of my family composition, third party income and asset verification, proof of birth in the United States or eligible immigration status at a later date. If I am unable to verify this information, I understand that I may be ineligible for housing or my position on the waiting list may be affected.

I understand that if I do not respond to information or mailings regarding my application as requested by the Housing Authority, I will be dropped/withdrawn as an applicant for housing. I further understand that the Housing Authority updates and purges its waiting list from time to time. I understand that I am responsible for notifying the Housing Authority immediately of any address, family composition or income changes.

I/We do hereby certify that the above information is true, accurate and complete to the best of my/our knowledge. (All household members 18 or older must sign)

Signature

Date

Signature

Date

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

RACE: \_\_\_ White \_\_\_ African American/Black \_\_\_ American Indian/Native Alaskan \_\_\_ Asian \_\_\_ Native Hawaiian/Other Pacific Islander ETHNICITY: \_\_\_ Hispanic/Latino \_\_\_ Not Hispanic/Latino GENDER: \_\_\_ Male \_\_\_ Female

Information Release Authorization Statement

"I authorize Rural Development/HUD to release any information regarding my employment, wages/earnings, and unemployment claims/benefits that they may have obtained from the State of Wisconsin Department of Workforce Development (DWD) to any manager of a rental unit which I am currently renting/leasing or for which I have completed a rental contract/lease agreement application."

Name (Print)

Social Security Number

Street Address (Print)

City, State, Zip Code (Print)

Signature

Date