

# **PRELIMINARY APPLICATION BELOIT HOUSING AUTHORITY**

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## **INSTRUCTIONS FOR COMPLETING YOUR APPLICATION**

1. **Fill out the entire application in ink pen.** You must complete the entire application, answering all questions. Incomplete applications or applications filled out in pencil will be returned.
2. **Read the descriptions of the preference priorities and check those which apply to you.**
3. **Household members 18 years of age and older must sign all forms.**
4. **Turn in your completed application with the following documents:**
  - Original social security cards for all household members. (Non-citizens must sign a statement that they elect not to contend eligible immigration status. These forms are available in our office. If a child is a newborn, certification of SSN application must be presented in lieu of a SS card. )
  - Current driver's license or state photo identification for all household members age 18 or older
  - Original state-issued birth certificate for all household members (We will **not** accept a hospital birth announcement.)
  - Verification of **ALL** income to your household
  - Declaration of Section 214 Status listing each household member (Form attached)
  - Release of Information forms must be signed and dated by all household members 18 years of age or older
5. **Applications will not be accepted without the information listed above.** Incomplete applications will be returned. All applicants will receive written notification of their preliminary eligibility determination.

Applications may be returned to the Beloit Housing Authority between 8:30 a.m. – 4:30 p.m., Monday through Friday, except on Wednesdays, or mailed to:

Beloit Housing Authority  
100 State Street  
Beloit, WI 53511-6234

**NO APPLICATIONS WILL BE ACCEPTED ON WEDNESDAYS**

## **GENERAL APPLICATION POLICIES**

Your application will be reviewed and a preliminary assessment will be made of your eligibility. Your name will be placed on the waiting list(s) unless it is determined that you are ineligible. If you are determined ineligible you will be notified in writing.

Placement on a waiting list does not indicate that you are eligible for admission. A final determination of eligibility and qualification for preferences will be made when you are selected from the waiting list.

Your name will be placed on the waiting list according to preference(s) and the date and time your **complete** application is received.

Your Public Housing application will be assigned according to bedroom size for which you qualify. You may also request in writing to be placed on the waiting list for a unit size smaller than designated by the occupancy guidelines as long as the unit is not overcrowded according to standards. However, in this case, you must agree not to request a transfer for two years after admission, unless you have a change in family size or composition.

It is your responsibility to notify us in writing of any change of address, phone number, employment, income or household size. If a notification letter is returned by the post office, you will be removed from the waiting list without further notice.

When you have been selected from the waiting list, you will be notified by mail. You will be required to complete a full application and provide the information necessary to establish eligibility, including suitability, and to determine the amount of rent you will pay. The notice will include a date, time and location for an application interview, including the procedure to reschedule the interview. In all circumstances, if you do not attend a scheduled interview without approval, you will be denied assistance based on failure to supply information needed to determine eligibility.

At any point in the verification process if a negative verification report is received, the application process will be discontinued and you will be notified in writing that your application has been denied. Lying or deliberate omission of relevant information from the application may result in rejection of the application. Otherwise, when all of the verifications are received, eligibility will be determined. You will be notified that you have been accepted or rejected in writing.

The waiting list will be updated as needed to ensure that all applicants and applicant information is current and timely. If any update request we send is returned by the post office or you fail to respond, you will be removed from the waiting list without further notice.

Beloit Housing Authority **DOES NOT**: Discriminate on the basis of handicapped status in the admission or access to, or treatment of, or employment in, its federally assisted programs and activities.

In accordance with Federal Law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, familial status or disability. Additionally, the Beloit Housing Authority will not discriminate on the basis of marital status or sexual orientation.

To file a complaint of discrimination, write:

Office of Fair Housing and Equal Opportunity  
U.S. Department of Housing and Urban Development (HUD)  
Washington, DC 20410

# BELOIT HOUSING AUTHORITY PRELIMINARY APPLICATION

100 State Street  
Beloit, WI 53511  
608-364-8740

Please mark all waiting lists you wish to apply for:

**Public Housing** - Public Housing are apartments and houses managed by the Beloit Housing Authority. Rent is based upon family size and income. These units are located in various parts of Beloit.

\_\_\_\_\_ East side Public Housing - Two to five bedrooms (Wren, Sunshine, Elmwood and single family homes)

\_\_\_\_\_ West side Public Housing - Two to five bedrooms (Merrill, Mary, Ritsher, Poole Ct., Sixth Street, Caldwell and Carpenter, townhomes on Portland, and single family homes)

\_\_\_\_\_ Parker Bluff Apartments - One and two bedroom units for elderly (age 62 and older) and disabled

\_\_\_\_\_ **Project-Based Voucher** - Four and five bedroom single family homes owned by the Housing Authority. The voucher is assigned to the unit.

\_\_\_\_\_ **Housing Choice Voucher** – This program is also known as Section 8, which provides rental assistance to eligible families.

In order for us to determine your eligibility, you must provide **all** information included in this application. This information is considered confidential and will only be used as necessary in determining your eligibility for housing programs. Unless all information is filled out, the application will be considered incomplete and will not be processed for eligibility. **Providing false information will result in denial of your application.**

<b>Applicant Name:</b>	<b>Home Telephone :</b> ( )
<b>Address:</b> <b>Apt. #</b>	<b>Cell Phone:</b> ( )
<b>City, State Zip:</b>	<b>Other Phone:</b> ( )

## HOUSEHOLD COMPOSITION

**Please list household members starting with Head of household on line 1, then in order to oldest to youngest.**

	Name	Relation-ship to head	Marital Status M- Married W-Widowed D-Divorced S-Single L-Legal Separation E- Estranged	Birth Date	Age	Sex	SS#	Student Status		
								Full Time	Part Time	N/A
1.		Head								
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Office Use Only:

BEDROOM  
SIZE:

DATE/TIME STAMP:

## WAITING LIST PRIORITY CRITERIA

Beloit Housing Authority has established local preferences. Check all which apply to your household:

- \_\_\_\_\_ Displaced by a federal, state or local declared disaster within the last 6 months. *Governmental disaster documentation is required.* (20 Points)
- \_\_\_\_\_ Beloit resident. Applicant must live, work or attend school within the zip code boundary of Beloit, Wisconsin. *Documentation must be provided such as a lease, utility bill, pay stub, or school record.* (20 Points)
- \_\_\_\_\_ Participant in program for victims of domestic violence. *Verification must be provided by the Domestic Violence Program Director and documentation of a pattern of abuse within the last 6 months such as police reports or court records; or HUD-50066 form.* (10 Points)
- \_\_\_\_\_ Income falls between 0% - 30% of the county median income limit by family size. (5 Points)

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$13,750	\$15,700	\$17,650	\$19,600	\$21,200	\$22,750	\$24,350	\$25,900

- \_\_\_\_\_ Graduate of a Transitional Housing Program within the last 6 months. *Documentation by the Transitional Housing Program Director is required listing entry and graduation date.* (5 Points)
- \_\_\_\_\_ Honorably discharged United States Veteran. *You must present a DD214.* (5 Points)
- \_\_\_\_\_ Handicapped accessible unit required. *Documentation by a medical professional must be provided that handicap accessibility is required.* (3 Points)

## BACKGROUND INFORMATION:

**Have you or any other adult members ever used any names(s) or social security numbers(s) other than the one you are currently using?**

☐ Yes ☐ No

If yes, please list and explain: \_\_\_\_\_

**Have you or any member of your household ever been convicted any crime other than a traffic ticket or have any charges pending against them?**

☐ Yes ☐ No

If yes, who: \_\_\_\_\_

Explanation: \_\_\_\_\_

**Are you or any member of your household subject to a lifetime state sex offender registration program in any state?**

☐ Yes ☐ No

If yes, who and which state: \_\_\_\_\_

**List all states you and any household member have lived in the past five years:** \_\_\_\_\_

**Have you or any household member ever been a participant in any rental assistance or public housing program?**

☐ Yes ☐ No

If yes, where and when did you participate? \_\_\_\_\_

**Do you owe any Public Housing Agency a debt?**

☐ Yes ☐ No

If yes, who: \_\_\_\_\_

Explanation: \_\_\_\_\_

**Have you ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?** ☐ Yes ☐ No

If yes, who: \_\_\_\_\_

Explanation: \_\_\_\_\_

## **INCOME**

**List ALL sources of income for ALL household members** including employment, self-employment, military pay, social security, SSI, disability, worker's compensation, severance pay, unemployment compensation, welfare, food stamps, alimony, child support, recurring gifts, pension, annuity or retirement benefit or any other income. This includes income you receive for a child. ***IF YOUR HOUSEHOLD HAS NO INCOME, YOU MUST COMPLETE THE ZERO INCOME WORKSHEET AT THE TIME OF APPLICATION.***

HOUSEHOLD MEMBER	SOURCE OF INCOME	AMOUNT RECEIVED	HOW OFTEN?

List all assets and asset value for your household:

Savings Account	\$ _____	Stocks, Bonds, Mutual Funds	\$ _____
Checking Account	\$ _____	IRA, 401K or retirement fund	\$ _____
Certificate of Deposit	\$ _____	Real Estate	\$ _____
Cash on Hand	\$ _____	Other Assets	\$ _____

## **CERTIFICATION**

I/We understand that the information provided on this application will be used to determine my/our eligibility for housing programs. Under penalties of perjury, I/we certify that the information I/we provided is true and accurate to the best of my/our knowledge. I/We also understand that providing false information is considered fraud and punishable according to the law and will lead to cancellation of this application or termination of tenancy after occupancy.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility and continued eligibility.

**CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.**

**SIGNATURE(S):**

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Head of Household)	Date
_____	_____
(Signature of Other Adult Member)	Date
_____	_____
(Signature of Other Adult Member)	Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.

The following information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname.

List family members including yourself	RACE Check <b>all</b> that apply					ETHNICITY Circle One	
NAME	White	Black/ African American	Asian	Native Hawaiian/ Pacific Islander	American Indian/ Alaskan Native	Is this person also Hispanic?	
						YES	NO
						YES	NO
						YES	NO
						YES	NO
						YES	NO
						YES	NO
						YES	NO
						YES	NO

\_\_\_\_\_ I do not wish to furnish this information

\_\_\_\_\_ Information provided by Management

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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, the HA or the owner responsible for the unauthorized disclosure or improper use.





Beloit Housing Authority  
100 State Street  
Beloit, WI 53511  
(608) 364-8740  
[www.ci.beloit.wi.us](http://www.ci.beloit.wi.us)

**Notice to all Applicants:  
Reasonable Accommodations for Applicants with  
Disabilities or Handicaps**

The Beloit Housing Authority (BHA) is a public agency that provides low rent housing to eligible families, elderly families and single people. The BHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, disability or handicap. In addition, the BHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

A reasonable accommodation is some modification or change the BHA can make to its apartments or procedures that will assist an otherwise eligible applicant with disability to take advantage of the BHA's programs. Examples of reasonable accommodations would include:

- Making alteration to a BHA unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in a apartment for a family with a hearing impaired member;
- Permitting a family to have a support animal necessary to assist a family member with a disability in a BHA family development where animals are not usually permitted;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the interview;
- Permitting an outside agency to assist an applicant with a disability to meet the BHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for their apartment, to report required information to the Beloit Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do things without assistance.

If you or a member of your family have a disability, you may request a reasonable accommodation at the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the Beloit Housing Authority, that is your right.

*Source: Nondiscrimination in Public Housing Occupancy Training manual – 1997*



**Beloit Housing Authority**  
100 State Street  
Beloit, WI 53511  
(608) 364-8740  
[www.ci.beloit.wi.us](http://www.ci.beloit.wi.us)

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

**Purpose:** The Beloit Housing Authority will use this form and the information obtained with it to administer and enforce program rules and policies.

**Authorization:** I authorized the release of any information (including documentation and other materials) pertinent to determine eligibility for or participation for any of the following programs:

- Low income Public Housing
- Rental Assistance Program
- Section 8 Family Self-Sufficiency GOALS Program
- Section 8 Housing Assistance Rental Assistance Program
- Section 8 Homeownership Voucher Program
- Neighborhood Housing Services

I authorize Beloit Housing Authority to obtain information on wages or unemployment compensation from State Employment Agencies, government agencies and departments, and contracted agencies. Including:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, Assets
- Federal, State, Tribal or local benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History
- Citizen Status

This form cannot be used to request a copy of a tax form. Must use IRS Form 4606, Request for a copy of a Tax form.

**Individuals or Organizations that may release information:**

Any individual or organization including any governmental organization may be asked to release information. For Example:

- Banks/financial institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, past and present
- Landlords
- Providers of:
  1. Alimony
  2. Childcare
  3. Child Support
  4. Credit
  5. Handicapped Assistance
  6. Medical Care
  7. Pensions/ Annuities
  8. Schools and Colleges
  9. U.S. Social Security Administration
  10. U.S. Department of Veterans Affairs
  11. Utility Companies
  12. Welfare Agencies

**Computer Matching Notice and Consent**

**I agree Beloit Housing Authority may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or Local Agencies. The Governmental Agencies include:**

- U.S. Officer of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies
- UIV/EIV systems

The match will be used to verify information supplied by the family.

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I understand my housing assistance will be denied or terminated.

_____	_____	_____
Head of Household	Other Household Member	Date
_____	_____	_____
Spouse/Other Adult Household Member	Other Household Member	Date
_____	_____	_____
Housing Authority Representative	Date	

# Beloit Housing Authority

## Crime Free Statement

The Beloit Housing Authority promotes and supports an environment free from criminal activity, violent activity, and drug activity for families and individuals to live.

I/We, certify that I/we and any members of my/our household or a guest or other persons affiliated with the Housing Assistance program participant:

1. Shall not engage in criminal activity, including drug-related criminal activity, on or near the said premises. "Drug related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use an illegal or controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C.802].
2. Shall not engage in any act intended to facilitate criminal activity.
3. Shall not permit the dwelling unit to be used for, or to facilitate criminal activity, regardless or whether the individual engaging in such activity is a member of the household, or a guest.
4. Shall not engage in the unlawful manufacturing, selling, using, storing, keeping, or giving of an illegal or controlled substance as defined in W.R.S. 961, at any locations, whether on or near the dwelling unit premises.
5. Shall not engage in any illegal activity as defined in W.R.S. 940, W.R.S. 941, W.R.S. 943, W.R.S. 948, including prostitution, criminal street gang, threatening or intimidating, assault, including but not limited to the unlawful discharge of a weapon, on or near the dwelling unit premises, or any breach of the lease agreement that otherwise jeopardizes the health, safety, and welfare of the landlord, his agent, or other tenant, or involving imminent or actual serious property damage.

VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY. A single violation of any of the provisions of this added addendum shall be deemed a serious violation, and a material and irreparable non-compliance. It is understood that a single violation shall be good cause for immediate termination of the lease under W.R.S. 704-114, as provided in W.R.S. 823.113. Unless otherwise provided by law, proof of violation shall not require a criminal conviction, but shall be by a preponderance of the evidence.

In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of this addendum shall govern.

This CONTRACT ADDENDUM is incorporated into the executed or renewed this day between the Beloit Housing Authority and Resident/Applicant.

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
BHA Representative

\_\_\_\_\_  
Date:

**Beloit Housing Authority**  
**DECLARATION OF SECTION 214 STATUS**

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

1. ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
2. ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
3. ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - a. ☐ Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
  - b. ☐ Permanent residence under §249 of INA, see instruction #3; or
  - c. ☐ Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
  - d. ☐ Parole status under §212(d)(5) of the INA, see instruction #5; or
  - e. ☐ Threat to life or freedom under §243(h) of the INA, see instruction #6; or
  - f. ☐ Amnesty under §245A of the INA, see instruction #7.

*NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.*

List all Family Members:

**Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)**

First, Middle Initial, Last Name (Head of Household)	Signature of Head of Household	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date

**Return completed form to:**  
Beloit Housing Authority  
100 State Street  
Beloit, WI 53511

**FOR BHA USE ONLY**

Enter INS/SAVE Primary Verification #: \_\_\_\_\_  
Date: \_\_\_\_\_

**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

**The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:**

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

**Instructions to Grantee:** Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date that it was obtained. Grantee signature is not required.

**Instructions to Family Member For Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach INS document(s) evidencing eligible immigration status. Sign and date.

**ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department of Agency of the United States as to any matter within its jurisdiction.**

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.



Beloit Housing Authority  
100 State Street  
Beloit, WI 53511  
(608) 364-8740  
[www.ci.beloit.wi.us](http://www.ci.beloit.wi.us)

**Dear Applicant/Participant:**

**Your household has reported no income. You are now required to complete the attached Zero income checklist and bring in a copy of your *prior year income tax statement*. If you did not file taxes last year you must fill out a 4506-T (Request for Transcript of Tax Return).**

**You should be aware that if upon completion of your checklist, your income remains at zero or we believe your income is under represented for your family size, you would be subject to an Income Interview with the Director at your home.**



If persons not living in the household (parents, friends, etc.), give you recurring cash or items a **Gift**



***Affidavit*** must be filled out. This form must indicate the name or the person, the amount of money they give you monthly or the value of the gifts they give you, and must be signed and notarized.

**You should further be aware that if you continue to have no income you will be required to submit the zero income checklist on a quarterly basis and will be subject to the Income Interview process quarterly.**

**Yours Truly,**

**Beloit Housing Authority Staff**

08/08/2011



## ZERO INCOME QUESTIONNAIRE

Head of Household (Please Print): \_\_\_\_\_

Other family members over the age of 18 \_\_\_\_\_

Please answer Y (yes) or N (no) for each statement below.

Do **YOU OR ANY MEMBER (including minors)** of your household receive the following?

Y     N     1. Income from employment.

Y     N     2. Income from any self-employment venture such as, but no limited to, Mary Kay, Avon, Shaklee, Tupperware, Amway, or any sales or delivery ventures.

Y     N     3. Income from Social Security, Public Assistance, Unemployment Compensation, Worker's Compensation, or any other agency.

Y     N     4. Regular recurring gifts or monetary payments of **any kind** from any person or agency – **including relatives.**

Y     N     5. Do you receive any payment for plasma or blood donations? How much monthly? \_\_\_\_\_

Y     N     6. Income from **ANY** source.

=====

How will you pay for food and clothes? \_\_\_\_\_

How will you pay for cable, telephone, cell phone, or internet? \_\_\_\_\_

How will you pay transportation expenses such as car payment, insurance, gas, etc? \_\_\_\_\_

How will you pay for personal items such as soap, detergent, diapers, cigarettes? \_\_\_\_\_

How will you pay for rent and utilities? \_\_\_\_\_

**The Beloit Housing Authority has a \$50.00 a month minimum tenant contribution for rent and utilities.**

How will your family pay the \$50.00 a month minimum tenant payment?

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I understand that providing false or misleading information will be considered fraud, and may result in any or all of the following penalties: Termination of rental assistance, removal from the waiting list, a requirement to repay funds paid on my behalf, and/or criminal penalties.

\_\_\_\_\_  
Signature of Tenant/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant/Applicant

\_\_\_\_\_  
Date

## Worksheet for Income from Contributions

What is the family's verified annual income? \$ \_\_\_\_\_

Enter the family's annual expenses in the table below. (To computer annual expenses, multiply weekly average costs by 52 and monthly average cost by 12.)

Type of Expense	Weekly Expenses	Monthly Expenses	Annual Expenses	Contributed Toward Expenses
1. Food				
2. Cleaning, Grooming & Paper Products				
3. Transportation				
4. Entertainment				
5. Clothing				
6. Smoking				
7. Communications				
8. Shelter (Housing and Utilities)				
9. Pets				
10. Miscellaneous				
<b>TOTALS</b>				

Total all family expenses. The total contributions toward expenses must be added to report family income. Reported family income (including any excluded income) must at least equal total family expenses. If reported family income, including contributions to expenses, is less than total family expenses, some form of income, usually contributions, has been understated. Unless the family can verify additional excluded income, the contributions amount of total reported family income should be increased to at least equal total family expenses.

**I certify that the above information is true and correct. I am aware that if family and friends are giving me cash assistance, or are buying products, clothes and/or services for my family, that I must report this as income. I am also aware that failure to report household income is grounds for denial of my application. I have no objections to inquiries being made by the Beloit Housing Authority for the purpose of verifying the statements contained in this application. I understand that if I do not cooperate in helping verify my eligibility, my application may be denied or my assistance terminated.**

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**Tenant/Applicant Signature**

---

**Date**

---

**Tenant/Applicant Signature**

---

**Date**

---

**Tenant/Applicant Signature**

---

**Date**

08/08/2011