

 **WINDMILL PLACE**
Senior Apartment Living

Managed by River Falls Housing Authority
625 North Main Street, River Falls, WI 54022
(715)425-7640

APPLICATION FOR OCCUPANCY

Windmill Place is a smoke free facility

APPLICANT

Name _____

Address _____
Mailing Address _____

City _____ State _____ Zip Code _____

Age _____ Sex _____

Telephone: Home _____

Work _____

Social Security Number _____

Date of Birth _____

Place of Birth _____

SPOUSE/CO-TENANT

Name _____

Address _____
Mailing Address _____

City _____ State _____ Zip Code _____

Age _____ Sex _____

Telephone: Home _____

Work _____

Social Security Number _____

Date of Birth _____

Place of Birth _____

Please list a relative or friend who will know how to contact you:

Name _____ Phone _____

Address _____ Relationship _____

Does someone have power of attorney in your behalf? _____ If yes, complete below:

Name _____ Day Time Phone _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Are you now, or have you ever, lived in a government-subsidized unit (e.g., Public Housing, Section 8, Section 236 or 221(d)(3) subsidized projects)? _____ Yes _____ No If yes, date of occupancy: _____

Have you ever been arrested or convicted of illegal activity? _____ Yes _____ No If yes, explain: _____

Do you have any specific housing requirements, such as a special handicapped accessible unit? _____

Are you or is anyone in your household attending school full time or part time? _____ yes _____ no

Are you displaced from your home due to a natural disaster declared by a state or federal agency?

Yes _____ No _____ Explain: _____

Complete the following rental history, income, expense and asset information for every person who will be living in the unit. Attach an additional sheet if more space is needed.

List any and all former addresses, and the name of the landlord or person you stayed with for the past 10 years. **Do not leave any time not accounted for between addresses.**

<u>Your Address</u>	<u>Dates</u>	<u>Owner/Manager</u>
_____	From _____	Name _____
_____	To _____ PRESENT	Address _____
_____		City, State, Zip _____
		Phone _____
_____	From _____	Name _____
_____	To _____	Address _____
_____		City, State, Zip _____
		Phone _____
_____	From _____	Name _____
_____	To _____	Address _____
_____		City, State, Zip _____
		Phone _____
_____	From _____	Name _____
_____	To _____	Address _____
_____		City, State, Zip _____
		Phone _____

INCOME INFORMATION

1. **Salary/Wages:** List annual gross amount (before deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses. Indicate source.

\$ _____ annually Source: _____

\$ _____ annually Source: _____

\$ _____ annually Source: _____

2. **Net income from business or profession or rental or real estate or personal property:**

\$ _____ annually Source: _____

3. **Social Security/SSI:**

\$ _____ annually Source: _____

\$ _____ annually Source: _____

4. **Pensions, annuities, retirement funds, IRA accounts, interests:**

\$ _____ annually Source: _____

\$ _____ annually Source: _____

\$ _____ annually Source: _____

5. **All other income.** Include income from all other sources, such as unemployment, disability compensation, worker's compensation, severance pay, alimony, child support, regular recurring contributions or gifts of money, income received from trust, educational grants, scholarships, VA benefits, regular pay and special pay and allowances for head of household in armed forces, public assistance, W2 or TANF.

\$ _____ annually Source: _____

\$ _____ annually Source: _____

ASSET INFORMATION

1. **Checking accounts:**

Account # _____ Bank _____ Balance \$ _____
Account # _____ Bank _____ Balance \$ _____

2. **Savings accounts (including IRAs):**

Account # _____ Bank _____ Balance \$ _____
Account # _____ Bank _____ Balance \$ _____
Account # _____ Bank _____ Balance \$ _____

3. **Stocks/Bonds/US Savings Bonds/Mutual Funds:**

Type _____ Number Owned _____ Value \$ _____
Type _____ Number Owned _____ Value \$ _____

4. **Real Estate owned at present or sold within two years:**

Type _____ Market Value \$ _____
OR, if sold within last two years, amount sold for \$ _____

5. **Property sold under land contract:**

Original amount \$ _____ Outstanding balance \$ _____
Terms: \$ _____ per month _____ or per year _____

6. **All other assets owned:**

Type _____ Value \$ _____
Type _____ Value \$ _____

I/We certify that this unit will be my/our permanent residence and that I/we do not/will not maintain a separate subsidized unit in a different location.

I/We certify that the information provided on household composition, income, net family assets and allowances and deductions are accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of residency.

APPLICANT SIGNATURE _____ DATE _____

SPOUSE/CO-TENANT'S SIGNATURE _____ DATE _____

Your signature on this application authorizes the owner/manager of the project in which you are applying for occupancy to contact your prior landlords for information regarding your prior tenancies, to check personal and credit references and to obtain credit, employment and court records.

APPLICANT

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital 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/national origin and sex of individual applicants on the basis of visual observation or surname.

RACE/NATIONAL ORIGIN	ETHNICITY	SEX	CITIZENSHIP
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Male	<input type="checkbox"/> EC= Eligible Citizen
<input type="checkbox"/> Black	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Female	<input type="checkbox"/> EN= Eligible Non-citizen
<input type="checkbox"/> American Indian/Alaska Native			<input type="checkbox"/> IN= Ineligible Non-citizen
<input type="checkbox"/> Asian/Pacific Islander			<input type="checkbox"/> PV= Pending Verification
			<input type="checkbox"/> XX= Not required

STATEMENT REQUIRED BY THE PRIVACY ACT

The United States Department of Agriculture, (USDA) Rural Housing Services 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 it is unlawful for USDA to deny eligibility because of the refusal to disclose the Social Security Account Number. The principal purposes for collecting the requested information are to determine eligibility for occupancy in the USDA financial 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.

FOR OFFICE USE ONLY



Income _____ Bedroom size _____
Income Code _____ Citizenship _____
HUD Only _____ Accessible Unit _____



42 U.S.C. Section 423 (d)(1)(A) defines disability as:

“Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or

In the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity in which he has previously engaged with some regularity and over a substantial period of time.”

The Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)) defines developmental disability in functional terms as:

A severe, chronic disability of a person 5 years of age or older which:

- (A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (B) is manifested before the person attains age twenty-two;
- (C) is likely to continue indefinitely;
- (D) results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and responsive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and
- (E) reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

42 U.S.C. 423 (d)(2)(C) and 42 U.S.C. 1437 a(b)(3)(E) states:

- Individuals are not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence.
- Individuals whose alcohol or drug addiction is a material factor to their disability are excluded from the definition.
- Individuals are considered disabled if the disabling mental and physical limitations would persist if the drug or alcohol abuse discontinued.