



**Volunteers  
Of America®**  
Wisconsin

Dear Applicant:

Thank you for your interest in housing with Volunteers of America. Please complete all sections by printing in ink and sign where indicated. The application needs to be completed by the Head of Household. Each additional member 18 years of age and older who will reside in the apartment must sign the Rental Application. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.

Rental History must include all places where you/or any adult member lived in the past four years, including places where you or their name did not appear on the lease and places where you or they used a different name.

On the Verification of Disability Form, we need you to sign it and include the doctor's name and address and send it to us with your application. Do Not send to your doctor.

A copy of your Social Security card and a Photo ID or Driver's License are required for each household member when returning the application. **Please mail back to Volunteers of America, P.O. Box 304, Waukesha, WI 53187.**

Once we receive your application, we will process the application according to our standard procedures which are summarized in the Resident Selection Criteria posted in the Management Office. It is your responsibility to contact us whenever your address, telephone number or income situations changes. Our toll free number: 1-866-862-9472.

Again, thank you for your interest.

Sincerely,

Volunteers of America

Volunteers of America of Wisconsin, Inc.  
825 Pleasant St. ▪ P.O. Box 304 ▪ Waukesha, WI 53187  
Phone: 262-446-9144 ▪ Fax: 262-446-9147 ▪ Toll Free: 866-862-9472



**LANDLORD INFORMATION: Must include four (4) years of rental history.**

If additional space is needed attach a separate sheet.

**Present Housing:** Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Names on the Lease: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street City State Zip Code

Landlord's Telephone: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_  
(mo. /yr.) TO (mo. /yr.)

**Previous Housing:** Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Names on the Lease: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street City State Zip Code

Landlord's Telephone: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_  
(mo. /yr.) TO (mo. /yr.)

**EMPLOYMENT INFORMATION:**

Include current employers for all adult household members. If more space is need, attach a separate sheet.

**Present Employer:** \_\_\_\_\_ Telephone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

**Second Employer, or**

**Previous Employer:** \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
Street City State Zip Code

**BENEFITS:**

Please list the total benefit income of all household members. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

| Benefit Type                   | Y                        | N                        | Gross Amount Received | Per Week, Month, etc. | Household Member Receiving Benefit |
|--------------------------------|--------------------------|--------------------------|-----------------------|-----------------------|------------------------------------|
| Social Security (Adult)        | <input type="checkbox"/> | <input type="checkbox"/> |                       |                       |                                    |
| Social Security (Child)        | <input type="checkbox"/> | <input type="checkbox"/> |                       |                       |                                    |
| SSI (Adult)                    | <input type="checkbox"/> | <input type="checkbox"/> |                       |                       |                                    |
| SSI (Child)                    | <input type="checkbox"/> | <input type="checkbox"/> |                       |                       |                                    |
| Disability or Death Benefits   | <input type="checkbox"/> | <input type="checkbox"/> |                       |                       |                                    |
| Public Assistance (AFDC, TANF) | <input type="checkbox"/> | <input type="checkbox"/> |                       |                       |                                    |
| Alimony                        | <input type="checkbox"/> | <input type="checkbox"/> |                       |                       |                                    |
| Child Support                  | <input type="checkbox"/> | <input type="checkbox"/> |                       |                       |                                    |

**ASSET INFORMATION:**

Does any member of the household own any of the following types of assets?

| Type of Asset          |   | Value or Current Balance | Name of Financial Institution |
|------------------------|---|--------------------------|-------------------------------|
| Checking Account       | <input type="checkbox"/> Y <input type="checkbox"/> N |                          |                               |
| Savings Account        | <input type="checkbox"/> Y <input type="checkbox"/> N |                          |                               |
| Other Forms of Income? | <input type="checkbox"/> Y <input type="checkbox"/> N |                          |                               |

Has any household member disposed of any of the above assets at less than fair market value during the past two years?  Yes  No If yes, explain: \_\_\_\_\_

**PROGRAM INFORMATION:**

ELDERLY/DISABLED HOUSEHOLD STATUS: We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Subsidized Program and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

62 years of age or older     55 years of age or older     50 years of age or older (Near Elderly)  
 Handicapped     Disabled

**MISCELLANEOUS INFORMATION:**

Are you or any household member currently expecting a child?  Yes  No

If yes, what is the scheduled due date: \_\_\_\_\_

Do you have any pets?  Yes  No If yes, what kind and size: \_\_\_\_\_

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you or any member of your household 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, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has any household member ever been convicted of any drug offense?  Yes  No If yes, who: \_\_\_\_\_  
 Explain: \_\_\_\_\_

Has any household member ever been convicted of a criminal offense?  Yes  No If yes, who: \_\_\_\_\_  
 Explain: \_\_\_\_\_

Is any household member listed on a state or federal sex offender registry?  Yes  No

Does anyone in the household currently have any criminal charges pending against them?  
 Yes  No If yes, who: \_\_\_\_\_ Explain: \_\_\_\_\_

**I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I /We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility.**

**I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I understand that a check will be made of the sex offender registry in states in which I have resided.**

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any other owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act at \*\*208(a) (6), (7) and (8). \*\*. Violations of these provisions are cited as violations of 42 U.S.C \*\*408(a) (6), (7) and (8). \*\*

**SIGNATURES: (All adult household members must sign below.)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Additional Adult Household Member Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Additional Adult Household Member Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Agent for Owner Date

**VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION  
FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY  
FOR USE WITH SECTION 202/8, SECTION 202PAC, SECTION 202PRAC, AND SECTION 811 PRAC**

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

To: \_\_\_\_\_  
(Name of Doctor/Health Care Provider)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
Phone or Fax

From: Volunteers of America of Wisconsin Inc.  
P.O. Box 304  
Waukesha, WI 53187  
Fax: 262-446-9147  
Phone: 262-446-9144

SUBJECT: Verification of Disability

Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
**Resident/Applicant Signature**

\_\_\_\_\_  
Date

**Note to Applicant/Resident:** You do not have to sign this form if either the requesting organization or organization supplying information is left blank.

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any other owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act at \*\*208(a)(6), (7) and (8).\*\*. Violations of these provisions are cited as violations of 42 U.S.C \*\*408(a) (6), (7) and (8).\*\*

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)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <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.

|  |  |
|--|--|
|  |  |
|--|--|

**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.

Form **HUD- 92006** (05/09)