

825 Pleasant Street  
Waukesha, WI 53186  
Phone: 262-446-9144  
Toll Free: 866.862.9472  
Fax: 262-446-9147  
www.voawi.org

*The name "Volunteers" comes from a long-term heritage of those before us who cared and served. The name remains to honor them. The people who serve today, while no longer volunteers, have dedicated their working life to serving those in need.*

**"There Are No Limits To Caring"**

Dear Applicant:

Thank you for your interest in housing with Volunteers of America.,

There are many variables in the process needed to review, approve or deny an application for subsidized housing. For this reason it is necessary to limit what is said verbally to applicants to the items listed below. It is not our intent to discourage anyone from applying for housing. Since the process is free to the applicant, we'd rather have applicants apply and have the ability later to speak more clearly about their specific application. ***We urge you to apply!*** For this same reason, we may limit showing of units until an applicant is approved and/or a unit is available. We look forward to assisting applicants...please apply!

The following are items of general consideration for all of our subsidized housing (unless noted otherwise)

- Approved applicants are placed on a "Waiting List". Applicants already on our waiting list are provided an apartment first. Applicants should plan on 6-12 months in many cases before an apartment may be available. Because of this uncertainty, applicants should apply with multiple providers of subsidized housing.
- We may answer an applicant's question about the brick and mortar of the property (1 vs. 2 bedrooms, laundry, appliances, general rules, parking, garbage, etc.). Special requests may not be addressed verbally but will gladly be considered as part of the application process.
- Generally an applicant's portion of the rent is "30% of their adjusted income" This is all we may offer verbally. An example to clarify this is that *...two applicants with the same income but one having qualifying medical bills may have their rent "adjusted" differently.*
- All applicants applying for "disabled" housing must have a current medical provider substantiate their disability to qualify for housing. This is regardless if the applicant gets SSI disability or some other form of disability assistance. Additional clarification will not be addressed verbally but will gladly be addressed as part of the application process.
- While applications are handled daily, confirmation of receipt of an application, updates on the status of a specific application should be available each Thursday. Applicants will be advised in writing if additional information is needed as well as approval or denial of their application. Documentation will offer specific dates that a response is due by so please be sure to keep us apprised of your mailing and email address and your phone number. Our experience shows that an email address can be the most consistent method of contact.

Specific instructions follow to assist you in completing the attached application. If ever in doubt, please complete the application as best you can and return it to us. We truly look forward to having you as a new resident if we can. Again, thank you for your interest.

**Volunteers of America of Wisconsin, Inc.**



**Please carefully follow the instructions below.**

1. Complete all sections by printing in ink and sign where indicated. Applications must be legible to assure they can be timely processed.
2. The application needs to be completed by the Head of Household.
3. Each additional member 18 years of age and older who will reside in the apartment must sign the Rental Application.
4. 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.
5. Please be sure to indicate starting at line 36-47 which of our properties you would be interesting in living at. You may indicate more than one.
6. Rental History must include all places where you/or any adult member lived in the past four (4) years, including places where you or their name did not appear on the lease and places where you or they used a different name.
7. 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 it to your doctor. Return it to us..**
8. Copies of your Social Security card and a Photo ID or Driver's License are required for each household member when returning the application.
  - a. When making the copies make sure they legible and please make a copy of your application and keep it for your files.

**NOTE: Applications may not be considered "received or may be not be processed if incomplete or missing the items noted in section 7 or 8 above.**

**Please mail all requested items back to Volunteers of America, 825 Pleasant Street, Waukesha, WI 53186.**

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.**



**APPLICANT INFORMATION:**

1 **Name:** \_\_\_\_\_  
 2 Last First Middle Initial  
 3 **Mailing Address:** \_\_\_\_\_  
 4 Street City State Zip Code  
 5 **Telephone #:** \_\_\_\_\_ **Email Address** \_\_\_\_\_  
 6

**HOUSEHOLD INFORMATION:**

8 Beginning with the Head of Household, please list information for each household member who will occupy the unit.

<b>Name</b> (First, Middle Initial, Last)	<b>Relationship to Head of Household</b>	<b>M/F</b>	<b>Social Security Number</b>	<b>Date of Birth (Mo/Day/Yr)</b>	<b>Eligible U.S. Citizen</b>
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N

20 Are there any family members who are full-time or part-time students? Yes  No  
 21 If yes, please list \_\_\_\_\_  
 22 Any household member currently expecting a child?  Yes  No If yes, what is the due date: \_\_\_\_\_  
 23 Do you anticipate other changes in household composition during the next 12 months?  Yes  No  
 24 If yes, please explain \_\_\_\_\_  
 25 Will any of the above household members live anywhere except in the apartment?  Yes  No  
 26 Will any other persons live in the apartment on a less than full-time basis?  Yes  No  
 27 If you answered "Yes" to either question, please explain: \_\_\_\_\_  
 28 \_\_\_\_\_  
 29 Does a member of the household need accessible features (e.g. grab bars, roll-in shower, etc?)  Yes  No  
 30 If you answered "Yes", please explain: \_\_\_\_\_  
 31 \_\_\_\_\_  
 32 Do you currently have any pets?  Yes  No If yes, what kind and size: \_\_\_\_\_  
 33 Do you expect to have a vehicle?  Yes  No If yes, what kind and how many: \_\_\_\_\_  
 34 \_\_\_\_\_  
 35

**INDICATE COMPLEX OR COMPLEXES YOU WOULD BE INTERESTED IN RENTING.**

- The following buildings ***only have 1 and 2 bedroom apartments for people at least 18 years old and who have a disability.*** If you need something larger, we will not be able to accommodate you.
 

4224 W. Boehlke, Milwaukee, WI	9609 W. Allyn St., Milwaukee, WI	1529 S. 39 <sup>th</sup> St. Manitowoc, WI
6343 N. 100 <sup>th</sup> St. Milwaukee, WI	9619 W. Allyn St., Milwaukee, WI	3700 Mary St. Manitowoc, WI
6344 N. 101 <sup>st</sup> St. Milwaukee, WI	5432 W. Mill Rd., Milwaukee, WI	350 Morning Glory, Clintonville
570 Clark St., Whitewater, WI	8218-20 14 <sup>th</sup> Ave. Kenosha, WI	517 Wisconsin, Waupaca, WI
1056 Hillview, Whitewater, WI	3261 N. MLK Dr., Milwaukee	401 Fifth St., Shawano, WI

- The following building ***only has 1 bedroom apartments for seniors:***  
**825 Pleasant St. Waukesha, WI 53186; senior building for those 62 and over** (at times a waiver may be in place allowing a reduced age person to live with here. You may inquire accordingly.)

**MARKETING INFORMATION:**

How did you hear about the properties?  
 Web Search  Newspaper  Radio  Rental Magazine  HUD Link  Other: (Please explain): \_\_\_\_\_  
 \_\_\_\_\_  
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**LANDLORD INFORMATION: Must include four (4) years of rental history!**

If additional space is needed attach a separate sheet.

Address Where You Now Live \_\_\_\_\_  
Street (No P.O. Box) City State Zip Code  
 Own\_\_\_ Rent\_\_\_ (Monthly Rent/Mortgage \$ \_\_\_\_\_) Family/Friends \_\_\_ Shelter \_\_\_ Other\_\_\_  
 Name(s) on the Lease: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_ Landlord Telephone # \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_ Landlord Fax # \_\_\_\_\_  
Street City State Zip Code  
 Reason for Moving: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
(mo. /yr.) (mo. /yr.)

Previous Address \_\_\_\_\_  
Street (No P.O. Box) City State Zip Code  
 Own\_\_\_ Rent\_\_\_ (Monthly Rent/Mortgage \$ \_\_\_\_\_) Family/Friends \_\_\_ Shelter \_\_\_ Other\_\_\_  
 Name(s) on the Lease: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_ Landlord Telephone # \_\_\_\_\_  
 Landlord's Address: \_\_\_\_\_ Landlord Fax # \_\_\_\_\_  
Street City State Zip Code  
 Reason for Moving: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
(mo. /yr.) (mo. /yr.)

**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:**

Do you have any outstanding medical bills or medical insurance which you are currently paying?  Yes  No  
 Has any household member used a differing name(s) or Social Security number(s)  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Has any household member ever committed 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, state whom and explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Has any household member ever been convicted of a criminal offense?  Yes  No  
 If yes, state whom and explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Has any household member been required to be listed on a state or federal sex offender registry?  Yes  No  
 If **yes**, who: \_\_\_\_\_

112 Does anyone in the household currently have any criminal charges pending against them?  Yes  No  
 113 If yes, who: \_\_\_\_\_ Explain: \_\_\_\_\_  
 114 \_\_\_\_\_  
 115 Do you have a Court Appointed Legal Guardian?  Yes  No If yes, who: \_\_\_\_\_  
 116 \_\_\_\_\_  
 117 \_\_\_\_\_  
 118 \_\_\_\_\_

119 **EMPLOYMENT : Include current employers for all adult household members.**

If additional space is needed attach a separate sheet.

120 **Present Employer:** \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax# \_\_\_\_\_  
 121  
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123 **Employer Address:** \_\_\_\_\_  
 124 Street City State Zip Code

125  **Second Employer, or**

126  **Previous Employer:** \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax# \_\_\_\_\_  
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128 **Employer Address:** \_\_\_\_\_  
 129 Street City State Zip Code

130 Do you pay babysitting and/or dependent care while a family member is employed?  Yes  No

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 132 **BENEFITS:**

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

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 151 **ASSET INFORMATION:**

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

162 Do you have any Rental Property or Business Property income?  Yes  No

163 Has any household member disposed of any assets during the past two years?  Yes  No

164 If yes, explain: \_\_\_\_\_  
 165 \_\_\_\_\_  
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**DISCLOSURES AND AFFADAVITS**

**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/our knowledge. I/We 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/We 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/we 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 (if applicable) 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**

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

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

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

Telephone # (\_\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_\_) \_\_\_\_\_

From: **Volunteers of America of Wisconsin Inc.**  
**825 Pleasant Street**  
**Waukesha, WI 53186**  
**Fax: 262-446-9147**  
**Phone: 262-446-9144**

**SUBJECT: Verification of Disability**

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**Name:** \_\_\_\_\_  
Print Clearly

**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.

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**Resident/Applicant Signature**

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

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

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**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).\*\*



Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

<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.	

**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.