

# TIP SHEET FOR HOUSING & RENTAL ASSISTANCE APPLICATION

\*\*\*\*\* READ THIS TIP SHEET FIRST \*\*\*\*\*

**99.9 % OF APPLICATIONS ARE RETURNED THE FIRST TIME THEY ARE SUBMITTED**

All applications are reviewed for completeness per regulations and policies. We are unable to accept and process **incomplete applications**. Therefore, in order to avoid having the application returned to you for being incomplete (which will delay you getting on the waiting list(s)), please read this Tip Sheet before completing the application. Additional information and instructions are provided on the back of this page.

## The following tips will help in completing the application completely and properly:

- Photocopied or faxed applications are not accepted; original signatures are required
- Applications cannot be older than 90 days
- Review/read the front AND back of ALL pages
- Review/read the instructions for each section and/or page and/or question
- Use Black or Blue ink to fill out the application; do not type; do not use pencil; do not use different ink color
- If something is crossed off or scribbled out, you must initial that change
- Return ALL pages
- All forms included in the application are required and must be completed, signed, and dated as directed
  - Regulations require that we inform all applicants of specific information, even if you think it does not apply to you; these forms must be signed and dated and a printed name may be required
- When answering the questions, do realize that we cannot assume what your answers or intentions are by the way you fill it out if you do not follow the directions as indicated; we cannot write in a "???" on an unanswered question nor a missing date next to a signature (even if some things may be more obvious), as we cannot write on any incomplete application\* (this includes checking/indicating for which programs you are interested)
- Do NOT use "N/A"; do NOT draw a line through a section, do NOT omit information and do NOT leave blank/unanswered questions – the questions asked are required in determining your eligibility for the programs as part of the application and is applicable;
  - By doing any of these, this tells us you may be refusing to answer the question, which could indicate you are hiding something by purposely avoiding answering the question which could be considered fraud
  - If you do not remember something or if you don't know something (i.e. a street number, zip code, landlord's name, a date, etc.), write in "Don't know" or "Don't remember" or a "???"
    - If you are unsure about something, such as a date, write a "???" next to what you are unsure about
      - Examples: ??? Main Street #?; May 2015?; ??/17, etc.
- ALL adults must sign all forms where indicated
  - One signature per adult wherever signatures are asked/required
  - If not enough room, find or make room for additional adult signatures if needed
  - If there are more signature lines than adults, these may be left blank or write in "none" – do not use "N/A" and do not draw a line through the space

### How did you hear about our programs? Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Print Advertisement / Brochures (Please circle) | <input type="checkbox"/> Phonebook  |
| <input type="checkbox"/> Leader Telegram                                 | <input type="checkbox"/> Sign in Yard   |
| <input type="checkbox"/> Trading Post                                    | <input type="checkbox"/> Word of Mouth (Family, Friend, Landlord, Neighbor, etc.) |
| <input type="checkbox"/> Apartment Guide                                 | <input type="checkbox"/> Former Applicant / Program Recipient                     |
| <input type="checkbox"/> Second Opinion                                  | <input type="checkbox"/> Social Worker/Social Agency:                             |
| <input type="checkbox"/> Helping Hands Care                              | _____   |
| <input type="checkbox"/> Resource Guide                                  | <input type="checkbox"/> Internet Site: _____                                     |
| <input type="checkbox"/> Augusta Area Senior                             | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Newsletter                                      |   |
| <input type="checkbox"/> The Catholic Leader                             |   |
| <input type="checkbox"/> The Lutheran Journal                            |   |
| <input type="checkbox"/> Senior Review                                   |   |
| <input type="checkbox"/> LE Phillips                                     |   |
| <input type="checkbox"/> Dept of Aging/Disability                        |   |
| <input type="checkbox"/> Newsletter                                      |   |
| <input type="checkbox"/> 211 Brochure                                    |   |
| <input type="checkbox"/> EC Co. Resource Directory                       |   |

**CONTINUED ON THE BACK – IMPORTANT – PLEASE READ BOTH SIDES**

HOUSING AUTHORITY OF THE CITY OF EAU CLAIRE

If it is determined that your application is **complete**, you will receive a notice that your application has been forwarded to the Rental Technician to place you on the waiting list(s) as of the date your application was reviewed and determined to be complete.

If, however, it is determined that your application is **incomplete** in any way, the application will be returned to the mailing address you provided on page 3. It is common to have the application returned once or twice for being incomplete. If your application is returned due to being incomplete, the errors and/or corrections are highlighted for your attention. The pages that are affected are scanned and on file so that if you do have questions in regards as to why the application was returned, we are able to assist you; also, we can prove that we are following the regulations and policies established and treating every applicant the same. **Again, per regulations and policies, we can only place applicants on the waiting list who have turned in properly completed applications.**

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority. The Rental Technician may be reached by contacting 715.839.4943 or 715.839.8409. Additional forms may be required.

***If you have questions on the application, please contact Jennifer at 715.839.8401 or 715.839.4943 ext. 0,***

- ▶ If you require assistance in completing the application as a reasonable accommodation (i.e. filling it in, etc.)
  - you may be required to complete additional paperwork / forms and must set up an appointment
- ▶ If you would like to set up an appointment to have your application reviewed to ensure it is completed properly
  - we cannot guarantee that your application will be reviewed if it is dropped off without an appointment or if you are late for your appointment

**Additional Notes:**

- ▶ If you have a guardian or POA, a copy of this paperwork **MUST BE** provided with the application when submitted
- ▶ Any additional information provided with the application (i.e. printout of CCAP, list of additional addresses, any statements you want to make, etc.) must include:
  - Printed Name, Signature, Date, and Total # of Pages attached must be indicated
- ▶ We encourage and recommend all applicants to apply for other subsidized housing options available through other agencies as you may be on as many waiting lists as you like and you do not have to take the first program offered to you

**Housing Authority of the City of Eau Claire**

<p style="text-align: center;"><b>MAILING ADDRESS</b></p> <p style="text-align: center;"><i>This is the best and timeliest way to send us anything</i></p>	<p style="text-align: center;"><b>PHYSICAL LOCATION</b></p>
<p><b>PO BOX 1186</b> <b>EAU CLAIRE WI 54702-1186</b></p>	<p><b>CITY HALL, 203 S FARWELL STREET</b> <b>EAU CLAIRE WI 54701</b></p>
<p style="text-align: center;"><b>PHONE #: 715.839.4943</b></p>	<p style="text-align: center;"><b>FAX #: 715.839.4939</b></p>

**THESE ARE GENERAL GUIDELINES, TIPS, AND ADDITIONAL INFORMATION OFFERED WHICH ARE SUBJECT TO CHANGE AT ANY TIME DUE TO REGULATION CHANGES AND POLICIES BEING REVISED ACCORDINGLY.**

**Housing Authority of the City of Eau Claire  
PO BOX 1186  
Eau Claire WI 54702-1186  
715.839.4943**

For Office Use Only:

### THINGS YOU SHOULD KNOW

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

**Instructions: All adults need to read and sign (one signature per adult) the acknowledgement below. This page is required with the application.**

<b>Purpose</b>	This is to inform you that there is certain information you must provide when applying for assisted housing. <u>There are penalties that apply if you knowingly omit information or give false information.</u>	
<b>Penalties for Committing Fraud</b>	The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be: <ul style="list-style-type: none"> <li>➤ Evicted from your apartment or house;</li> <li>➤ Required to repay all overpaid rental assistance you received;</li> <li>➤ Fined up to \$10,000;</li> <li>➤ Imprisoned for up to 5 years; and/or</li> <li>➤ Prohibited from receiving future assistance.</li> </ul> Your State and local governments may have other laws and penalties as well.	
<b>Asking Questions</b>	When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand, say so. That person can answer your question or find out what the answer is.	
<b>Completing the Application</b>	When you give your answers to application questions, you must include the following information:	
	<b>Income</b>	<ul style="list-style-type: none"> <li>➤ All sources of money you and any member of your family receives (wages, welfare payments, alimony, social security, pension, etc.);</li> <li>➤ Any money you receive on behalf of your children (child support, social security for children, etc.);</li> <li>➤ Income from assets (interest from a savings account, credit union, certificate of deposit, dividends from stock, etc.);</li> <li>➤ Earnings from a second job or part-time job;</li> <li>➤ Any anticipated income (such as a bonus or pay raise you expect to receive).</li> </ul>
	<b>Assets</b>	<ul style="list-style-type: none"> <li>➤ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family/household who will be living with you.</li> <li>➤ Any business or asset you sold in the last two (2) years for less than its full value, such as your home to your children.</li> </ul>
	<b>Family/Household Members</b>	The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
<b>Signing the Application</b>	<ul style="list-style-type: none"> <li>➤ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.</li> <li>➤ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.</li> <li>➤ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.</li> </ul>	
<b>Recertifications</b>	You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you recertify. You must report on recertification forms: <ul style="list-style-type: none"> <li>➤ All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.</li> <li>➤ Any family/household member who has moved in or out.</li> <li>➤ All assets that you or your family/household members own and any asset that was sold in the last two (2) years for less than its full value.</li> </ul>	
<b>Beware of Fraud</b>	You should be aware of the following fraud schemes: <ul style="list-style-type: none"> <li>➤ Do not pay any money to file an application.</li> <li>➤ Do not pay any money to move up on the waiting list.</li> <li>➤ Do not pay for anything not covered by your lease.</li> <li>➤ Get a receipt for any money you pay.</li> <li>➤ Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).</li> </ul>	
<b>Reporting Abuse</b>	If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office, or the HUD Hotline at (202) 708-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410. Toll Free Number is: 1-800-347-3735.	

***I/We understand and acknowledge the above information on fraud and abuse. (One signature per adult.)***

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**APPLICANT / TENANT CERTIFICATION**

I/We certify that the information\* given to the Eau Claire Housing Authority on household composition, net income, family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under state and/or federal law. I/We also understand that false statements or information are grounds for denial or termination of housing assistance and termination of tenancy.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590. (Within the Washington D.C. Metropolitan Area, Call 426-3500.)

\* After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement below or more information about its use.

**FEDERAL PRIVACY ACT STATEMENT**

**PURPOSE:** Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

**USE:** HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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 public housing agency/Indian housing authority, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 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.

**AUTHORITY FOR INFORMATION COLLECTION:** The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority; the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

**I read the Federal Privacy Act Notice on and certify that all information given to the City of Eau Claire Housing Authority is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Housing Authority of the  
City of Eau Claire  
203 S. Farwell Street  
PO Box 1186  
Eau Claire, WI 54702-1186

**Application for Housing &  
Rental Assistance**

For Office Use Only:

The Housing Authority has several programs for low-income families within the city limits of Eau Claire. It is important to complete all requested information and sign where indicated so we can accurately determine your eligibility for our programs. **Incomplete applications will not be processed and will be returned at the mailing address provided below for corrections.** Applicants will be placed on the waiting list in accordance with the unit size, declared preference, and date/time of received completed application.

The Housing Division will provide "Reasonable Accommodations" upon request to persons with disabilities / handicaps and other applicants to insure they can participate in the Housing Programs.

***Please Print Clearly – All Information is Required for Those Applying For Assistance.\*  
A mailing address must be provided/is required as we will ONLY contact you by mail at that address.***

\*Head of Household: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_ \*Apt #: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*Driver's License No. or State I.D. No.: \_\_\_\_\_ \*State: \_\_\_\_\_

***Please Check the Programs You Are Interested In. If you are not sure, check all; you will then be placed on the waiting list(s) for those programs in which you qualify.***

- HOME Tenant Based Rental Assistance (TBRA) Program:** This program provides rental subsidies to eligible, very low-income families who find privately owned units that are decent, safe, and sanitary. The Housing Authority pays a portion of the rent directly to the landlord. This program may be used to subsidize the rent in a unit currently occupied by the applicant, providing the unit meets program requirements. This is a limited term program (two (2) year maximum).

**Housing Authority Owned Properties:** There are several programs offered amongst the units that we own. Family composition determines the unit size you may be offered. Some of our units are handicapped-accessible. You would be offered the first available unit you qualify for when you reach the top of the waiting list.

- Public Housing:** 2, 3, 4, & 5 bedroom units on scattered sites, including duplexes on Sessions Ct, Sunset Dr, and Runway Ave (No smoking allowed in these units.)
- Park Tower Townhouses:** 2 and 3 bedroom units on a cul-de-sac on Conrad St
- Substantial Rehabilitation:** 3 & 4 bedroom, single family units on scattered sites
- Park Tower Apartments:** 122 one-bedroom apartments and 1 two-bedroom apartments, some are handicapped units at 901 S. Farwell St
- Owen Rust Memorial Apartments:** 23 one-bedroom apartments, including 2 handicapped units at 300 William St

**FEDERAL PREFERENCE**

The U.S. Department of Housing and Urban Development has issued regulations, which allow certain applicants for assisted housing to move higher on the waiting list because they qualify for a Federal Preference. Your current place on the waiting list may change because of these regulations. If you wish to declare a Federal Preference, you must have the "Preference Certification" form (page 9) in this application completed along with third-party verification (to be submitted with the application or at a later date).

**FAMILY COMPOSITION:** List the head of household (HOH) and all other household members who will be living with you if/when you receive assistance. If you are pregnant, list 'Pregnant' and the due date. If there is a newborn for whom a SS# has not yet been obtained, write 'Newborn'.

Last Name*	First Name	Middle Name. (If none, write "none.")	Relationship to Head of Household	Birth Place (City & State / Country)	Birth Date	Social Security Number * (List others used)	Age	Sex M / F	Student Status (Yes / No)
			Self / Head of Household						
<p><b>Required:</b> Describe circumstances for placement of child(ren) (i.e. full custody, foster care, guardianship, 50/50 custody with primary placement, etc.). If no minors, write none.</p>									
<p><b>*Required:</b> List other legal name(s) known as (e.g. maiden name, married name(s), changed spelling of names, etc.) and/or social security numbers and who they were used by. If none, write none.</p>									

**CHARACTER REFERENCES:** List three (3) persons who are not related to you that may be used as a character reference. Complete all information. If you have none, write None. Some suggestions include past or present neighbors, co-workers / employers, landlords, personal friends, minister, social workers, etc. Family members should not be listed.

Name	Complete Address	Phone Number
	Street # / Street Address / Apt. # City State Zip	
	Street # / Street Address / Apt. # City State Zip	
	Street # / Street Address / Apt. # City State Zip	

**PLACES OF RESIDENCE:** List all places lived in the last three (3) years using Month / Year (i.e. 06/16 or June 2016), with NO gaps, starting with your current address and/or most recent address first. You must indicate for whom the address applies under the 'Household Members' (1<sup>st</sup>) column (Household Members ONLY from Family Composition section above). If all, write 'All'. If anyone has lived at separate addresses at any time in the last 3 years, this must be indicated. If there is not enough room, mark the box at the bottom and include all required information on an additional sheet which must be signed and dated by all adults in the household and include the Name of the Head of Household. For 3 years, take the current year and subtract 3 and use the current month (i.e. today is 06/18/16, the last three years would be from 06/13 to present.) If you are or have been homeless, write in "homeless" and provide the City and State and indicate if you have stayed with friends, family, shelters, in your vehicle, etc. \* If you circle Landlord or Trailer Park (Lot Rent), you will need to complete a Landlord Reference form (pg. 14-16) for each one.

Household Members (Only those listed from page 4; if all, write 'All')	Dates Month / Year to Month / Year	COMPLETE ADDRESS: Street # & Street Address & Apt. # City, State & Zip Code	Name of: Landlord, Company, Family, Friend, Ex, Shelter, Med. Fac., Etc. (Who owned property or who did you stay with if you did not sign the lease)	Relationship to 'Name of': Landlord / Owner / Agent / Etc. (Circle One)  * Must complete Landlord Reference Form for each Landlord/Trailer Park indicated - pg. 14-16
Name(s):	To: PRESENT / CURRENT From:	Street # / Street Address / Apt. #  City / State / Zip		Family Friend Ex Jail Shelter Group Home Med. Fac. Motel Self (you owned property) Landlord* Trailer Park (Lot Rent)*
Name(s):	To: From:	Street # / Street Address / Apt. #  City / State / Zip		Family Friend Ex Jail Shelter Group Home Med. Fac. Motel Self (you owned property) Landlord* Trailer Park (Lot Rent)*
Name(s):	To: From:	Street # / Street Address / Apt. #  City / State / Zip		Family Friend Ex Jail Shelter Group Home Med. Fac. Motel Self (you owned property) Landlord* Trailer Park (Lot Rent)*
Name(s):	To: From:	Street # / Street Address / Apt. #  City / State / Zip		Family Friend Ex Jail Shelter Group Home Med. Fac. Motel Self (you owned property) Landlord* Trailer Park (Lot Rent)*
Name(s):	To: From:	Street # / Street Address / Apt. #  City / State / Zip		Family Friend Ex Jail Shelter Group Home Med. Fac. Motel Self (you owned property) Landlord* Trailer Park (Lot Rent)*
Name(s):	To: From:	Street # / Street Address / Apt. #  City / State / Zip		Family Friend Ex Jail Shelter Group Home Med. Fac. Motel Self (you owned property) Landlord* Trailer Park (Lot Rent)*
Name(s):	To: From:	Street # / Street Address / Apt. #  City / State / Zip		Family Friend Ex Jail Shelter Group Home Med. Fac. Motel Self (you owned property) Landlord* Trailer Park (Lot Rent)*
Name(s):	To: From:	Street # / Street Address / Apt. #  City / State / Zip		Family Friend Ex Jail Shelter Group Home Med. Fac. Motel Self (you owned property) Landlord* Trailer Park (Lot Rent)*

Mark if an additional sheet of 'Places of Residence' is attached. It must include all information as asked above. It must be signed & dated by all adults in the household.

**STATEMENT OF INCOME & ASSET INFORMATION:** List all gross income and all assets for all household members. If there is 'none' for a particular section, write in 'none.' Sources of income include the following:

FAILURE TO DISCLOSE ALL SOURCES OF INCOME AND ASSETS AND ANY CHANGES TO YOUR INCOME COULD RESULT IN DENIAL OF HOUSING ASSISTANCE, AND/OR PAYBACK OF MONIES OWED, AND/OR YOU COULD BE CHARGED WITH FRAUD.  
(SEE PAGE 1, PENALTIES FOR COMMITTING FRAUD.)

Source of Income	Household Member Name	Description			Amount
<b>Social Security Benefits</b> (include SS, SSI, SSD, Survivor's Benefits) <i>If none, write none.</i> If someone is disabled or handicapped OR applying for Disability, complete "Handicapped or Disabled Persons" Section (pg.8)		Type of Social Security Benefits:			Total Amount:
		Type of Social Security Benefits:			Total Amount:
		Type of Social Security Benefits:			Total Amount:
<b>Wages</b> <i>If none, write none.</i>		Employer's Name: Complete Street Address: City / State / Zip:	Hourly Pay Rate: \$ Average Wkly Hrs: Commission, Tips, Etc.: \$ per		
		Employer's Name: Complete Street Address: City / State / Zip:	Hourly Pay Rate: \$ Average Wkly Hrs: Commission, Tips, Etc.: \$ per		
		Employer's Name: Complete Street Address: City / State / Zip:	Hourly Pay Rate: \$ Average Wkly Hrs: Commission, Tips, Etc.: \$ per		
<b>Self-Employment</b> <i>If none, write none.</i>		Name of Business:	Estimated Gross Income: \$ Estimated Mo. Business Expenses: \$		
<b>Pensions and/or Retirement Benefits</b> <i>If none, write none</i>		Name of Company: Complete Street Address: City / State / Zip:	Amount	Per	
<b>Veterans Compensation</b> <i>If none, write none.</i>		Amount	Per		
<b>Workman's Comp</b> <i>If none, write none</i>		Name of Company: Complete Street Address: City / State / Zip:	Amount	Per	
<b>Short Term/Long Term Disability</b> <i>If none, write none</i>		Name of Company: Complete Street Address: City / State / Zip:	Amount	Per	
<b>Other - Family &amp; Friends</b> <i>If none, write none</i>		Amount	Per	From: Name & Relationship	For:
<b>Other - Family &amp; Friends</b> <i>If none, write none</i>		Amount	Per	From: Name & Relationship	For:
<b>Other:</b> _____ <i>If none, write none</i>		Amount	Per	From: Name & Relationship	For:
<b>Child Support</b> <i>If none, write none</i>		Amount	Per	Notes	
		Amount	Per	Notes	
		Amount	Per	Notes	

STATEMENT OF INCOME CONTINUED ON NEXT PAGE



**STATEMENT OF INCOME CONTINUED FROM PREVIOUS PAGE**

<b>Spousal Support / Alimony</b> <i>If none, write none</i>	Name	Amount	Per
<b>Unemployment</b> <i>If none, write none</i>	Name	Amount	End Date:
	Name	Amount	End Date:
<b>W-2 / Public Aid</b> <i>If none, write none</i>	Name	Amount	End Date:
<b>Food Share</b> <i>If none, write none</i>	Name	Amount	County and State
<b>Financial Aid – Grants, Loans, Work Study, etc.</b> <i>If none, write none</i>	Name	Amount	Type of Financial Aid

No Income in Household at this time

<b>Bank / Credit Union Accounts</b>  <i>If none, write none</i>	Name:	Bank Name Complete Address City, State, Zip	Type of Account(s): <input type="checkbox"/> Money Market <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD's <input type="checkbox"/> Safety Deposit Box <input type="checkbox"/> Other: _____
	Name:	Bank Name Complete Address City, State, Zip	Type of Account(s): <input type="checkbox"/> Money Market <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD's <input type="checkbox"/> Safety Deposit Box <input type="checkbox"/> Other: _____

<b>Other Assets:</b> <input type="checkbox"/> Savings Bonds <input type="checkbox"/> 401K, IRA's, Pension <input type="checkbox"/> Stocks <input type="checkbox"/> Life Insurance <input type="checkbox"/> Funeral Trusts <i>If none, write none</i>	Name:	Name of Company: Complete Street Address: City / State / Zip:	Amount
	Name:	Name of Company: Complete Street Address: City / State / Zip:	Amount

<b>Do you or a member of your household have any item(s) of value worth over \$1,000?</b> (I.e. boat, motorcycle, jewelry, guns, stereo, computer, etc.) <i>If none, write none</i>	Description of Item(s)
--	------------------------

<b>Do you or a member of your household own any Real Estate and/or Property?</b> <i>If none, write none</i>	Street Address / City / State / Zip:	Assessed Value:  Amount Owed:
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**VEHICLE INFORMATION:** List all vehicles, trailers, motorcycles that will be at the residence. If you do not use a vehicle and one will not be parked at your residence, write None.

Description	License Plate #	State	If sold or traded, would you get at least \$1,000? It does not matter if there is a loan on it or if it is leased.
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Questions:** Complete the questions as indicated for all members of the household. You may attach additional information (CCAP printout(s), police reports, written statements) which must include: signature, date and total number of pages described on 1<sup>st</sup> page.

Have you or any household member ever lived in housing associated with State or Federal government assistance or in housing where your rent was based on your income (i.e. Section 42, Section 8, etc.)?	Circle One: YES NO		
	If yes, explain from where (Agency Name, City, and State):		
Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?	Circle One: YES NO		
	If yes, explain:		
Does any other Housing Authority or other subsidized housing apartment/program claim that you or any other household members owe money for rent, damages or any other reason?	Circle One: YES NO		
	If yes, explain:		
Have you or any household member ever been arrested or charged for violating any federal laws, any Wisconsin laws, any laws of any other states, or ordinances of any municipality (other than minor traffic offenses)?	Circle One: YES NO		
	If yes, list charges/arrests:		
Have you or any household member ever been convicted (found guilty or pled guilty) for violating any federal laws, any Wisconsin laws, any laws of any other states, or ordinances of any municipality (other than minor traffic offenses)? You may have been arrested or charged with one thing, but were found guilty of a different charge.	Circle One: YES NO		
	If yes, list convictions:		
Have you or any other adult household member lived in any other state or country other than Wisconsin?	Circle One: YES NO		
	Name	State/Country	Approx. Dates (Month/Year to Month/Year)

**THIS SECTION ONLY FOR HANDICAPPED OR DISABLED PERSONS**

**A disabled person** is one who has an 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 which can be expected to last for a continuous period of not less than twelve months.

**A handicapped person** is one which has a physical impairment which is expected to be of long-continued and indefinite duration, substantially impedes his ability to live independently, and is of such nature that such ability could be improved by more suitable housing conditions.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Do you declare head of household or spouse handicapped or disabled for purposes of determining eligibility for housing assistance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Do you or any family member require:	If yes, explain modifications (changes to the unit) needed (a medical diagnosis is not needed)
<input type="checkbox"/> Yes <input type="checkbox"/> No	a) a unit designed specifically for mobility impaired (i.e. wheelchair, walker)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	b) a unit modified for hearing impaired?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	c) a unit modified for visually impaired?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	d) a unit modified for any other impairment?	

**REQUIRED:** Circle ONLY one number that most accurately describes the head of your household. The Housing Authority of the City of Eau Claire provides equal housing opportunity regardless of sex, race, color, handicap, religion, national origin, sex, or marital status of the person maintaining a household, lawful source of income, age, or ancestry. We are required to document the minority status of each applicant on our waiting list.

- |                                      |  |
|--------------------------------------|--|
| 1. White                             | 4. Native Hawaiian or Pacific Islander |
| 2. American Indian or Alaskan Native | 5. African American / Black            |
| 3. Asian                             | 6. Other / Multi-Racial                |

Please Check One (*Not Required*): Is head of household Hispanic \_\_\_\_\_ or Non-Hispanic \_\_\_\_\_?

**APPLICANT CERTIFICATION**

**All Adults Must Sign and Date Below – One Signature Per Adult.**

All applicants are expected to meet performance-based standards, based on a prospective assessment of lease compliance for admission to a dwelling unit.

I understand that Title 18, Section 1001 of the United States Code, and 1987 Act 173 of the State of Wisconsin, provide that knowingly and willingly making false statements to receive benefits not otherwise entitled to is a criminal offense. Allegations, complaints, or other observations that indicate a tenant/applicant is receiving excessive benefits will be investigated. If verified, the owner/management agent will fully enforce the terms of the lease/policy to terminate/deny assistance and/or seek recovery of overpaid amounts. I further understand that failure to provide information on tenant's/applicant's household composition, or income, or providing false information is grounds for denial/termination of assistance by the Housing Authority of the City of Eau Claire.

\_\_\_\_\_  
Signature, Head of Household                      Date

\_\_\_\_\_  
Signature, Other Adult                              Date

\_\_\_\_\_  
Signature, Other Adult                              Date

\_\_\_\_\_  
Signature, Other Adult                              Date

**NOTE:** Any changes to the information provided in this application including, but not limited to, mailing address, family composition, income, etc., must be reported in writing (signature is required) to the Housing Authority of the City of Eau Claire (HACEC). Failure to maintain current information with the HACEC or failure to respond to HACEC requests for information or update of application status will result in removal of the applicant's name from the HACEC's waiting list(s).

# PREFERENCE CERTIFICATION

For Office Use Only			
Name:	_____		
Address:	_____		
Date of App:	_____		
Preference:	ID	SS	None

In order to determine your preference status, we are required by federal regulations to verify claimed preferences. This information will be used only for the purpose of determining the preference claimed by you. Therefore, please indicate in the appropriate section, by marking the applicable boxes, if you wish to declare a local preference. All preferences must be properly certified (verification from a social agency, homeless shelter, recent police report(s), etc.) prior to admission. \* Check "No Applicable Preference" if none of the declared preferences apply to you OR if you do not have verification accompanying the application when you submit it. If the information is not complete, no preference will be awarded. \*\* All adults must complete and sign the acknowledgement section at the bottom of this form. \*\*\* Verification can be turned in at a later time.

<input type="checkbox"/> <b>NO APPLICABLE PREFERENCE</b>	
<input type="checkbox"/> <b>INVOLUNTARY DISPLACEMENT (Declared Preference).</b> <i>An applicant is or will be involuntarily displaced if the applicant has vacated or will have to vacate his or her unit as a result of one or more of the following actions:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> A disaster, such as fire or flood that resulted in extensive damage or has destroyed the unit.</li> <li><input type="checkbox"/> An activity carried on by an agency of the United States or by any state or local government in connection with code enforcement or a public improvement or development program.</li> <li><input type="checkbox"/> Actual or threatened physical violence directed against applicant or one member of the applicant's family by a spouse or to her renter of the household (or the applicant lives in a housing unit with such an individual who engages in such violence).</li> <li><input type="checkbox"/> The applicant family member(s) provide information on criminal activities to a law enforcement agency and based on a threat assessment, a law enforcement agency recommends rehousing the family to avoid or minimize a risk of violence against family members as a reprisal for providing such information.</li> <li><input type="checkbox"/> One or more members of the applicant's family have been the victim of one or more hate crimes and the applicant has vacated a housing unit because of such crime, or the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the unit. <i>Hate crime means actual or threatened physical violence or intimidation that is directed against a person or his or her property and that is based on the person's race, color, religion, sex, national origin, handicap, or familial status. It must have occurred recently or is a continuing nature.</i></li> <li><input type="checkbox"/> A member of the family has mobility or other impairment that makes the person unable to use critical elements of the unit and the owner is not legally obligated to make the changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.</li> </ul>	
<input type="checkbox"/> <b>SUBSTANDARD HOUSING.</b> <i>The unit you are living in is substandard if it:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> is dilapidated*</li> <li><input type="checkbox"/> does not have operable indoor plumbing</li> <li><input type="checkbox"/> does not have a usable flush toilet inside the unit for the exclusive use of the family</li> <li><input type="checkbox"/> does not have electricity or has unsafe or inadequate electrical service</li> <li><input type="checkbox"/> does not have a safe or adequate source of heat</li> <li><input type="checkbox"/> should, but does not have a kitchen</li> <li><input type="checkbox"/> has been declared unfit for habitation by an agency or unit of government</li> </ul>	<p>* A housing unit is dilapidated if it does not provide safe and adequate shelter, and in its present condition endangers the health, safety, and well-being of a family, or it has one or more critical defects, or a combination of intermediate defects in sufficient number of extent to require considerable repair or rebuilding. The defects may involve original construction, or they may result from continued neglect or lack of repair or from serious damage to the structure.</p>
<p>In addition, a "homeless family" is living in substandard housing because he or she lacks a fixed, regular and adequate nighttime residence.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> lacks a fixed, regular and adequate night-time residence</li> </ul>	

## Certification and Applicant Acknowledgement

I/we declare I/we claim no preference, have been or will be involuntarily displaced or that I/we am/are living in substandard housing based on the information checked above.

I understand that if any information is incomplete, the Housing Authority will notify me and no preference will be awarded. I certify that the above information is true and correct, to the best of my knowledge.

**NOTE:** Any changes regarding applicant's address, employment, family composition, or preference status must be made in writing by the Housing Authority of the City of Eau Claire. Failure to maintain current information with the Authority or failure to respond to Housing Authority requests for information or update of application status will result in removal of the applicant's name from the Authority's waiting list.

Print all Applicant's Name(s)

Mailing / Street Address

City

State

Zip Code

Applicant's Signature

Date

Applicant's Signature

Date

Applicant's Signature

Date

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation of any department or agency of the U.S. as to any matter within its jurisdiction.



## Lead-Based Paint A Threat to Your CHILDREN

*The building you live in, or about to move into, was built before 1978. About three out of four pre-1978 buildings have some old lead-based paint that could poison your child!*

**Instructions: ALL adults must sign and date acknowledgement on the back whether there are children in the household or not.**

### An Important Message for People Living in Housing Built Before 1978

**What is Lead Poisoning?** Lead poisoning means having too much lead in the body.

**Lead can:**

- Cause major health problems, mostly in children under 6 years old.
- Damage a child's brain, nervous system, kidneys, hearing, or coordination.
- Affect learning.
- Cause behavior problems, blindness, and even death.
- Causes problems in pregnancy and affect a baby's normal growth.

**Who Gets Lead Poisoning?** *Anyone can get it.* Children under 6 are at the greatest risk. Their bodies are not fully grown and are easily harmed. The risk is worse if the child:

- Lives in an older home (built before 1960).
- Does not eat regular meals. (An empty stomach accepts lead more easily.)
- Does not eat enough foods with iron or calcium.
- Has parents who work in lead-related jobs.
- Has played in the same places as brothers, sisters, and friends who have been lead poisoned. (Lead poisoning *cannot* be spread from person to person. It comes from contact with lead.)

Women of childbearing age are also at risk. Lead poisoning can cause miscarriages and premature births. The poison can be passed on to unborn babies.

**Where does It Come From?** *Lead Comes From:*

- Lead dust from moving parts of windows and doors that are painted with lead-based paint.
- Lead-based paint on wood trim, walls, cabinets in kitchens and bathrooms, porches, stairs, railings, fire escapes, and lampposts.
- Soil contaminated from lead-based paint and leaded gasoline.
- Drinking water where old lead pipes or lead solder was used.
- Work clothes, skin, and hair of parents who work with lead products.
- Colored printing and car batteries.
- Highly glazed pottery and cookware from other countries.
- Removing old paint when refinishing furniture.

Lead dust and paint chips containing lead are produced when lead-based paint is scraped, rubbed, hit, or exposed to the weather, or when moisture causes the paint to peel. The dust and chips get on children's hands, toys, and pacifiers.

When children put their fingers, toys, or pacifiers in their mouths, lead gets in their bodies. Sometimes they will also chew on an easy to reach lead-based paint surface, like a window sill.

In recent years, some uses of lead have been cut back or ended. This is true for lead in gasoline, lead in solder used on water pipes, and lead in paint. But a lot of lead remains in and around older homes, and lead-based paint is the major source of lead poisoning.

**How Do I Know My Child Is Affected?** *Is Your Child:*

- Cranky?
- Tired?
- Jumpy?
- Complaining about stomach aches or headaches?
- Vomiting?
- Unwilling to eat or play?
- Unable to concentrate?
- Playing in the same area where other children who have these symptoms play?

These *can* be signs of lead poisoning, but your child might not show these signs and still be poisoned. Only your clinic or doctor can tell by testing to be sure.

**What Can I Do About It?** Take your child to the doctor or a clinic for a blood-lead test. A blood-lead test should be done first when children are between six and twelve months old. The test may be available through a blood-lead screening program operated by the health department in your community. Be sure to get an official written statement of your child's blood-lead level. Based on the test, a doctor or clinic will tell you if your child has too much lead in the blood, whether any treatment is needed, and how often you should have your child tested. A small amount of lead in the blood may not make your child seem very sick, but it can affect how well he or she can learn.

**What Do I Do Next?**

- If your child has an unsafe amount of lead in the blood, you should immediately show the results of the blood test to your landlord or other responsible person. Depending on the blood-lead level, it may be necessary to have your home tested for lead-based paint hazards.
  - If you rent your home, show the blood-lead test results to your management office, landlord, or housing authority, whichever fits your case.
  - If you own or are buying your home and are applying for rehabilitation, homebuyer, or other housing assistance, you should show the blood-lead test results to your community development office or other responsible agency.
- Check your own home for peeling paint.

If your home has defective paint – that is chipping, peeling, scaling, flaking or loose paint – and you have a child under six years old, you should report the condition to the same people: the landlord, the management office, the housing authority, or the community development office – whichever fits your case. **Report it even if your child does not have a high amount of lead in the blood.** If the defective paint has lead in it, the paint is very hazardous to young children.

**What Do I Do If My Home Does Have Lead?** *Do not try to get rid of lead-based paint yourself. You could make things worse for you and your family.*

If you rent your home and you or your landlord are receiving rental assistance, and if your child has a high amount of lead in the blood and your home contains lead-based paint, then your landlord, management office, housing authority, or community development office is required to get rid of the hazard safely in accordance with HUD requirements, or move you and your family to a unit not contaminated with lead.

*There are things you can do now to protect your children. You should do them whether your child has an unsafe amount of lead in the blood or not.*

- Keep your children away from paint chips and dust.
- Wet-mop floors and wipe down surfaces often, especially where the floors and walls meet. Be sure to clean the space where the window sash rests on the sill. **Lead-based paint chips or dust SHOULD NOT be broom-swept or vacuumed with an ordinary vacuum cleaner or vacuum sweeper. Lead dusts is so fine it will pass through a vacuum cleaner bag and spread into the air you breathe.**
- Make sure your children wash their hands often and always before eating.
- Wash toys, teething rings, and pacifiers often.
- Help keep your home in good shape. Water leaks from pipes, roofs, or outside cracks will let in dampness that causes paint to peel. These problems should be fixed right away.

**Where Can I Get More Information?** For more information, call your local health department, or call the National Lead Information Clearinghouse toll-free at 1-800-424-5323.

**I have read this notice.**

Signature	Date
Signature	Date
Signature	Date
Signature	Date

**AUTHORITY**

**RELEASE OF INFORMATION**

**This release of information is required in order to process your application or continued eligibility for the below mentioned programs operated by the Housing Authority of the City of Eau Claire. This release is valid for 15 months. One signature, printed name, and date are required for each adult.**

Purpose:

The Housing Authority of the City of Eau Claire will use this authorization and the information obtained with it to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under the following programs:

- \* Public Housing
- \* Transitional Housing
- \* HOME TBRA
- \* Affordable Housing
- \* Park Tower Apartments/Townhouses
- \* Home Ownership
- \* Sub Rehab
- \* ORMA

I authorize the Housing Authority of the City of Eau Claire to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

Information Covered/Inquiries May Be Made About:

- Child care expenses
- Credit history
- Criminal activity
- Family composition
- Employment, income, pensions, and assets
- Federal, state, tribal, or local benefits
- Handicapped assistance expenses
- Identity and marital status
- Medical expenses
- Social security numbers
- Residences and rental history

I understand the following as it relates to the release of information:

- It is my right to revoke this authorization in writing
- I understand the potential for the information disclosed to the authorization to be subject to redisclosure by the recipient and no longer protected by the privacy regulations
- I understand that I have a right to refuse to sign the authorization
- I understand that I have a right to a copy of this authorization
- I understand that a copy of this authorization is as good as the original

Individuals or Organizations That May Share Information:

Any individual or organization, including any governmental organization, may be asked to release information. For example, information may be requested from:

- Banks and other financial institutions
- Courts
- Law enforcement agencies
- Credit bureaus
- Employers, past and present
- Landlords
- Providers of
  - Alimony
  - Child care
  - Child support
  - Credit
  - Handicapped assistance
  - Medical care
  - Pensions/annuities
- Schools and colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility companies
- Welfare agencies
- Other: \_\_\_\_\_

Conditions:

I agree that photocopies of this authorization may be used for the purposes stated above.

\_\_\_\_\_  
 Signature, Printed Name of Head of Household & Date

\_\_\_\_\_  
 Signature, Printed Name of Other Adult Member of Household & Date

\_\_\_\_\_  
 Signature, Printed Name of Other Adult Member of Household & Date

\_\_\_\_\_  
 Signature, Printed Name of Other Adult Member of Household & Date

\_\_\_\_\_  
 Signature, Printed Name of Other Adult Member of Household & Date



**AUTHORITY**

**UTILITY VERIFICATION FORM**

*Instructions: ALL Adults must complete the top portion of this form only.*

I / We authorize the release of information requested on this form.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

**TO BE COMPLETED BY UTILITY COMPANY ONLY:**

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Utilities Provided: \_\_\_\_\_ Electricity \_\_\_\_\_ Gas

Service Dates: From: \_\_\_\_\_ To \_\_\_\_\_

1. Average amount of monthly bill? \$ \_\_\_\_\_
2. Does (did) applicant pay on time?  Yes  No
3. Has (had) he/she ever paid late?  Yes  No
  - a. How late? \_\_\_\_\_
  - b. How often? \_\_\_\_\_
4. Have (had) you ever begun/completed disconnection for non-payment?  Yes  No
5. At what other addresses has this applicant had utility service?  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Has any equipment belonging to the utility company been damaged at this unit?  Yes  No
7. Can this applicant get utility service turned on in his/her name in the future?  Yes  No

\_\_\_\_\_  
 Signature of Xcel Energy Representative Date Telephone Number

**AUTHORITY**

**LANDLORD REFERENCE**

**Instructions: In referring back to page 5, if you circled Landlord or Trailer Park/Lot Rent (indicating you signed the lease at that address), you must complete this top portion only, sign, and date it. Do NOT give this form to any landlord; this form is only valid if we mail it out.**

Landlord Name: \_\_\_\_\_  
 Landlord's Mailing Address: \_\_\_\_\_  
 Landlord City/State/Zip: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
 Rental Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

To Whom It May Concern:

The above named individual has made application for housing at the City of Eau Claire Housing Authority and has listed you as a previous landlord. In order for us to determine their eligibility, we ask that you take a few minutes and answer the questions below regarding their previous rental history.

Your prompt return of the information in the enclosed addressed envelope will be appreciated.

Sincerely,

Rental Technician

I hereby authorize the release of the requested information.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**To be completed by landlord: (Landlord: do NOT complete this form if it was given to you by the applicant)**

1. Term tenant occupied unit: From: \_\_\_\_\_ To: \_\_\_\_\_
2. Does tenant/former tenant owe any unpaid rent at this time?  Yes  No  
 If yes, how much does he/she owe? \$ \_\_\_\_\_
3. Is/Was there a housekeeping problem?  Yes  No
4. Has/Did the tenant cause any damage to the apartment?  Yes  No  
 Please explain: \_\_\_\_\_
- Amount of Charges: \$ \_\_\_\_\_ Has/Did tenant pay for Damages?  Yes  No
5. Is there a history of problems with neighbors?  Yes  No  
 Please explain: \_\_\_\_\_

Signature

Date

Phone Number





## VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY

**Purpose and Applicability.** The purpose of this policy (herein called "Policy") is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and more generally to set forth the policies and procedures of the Housing Authority of the City of Eau Claire (herein called "HACEC") regarding domestic violence, dating violence, and stalking, as hereinafter defined.

This Policy shall be applicable to the administration by the HACEC of all federally subsidized public housing and HOME TBRA – Tenant Based Rental Assistance programs under the United States Housing Act of 1937 (42 U.S.C. §1437 *et seq.*). Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

**Goals and Objectives.** This Policy has the following principal goals and objectives: A.) Maintaining compliance with all applicable legal requirements imposed by VAWA; B.) Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking who are assisted by the HACEC; C.) Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking; D.) Creating and maintaining collaborative arrangements between the HACEC, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by the HACEC; and E.) Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by the HACEC.

**Other HACEC Policies and Procedures.** This Policy shall be referenced in and attached to the HACEC's Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of the HACEC's Admissions and Occupancy Policies and HOME TBRA – Tenant Based Rental Assistance Program Administrative Plan. The HACEC's annual public housing agency plan shall also contain information concerning the HACEC's activities, services or programs relating to domestic violence, dating violence, and stalking.

To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure of the HACEC, the provisions of this Policy shall prevail.

**Definitions.** As used in this Policy: A.) *Domestic Violence* – The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction;" B.) *Dating Violence* – means violence committed by a person — 1.) who is or has been in a social relationship of a romantic or intimate nature with the victim; and 2.) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; (iii) The frequency of interaction between the persons involved in the relationship. C.) *Stalking* – means – (1) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and (2) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to – (i) that person; (ii) a member of the immediate family of that person; or (iii) the spouse or intimate partner of that person. D.) *Immediate Family Member* - means, with respect to a person – (1) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or (2) any other person living in the household of that person and related to that person by blood or marriage. E. *Perpetrator* – means person who commits an act of domestic violence, dating violence or stalking against a victim.

**Admissions and Screening.** A.) *Non-Denial of Assistance.* The HACEC will not deny admission to public housing or to the HOME TBRA program to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission. B.) *Admissions Preference.* Applicants for housing assistance from the HACEC will receive a preference in admissions by virtue of their status as victims of domestic violence. This preference is particularly described as follows: A ranking preference of five points in the selection of participants for federal preference holders. Evidence of past domestic violence incidents from a qualified third party shall be required. This preference is not applicable to victims of dating violence or stalking. C.) *Mitigation of Disqualifying Information.* When so requested in writing by an applicant for assistance whose history includes incidents in which the applicant was a victim of domestic violence, the HACEC, may but shall not be obligated to, take such information into account in mitigation of potentially disqualifying information, such as poor credit history or previous damage to a dwelling. If requested by an applicant to take such mitigating information into account, the HACEC shall be entitled to conduct such inquiries as are reasonably necessary to verify the claimed history of domestic violence and its probable relevance to the potentially disqualifying information. The HACEC will not disregard or mitigate potentially disqualifying information if the applicant household includes a perpetrator of a previous incident or incidents of domestic violence.

**Termination of Tenancy or Assistance.** A.) *VAWA Protections.* Under VAWA, public housing residents, and persons assisted under the HOME TBRA program have the following specific protections, which will be observed by the HACEC: (1) An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a "serious or repeated" violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence. (2) In addition to the foregoing, tenancy or assistance will not be terminated by the HACEC as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant's control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations: (i.) Nothing contained in this paragraph shall limit any otherwise available authority of the HACEC or a HOME TBRA owner or manager to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant's household. However, in taking any such action, neither the HACEC nor a HOME TBRA manager or owner may apply a more demanding standard to the victim of domestic violence dating violence or stalking than that applied to other tenants. (ii.) Nothing contained in this paragraph shall be construed to limit the authority of the HACEC or a HOME TBRA owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or the HACEC, as the case may be, can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance. B.) *Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI.A.2. or Federal, State or local law to the contrary, the HACEC or a HOME TBRA owner or manager, as the case may be, may transfer a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the tenant or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by the HACEC. Leases used for all public housing operated by the HACEC and, at the option of HOME TBRA owners or managers, leases for dwelling units occupied by families assisted with HOME TBRA administered by the HACEC, shall contain provisions setting forth the substance of this paragraph.

**Verification of Domestic Violence, Dating Violence or Stalking.** A.) Requirement for Verification. *The law allows, but does not require, the HACEC or a HOME TBRA owner or manager to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph VII. C., the HACEC shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the HACEC. HOME TBRA owners or managers receiving rental assistance administered by the HACEC may elect to require verification, or not to require it as permitted under applicable law. Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways: (1.) HUD-approved form - by providing to the HACEC or to the requesting HOME TBRA owner or manager a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD), that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator. (2.) Other documentation - by providing to the HACEC or to the requesting HOME TBRA owner or manager documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury. (3.) Police or court record - by providing to the HACEC or to the requesting HOME TBRA owner or manager a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question. B.) Time allowed to provide verification/ failure to provide. An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by the HACEC, or a HOME TBRA owner or manager to provide verification, must provide such verification within 14 business days (i.e., 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action. C.) Waiver of verification requirement. The Executive Director of the HACEC, or a HOME TBRA owner or manager, may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this policy based on the victim's statement or other corroborating evidence. Such waiver may be granted in the sole discretion of the Executive Director, owner or manager. Any such waiver must be in writing. Waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases, regardless of similarity in circumstances.*

**Confidentiality.** A.) *Right of confidentiality.* All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to the HACEC or to a HOME TBRA owner or manager in connection with a verification required under section VII of this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is: (1.) requested or consented to by the individual in writing, or (2.) required for use in a public housing eviction proceeding or in connection with termination of HOME TBRA assistance, as permitted in VAWA, or (3.) otherwise required by applicable law. B.) *Notification of rights.* All tenants of public housing and tenants participating in the HOME TBRA program administered by the HACEC shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

**Transfer to New Residence.** A.) *Application for transfer.* In situations that involve significant risk of violent harm to an individual as a result of previous incidents or threats of domestic violence, dating violence, or stalking, the HACEC may, if an approved unit size is available at a location that may reduce the risk of harm, approve transfer by a public housing or HOME TBRA tenant to a different unit within the HACEC's jurisdiction in order to reduce the level of risk to the individual. A tenant who requests transfer must attest in such application that the requested transfer is necessary to protect the health or safety of the tenant or another member of the household who is or was the victim of domestic violence dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit. B.) *Action on applications.* The HACEC will act upon such an application within 30 days of receipt. C.) *No right to transfer.* The HACEC will make every effort to accommodate requests for transfer when suitable alternative vacant units are available and the circumstances warrant such action. However, the decision to grant or refuse to grant a transfer shall lie within the sole discretion of the HACEC, and this policy does not create any right on the part of any applicant to be granted a transfer. D.) *Family rent obligations.* If a family occupying HACEC public housing moves before the expiration of the lease term in order to protect the health or safety of a household member, the family will remain liable for the rent during the remainder of the lease term unless released by the HACEC. In cases where the HACEC determines that the family's decision to move was reasonable under the circumstances, the HACEC may wholly or partially waive rent payments and any rent owed shall be reduced by the amounts of rent collected for the remaining lease term from a tenant subsequently occupying the unit.

**Court Orders/Family Break-up.** A.) *Court orders.* It is the HACEC's policy to honor orders entered by courts of competent jurisdiction affecting individuals assisted by the HACEC and their property. This includes cooperating with law enforcement authorities to enforce civil protection orders issued for the protection of victims and addressing the distribution of personal property among household members in cases where a family breaks up. B.) *Family break-up.* Other HACEC policies regarding family break-up are contained in the HACEC's Admissions and Occupancy Policies and its HOME TBRA Administrative Plan.

**Relationships with Service Providers.** It is the policy of the HACEC to cooperate with organizations and entities, both private and governmental, that provide shelter and/or services to victims of domestic violence. If HACEC staff become aware that an individual assisted by the HACEC is a victim of domestic violence, dating violence or stalking, the HACEC will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring the HACEC either to maintain a relationship with any particular provider of shelter or services to victims of domestic violence or to make a referral in any particular case. The HACEC's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which the HACEC has referral or other cooperative relationships.

**Notification.** The HACEC shall provide written notification to applicants, tenants, and HOME TBRA owners and managers, concerning the rights and obligations created under VAWA relating to confidentiality, denial of assistance and, termination of tenancy or assistance.

**Relationship with Other Applicable Laws.** Neither VAWA nor this Policy implementing it shall preempt or supersede any provision of Federal, State or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence or stalking.

**Amendment.** This policy may be amended from time to time by the HACEC as approved by the HACEC Board of Commissioners.

*I/We have read and acknowledge the Housing's Authority of the City of Eau Claire's Violence Against Women Act (VAWA) Policy.*

Signature

Date

Signature

Date

1. \*\* First 3 Boxes must be completed with your information. \*\*

2. Must choose 1 or 2.

**Complete all info required.** Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

3. ALL adults must sign. **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> Complete Street Address / City / State / Zip	
<b>**Telephone No:</b>	<b>Cell Phone No:</b>
<b>1 Name of Additional Contact Person or Organization:</b>	
<b>Address:</b> Complete Street Address / City / State / Zip	
<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.	

2  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.