



RED CLIFF CHIPPEWA HOUSING AUTHORITY

37645 New Housing Road Bayfield, WI 54814
(715) 779-3744 (715) 779-5044 Fax

OSKI-OMBENDAAM NEW HOPE

APPLICATION FOR SUPPORTIVE HOUSING

DATE: _____ **20** _____

TIME: _____

APPLICANT: _____

INTRODUCTION

The OSKI-OMBENDAAM-NEW HOPE contains efficiency, one-bedroom, two-bedroom, and three-bedroom units. The goal of OSKI-OMBENDAAM-NEW HOPE is to provide supportive services to those individuals and families while providing clean, safe, adequate, and affordable housing for qualified households.

SECTION 1 – Instructions

When filling out this application, please PRINT NEATLY and LEGIBLY with an **INK** PEN (no pencil please). Answer all the questions by filling in the desired response, marking the appropriate block, or providing the narrative responses.

When requested to provide supporting documentation, please bring the originals to the Red Cliff Housing Office. We will make copies, attach them to your application and return the originals to you.

Please enter “N/A” for items which do not apply

Applicant Information (Head of Household):

Name: _____ Date of Birth: _____
First _____ Middle _____ Last _____

Social Security Number: _____ Home Phone: _____ Cell Phone: _____

Mailing Address _____

Marital Status: _____ Full Time Student: _____
Married/Divorced/Single/Widowed/Separated Yes/No Tribal Affiliation

Veteran? _____ Military Branch: _____
Yes/No

Other Household Members:

List all other people who will reside in the unit.

Full Name	Date of Birth	SS #	Relationship to Head of Household	Tribal Affiliation
Full Name	Date of Birth	SS #	Relationship to Head of Household	Tribal Affiliation
Full Name	Date of Birth	SS #	Relationship to Head of Household	Tribal Affiliation
Full Name	Date of Birth	SS #	Relationship to Head of Household	Tribal Affiliation
Full Name	Date of Birth	SS #	Relationship to Head of Household	Tribal Affiliation
Full Name	Date of Birth	SS #	Relationship to Head of Household	Tribal Affiliation

Housing History:

Must show the last two (2) years of housing history

Current Address: _____

Rent or Own? _____ Monthly Payment: \$_____ Dates: _____

Landlord Name: _____ Phone: _____

Previous Address _____

Previous Address _____

Previous Address _____

© 2013 Pearson Education, Inc.

Rent or Own? _____ Monthly Payment: \$ _____ Dates: _____

Landlord Name: _____ Phone: _____

Sources of Income:

Check all sources of household income that apply. Attach additional sheets if necessary.

Employment wages or salaries

Household Member: _____ Company: _____ Annual Amount: _____

Household Member: _____ Company: _____ Annual Amount: _____

Self-employment (Attach Federal Tax Return or Profit and Loss Statements)

Household Member: _____ Type of Business: _____ Annual Amount: _____

Household Member: _____ Type of Business: _____ Annual Amount: _____

Military Pay

Household Member: _____ Annual Amount: _____

Household Member: _____ Annual Amount: _____

Unemployment Benefits or Workman's Compensation

Household Member: _____ Contact Person: _____ Monthly Amount: _____

Household Member: _____ Contact Person: _____ Monthly Amount: _____

Public Assistance (General Relief/TANF/Other)

Household Member: _____ Contact Person: _____ Monthly Amount: _____

Household Member: _____ Contact Person: _____ Monthly Amount: _____

Child Support List any **AWARDED** amounts—collected or uncollected. Additionally, list any support that is not court-ordered but is received directly from the payer

Child Name: _____ Agency/Payer: _____ Monthly Amount: _____

Alimony List any **AWARDED** amounts—collected or uncollected. Additionally, list any support that is not court-ordered but is received directly from the payer

Child Name: _____ Agency/Payer: _____ Monthly Amount: _____

Social Security, SSI, other payments from Social Security Administration

Household Member: _____ SSA Office: _____ Monthly Amount: _____

Household Member: _____ SSA Office: _____ Monthly Amount: _____

Veteran's benefits, pensions, retirement benefits or annuities

Household Member: _____ Source: _____ Monthly Amount: _____

Household Member: _____ Source: _____ Monthly Amount: _____

Disability, death benefits or life insurance dividends

Household Member: _____ Source: _____ Monthly Amount: _____

Household Member: _____ Source: _____ Monthly Amount: _____

Any other income sources or types not listed Other sources could include severance payments, regular payments from a settlement, regular gifts from someone outside of the household, inheritances, payments from rental property or other forms of real estate holdings, etc.

Household Member: _____ Source: _____ Monthly Amount: _____

Household Member: _____ Source: _____ Monthly Amount: _____

If YOU or any other ADULT member of the household is claiming zero income, please indicate below:

Household Member: _____ Is income anticipated in the next 12 months? _____

Household Member: _____ Is income anticipated in the next 12 months? _____

Assets:

_____ Within the past 2 years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV).

If yes, please explain?

Complete the following table for all assets held by any household member (including minors). Asset types include, but are not limited to: Checking accounts, Savings Accounts, Money Markets, CDs, IRAs, 401(k)s, Stocks, Bonds, and Real Estate.

Household Member	Type of Asset	Where Held	Balance/Value

Student Information:

List all household members that are students:

Household Member: _____ School: _____ Full/Part-Time? _____

Household Member: _____ School: _____ Full/Part-Time? _____

Household Member: _____ School: _____ Full/Part-Time? _____

If ALL members are full time students, complete the following Yes/No questions:

_____ Are you married and filing a joint tax return? Please attach a signed copy of tax return.

Are you receiving TANF (Temporary Assistance for Needy Families)?

Are you enrolled in a Job Training Partnership Act or a similar county or state program?

Are you a single parent with a child/children and neither you nor the child/children are dependent on someone else's tax return? Please attach a signed copy of tax return.

Other Information:

Is the Applicant or any other household member classified as "LEGALLY DISABLED" or "HANDICAPPED" as defined by the U.S. Federal Government? Yes/No

If yes, who are the Disabled/Handicapped Member(s)?

Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

Is your household Homeless? Yes/No

If Yes Explain:

Does your household have any needs that might be better served by additional community supportive services (AODA, Domestic Violence, Indian Child Welfare, etc.)? Yes/No

If yes, please explain:

Have you or any household member ever filed bankruptcy? Yes/No

If yes, please explain:

Have you or any household member ever been evicted? _____ Yes/No

If yes, please explain:

Have you or any household member ever been convicted of a crime? _____ Yes/No

If yes, please explain:

Acknowledgments

I understand that I, my Spouse (*Significant Other*) and any other member listed on my HOUSEHOLD COMPOSITION Form who is over 18 years of age must submit to a CRIMINAL BACKGROUND CHECK as part of the Application Process

_____ (*Applicant's Initials*)

I understand that the Red Cliff Housing Authority will try to accommodate my preference(s) where possible. I also understand that units will be awarded as they become AVAILABLE. Failure to accept a unit, in a preference area that I have selected, WILL NOT result in my removal from the Red Cliff Housing Authority waiting list; however, it will result in my being dropped to the bottom of that list.

_____ (*Applicant's Initials*)

I understand that the attached HUD Form (HUD-9886) and RCHA Form, both titled "*Authorization for Release of Information*" will be used to verify the information that I have provided on this application.

_____ (*Applicant's Initials*)

I understand that EXTENDED FAMILY MEMBER(S) listed on this Application WILL NOT be taken into consideration when determining dwelling size eligibility.

_____ (*Applicant's Initials*)

I understand that this APPLICATION IS ONLY VALID FOR A PERIOD OF TWELVE (12) MONTHS. If I do not update my application, my **APPLICATION WILL BE MOVED TO THE INACTIVE FILE**. Should I still desire Housing Assistance from the Red Cliff Housing Authority, I must submit a new application.

_____ (*Applicant's Initials*)

I understand that Red Cliff Tribal members are preferred before non-tribal applicants. If I am a non-Red Cliff Tribal member family, I will only be offered a unit if there is no Red Cliff Tribal members on waiting list.

_____ (Applicant's Initials)

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for all Red Cliff Housing Programs. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained on this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Red Cliff Housing Program requirements.

All ADULT household members must sign below:

Signature	Date

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

RED CLIFF HOUSING AUTHORITY
37645 NEW HOUSING ROAD
BAYFIELD, WI 54814

715-779-3744-TELEPHONE
715-779-5044 FAX

THANK YOU FOR YOUR INTEREST IN THE RED CLIFF HOUSING PROGRAMS