Dear Applicant:

Thank you for considering our rental programs for your possible future tenancy with us. Please read the following before completing the application. If you have any questions, please call our leasing division at (920) 734-5596 ext 105.

Outagamie County Housing Authority

Outagamie County Housing Authority units are funded by the U.S. Department of Housing and Urban Development (HUD) or Wisconsin Housing and Economic Development Authority (WHEDA) and we, as management, are required to follow the rules and regulations set up by these agencies. Outagamie County Housing Authority has one, two, and three bedroom units in Appleton, Kimberly, Seymour and Hortonville and four bedroom units in Appleton and Kimberly.

Once We Receive Your Application

Once your application is received by Outagamie County Housing, a preliminary check of income is done to determine eligibility. If your application appears to be income-eligible, your application is put on a waiting list. When a vacancy occurs, we call the names on the waiting list according to Program Regulations. Typically our waiting list has been about one year long but does vary depending on the type of unit and the community the applicant is applying for.

Screening of Applicants

Outagamie County Housing requires reference checks on all applicants to ensure that the buildings will be cared for, the rent will be paid, and that all tenants will have a peaceful, safe, secure, and sanitary living environment. We check the following information for every applicant (whenever possible):

- All information on application
- Credit history
- References from previous landlords
- Criminal checks where allowed by law

Amount of Rent

The amount of rent paid for a unit varies according to income. Income includes social security, wages, pensions, child support or alimony, government assistance such as disability or AFDC payments, etc. Property such as real estate, bank accounts, certificates of deposits, etc., are considered as assets and only the interest is included as income. For elderly households, out of pocket medical expenses may be used as a deduction. The tenant will pay 30% of the adjusted monthly income toward rent and utilities.
Security Deposit

A security deposit equal to the first full month’s rent is required at move-in and is refunded at the end of tenancy less charges for damages or unpaid rent.

Governmental Requirements

Each tenant is re-certified at least once a year on the anniversary date of their move-in. The process of verifying income and deductions begins 10-12 weeks ahead of time to allow for the paperwork to be completed. Rent may go up or down according to income changes. Changes in income or family composition must be reported as they occur.

Keeping Your Application Up To Date

You, as the applicant, are responsible for keeping your application up-to-date. If you have a change of address or telephone number, you should notify us by telephone or letter as soon as possible. If you do not notify us of these changes and we are unable to locate you, your application will be removed from our waiting list.

Admission Policy

For more information or to receive a complete copy of our Admission Policy, please do not hesitate to call or write to our office.

Other Available Housing

Outagamie County Housing also owns Glenpark Apartments, a non-subsidized, single and family housing development near the Fox Valley Technical College. Rent for these units are below market rent. If you are interested in finding out more about these apartments, please call our Glenpark Housing Director at (920) 731-8793.

Questions?

If you have any questions regarding this application, please contact our Leasing Division at (920) 734-5596 ext 105.

Thank you.
Application for Admission

Outagamie County Housing Authority
Leasing Division
218 E. Randall Street
Appleton, WI 54911-3600

Phone: (920) 734-5596
Fax: (920) 734-5568

Date of your application ___________________________
Name ___________________________
Address _______________________________________
City __________________ State _____ Zip _________
Home Phone Number (____) ______________________
Work Phone Number (____) ______________________
May we call you at work? [ ] Yes [ ] No

Locations applying for—check the community waiting list(s) you prefer:

Appleton  [ ]  Kimberly  [ ]  Seymour  [ ]  Hortonville  [ ]

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Family Head</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Sex (M or F)</th>
<th>U.S. Citizen Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Head of Household</td>
<td></td>
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</tbody>
</table>

*If you are pregnant, please include your unborn baby on this application as well as the estimated date of birth.

Check One: Do you?  Rent [ ]  Own a Home [ ]  Live with Someone Else [ ]

Present landlord’s name ________________________________
Landlord’s Address ___________________________________
Phone number ___________________ Rented Since ___________

Previous landlord’s name ______________________________
Prior Landlord’s Address ______________________________
Phone number ___________________ Rental Dates ___________

All adults in household (including you) must disclose all states they have resided in: __________________________

How, or from whom, did you hear about us? __________________________
Income

List all sources of income and assets:

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Income Source</th>
<th>Monthly Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employment</td>
<td></td>
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<tr>
<td></td>
<td>Child Support</td>
<td></td>
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<td></td>
<td>Social Security</td>
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<td></td>
<td>S.S.I.</td>
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<td></td>
<td>V.A. Pension</td>
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<tr>
<td></td>
<td>Pension</td>
<td></td>
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<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank or Agency Name</th>
<th>Type of Asset</th>
<th>Amount</th>
<th>Interest rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Checking</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Savings</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Certificate of Deposit</td>
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<td></td>
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<tr>
<td></td>
<td>Stocks or Bonds</td>
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<td></td>
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<tr>
<td></td>
<td>Annuity</td>
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<tr>
<td></td>
<td>Life Insurance</td>
<td></td>
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<td></td>
<td>I.R.A.</td>
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<tr>
<td></td>
<td>401k/457</td>
<td></td>
<td>Fair market value from tax statement</td>
</tr>
<tr>
<td></td>
<td>Real Estate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Burial Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the Head of Household (Please check one--for statistical purposes only):

White non-minority [ ]  
African American [ ]  
Hispanic [ ]  
Asian [ ]  
Native American [ ]  
Other [ ]

There is no penalty for persons who do not complete the ethnicity section of this application.

Please answer Yes or No to the following questions:
1. Has your family ever participated in a subsidized housing program? No [ ] Yes [ ]
   If yes, please list the housing authority or landlord’s name and address: __________________________________________________________

2. Has your family ever been evicted from rental housing? No [ ] Yes [ ]
   If yes, please explain: __________________________________________________________

3. Has anyone in your family ever been charged with possession, manufacture or sale of illegal drugs? No [ ] Yes [ ]
   If yes, please explain: __________________________________________________________

4. Has anyone in your family ever been convicted of a felony or other criminal act that may bar your admittance to subsidized housing? No [ ] Yes [ ]
   If yes, please explain: __________________________________________________________

5. Has anyone in your family ever been required to register on any Sexual Offender Registry List? No [ ] Yes [ ]
   If Yes, please explain: __________________________________________________________

6. If you are disabled, is your sole disability due to drug addiction or alcoholism?
   No [ ] Yes [ ] Not Applicable [ ]

7. Does anyone in your family require the use of a unit that was specifically designed for wheelchair accessibility? No [ ] Yes [ ]

8. Has anyone in your family disposed of any assets (gifts of money to children, etc) valued at $1,000 or more in the past two years? No [ ] Yes [ ]
   If yes, list asset ___________________________ and Cash value of asset ________________ and Disposal date of asset ___________________________

9. Have you or any household member sold any real estate in the past two years? No [ ] Yes [ ]
   If yes, Sale date: ___________________________ Sale Price: ___________________________

10. Is there a full or part-time student in your household (other than minor children)? No [ ] Yes [ ]
    If yes, please list who: ___________________________

Please list two people we can call if you can not be reached:

1. Name ___________________________ Relationship ___________________________ Phone No. ___________________________

2. Name ___________________________ Relationship ___________________________ Phone No. ___________________________

**Please Read Before Signing**

I/We certify that all of the information on this application is true and correct. I/We have no objections to inquiries being made for the purpose of verifying the statements made herein as well as checking my/our credit, landlord reference(s) and criminal history. I/We understand that I/We can be denied housing and can be fined up to $10,000 or imprisoned up to five years if I/We knowingly furnish false or incomplete information.

Signature of Applicant ___________________________ Date ___________________________
Signature of Spouse or Other Adult Family Member
Date ___________________________
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.

| Applicant Name: |  |
| Mailing Address: |  |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: |  |
| Address: |  |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): |  |

| Relationship to Applicant: |  |

| Reason for Contact: (Check all that apply) |  |
| Emergency |  |
| Unable to contact you |  |
| Termination of rental assistance |  |
| Eviction from unit |  |
| Late payment of rent |  |
| Assist with Recertification Process |  |
| Change in lease term |  |
| Change in house rules |  |
| Other: |  |

Commitment of Housing Authority or Owner: 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.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: 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.

Form HUD-92066 (05/09)
APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS...
IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to $10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.
Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud:

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

form HUD-1141
(12/2005)
OUTAGAMIE COUNTY HOUSING AUTHORITY
GRIEVANCE PROCEDURES
FOR AN APPLICANT FOR THE HOUSING PROGRAMS

The right to grieve rests with the Applicant, the person that is on the waiting list for the housing programs offered by the Outagamie County Housing Authority. Applicants have the opportunity to be heard in an informal review procedure when the applicant is denied admission or assistance.

The Applicant is given an opportunity to request an informal review within 14 days from the date of the rejection letter sent to them containing the reasons that the application was rejected for the Housing Authority programs and/or assistance.

If the Applicant is an individual with handicaps, the Applicant may inform the Housing Authority of this fact and may request in writing that the Housing Authority make reasonable accommodation in the nonessential policies or practices to enable the Applicant equal opportunity to receive program assistance. Once the written request is received; the Applicant will be contacted for a meeting to discuss the request for the reasonable accommodation.

Once the Outagamie County Housing Authority receives the request for an informal review, a mediation session will be held between the Leasing Director and the Applicant. If no compromise can be reached, an informal review will be set up within 10 days from the mediation session. A third party impartial Hearing Officer shall conduct the hearing under the Outagamie County Housing Authority’s administrative grievance procedure. Someone other than the staff who made or approved the decision for the denial of program and/or assistance, or a subordinate of such person will be the hearing officer.

The Applicant will have the right to review all documentation for the denial of program assistance and make copies of such documentation at the Applicant’s expense. The Applicant may be able to obtain counsel at the Applicant’s expense to represent them at the review.

The Outagamie County Housing Authority will have the right to review all of the Applicant’s documentation prior to the hearing and make copies of such documentation at the Housing Authority’s expense. The Housing Authority also reserves the right to obtain counsel at the Housing Authority’s expense to represent them at the review.

The Hearing Officer will contact both the Applicant and the Housing Authority by mail within 5 days from the date of the informal review to inform both parties of the decision regarding the informal review.