

# Housing Authority City of South Milwaukee

dba Parkcrest Housing  
2906 6<sup>th</sup> Ave., South Milwaukee, WI 53172  
(414) 762-4114 Fax (414) 762-7271

**PLEASE READ:** As Head of Household, you will complete this application form. Each additional adult (18 years of age or older) who will reside in the apartment must also sign this application, verifying the accuracy of all information applicable to that person. Do not leave any sections blank. Only complete applications will be processed. Incomplete applications will be rejected. If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. All information must be legible. False, incomplete, or misleading information is cause for rejection of your household's application. Completion of this application does not guarantee placement on this agency's *Waiting List*.

**Placement on the waiting list is not a guarantee of housing.**

*Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States government. Falsification of information is grounds for application rejection.*

**PLEASE WRITE LEGIBLY – ALL ITEMS MUST BE COMPLETED. IF A SECTION DOES NOT APPLY, PLEASE INDICATE “N/A” OR “NONE”**

## Low Rent Public Housing Application

### 1. Head of Household Information

<b>Name</b>			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Phone #/ e-mail address:</b>	/		
<b>Date of Birth</b>		<b>Legal Marital Status (circle)</b>	<b>Married / Single / Legally Separated</b>
<b>SSN</b>		<b>Ethnicity:</b>	
<b>Spouse Name (if applicable)</b>			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Date of Birth</b>			
<b>SSN</b>		<b>Ethnicity:</b>	

Fill out all the following information for EVERY household member. Information for ALL family members to be housed (no roommate situations or non-family relationships are permitted). For each member of the household, indicate with a “Yes” or “No” if the individual is a citizen or national of the United States (by birth or naturalization) or an eligible immigrant (as defined by the INS.) **THE APPLICANT MUST BE THE CUSTODIAL PARENT WITH PRIMARY PLACEMENT OR HAVE LEGAL PERMANENT CUSTODY OR GUARDIANSHIP OF ALL CHILDREN TO BE HOUSED. THE COURT ORDER IS REQUIRED.**

Name (LAST, FIRST, M.I.)	Relationship	SSN	Date of Birth	Accessible Unit Req'd?	Citizen/ Immigrant
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

2. Are you receiving any type of assistance now? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what program? \_\_\_\_\_

3. Have you ever received housing assistance? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what program? \_\_\_\_\_ Where? \_\_\_\_\_ Dates: \_\_\_\_\_

4. Source(s) of **ALL** Income – attach additional sheet if necessary  
(information will be verified through the Enterprise Income Verification (EIV) System)

<b>Name of Employer for Head of Household:</b>	
Employer Address	
Employment Date	
Employer Phone #	
Hourly Wage?	
Hours Per Week?	
Tips or Commissions ?	

<b>A. Child Support</b>	\$	How Often?
Child's Name?		
Father's Name?		
*Primary Placement With ?		

<b>B. Child Support</b>	\$	How Often?
Child's Name?		
Father's Name?		
*Primary Placement With ?		

<b>C. Child Support</b>	\$	How Often?
Child's Name?		
Father's Name?		
*Primary Placement With ?		

Is any child support ordered through any other state than Wisconsin?  
YES or NO (explain): \_\_\_\_\_

**\* The court order that documents that the applicant is the custodial parent with primary placement of all minor children, along with the court ordered child support amount, must be provided at the time your application reaches the top of the waiting list and your application is screened for approval.**

<b>W-2 Amount?</b>	\$
Involved in the Work Program?	Yes / No If yes, School Attending?

<b>Social Security?</b>	\$
<b>SSI?</b>	\$ For Disability? Yes / No For Whom?

<b>Other Income?</b>	\$	Explain?
<b>Other Income?</b>	\$	Explain?

5. Do you or any member of you household receive regular cash or other type(s) of contribution(s) to your household from agencies or other individuals not living you?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes please explain: \_\_\_\_\_

6. If any other member of your Household is over 18 years old and has a source of income, please list it below:

Household Member Name:	
Employer Name:	
Address:	
Phone #:	
Hourly Wage?	
Hours Per Week?	

Household Member Name:	
Employer Name:	
Address:	
Phone #:	
Hourly Wage?	
Hours Per Week?	

**7. Household Allowance Information**

Part of your household’s expenses may be allowable as a deduction from your annual income. Eligible expenses include childcare costs, cost of attendant care, and Medicare premiums that are not covered by an outside source; e.g. insurance, Medicare, state agency or charitable organization. These allowances vary depending on household characteristics, such as age, handicap, disability, or employment status.

Do you expect to incur any of the following out of pocket expenses?

- a) Childcare which enables you or another household member to work, go to school, or to seek employment? Yes\_\_\_\_\_ No\_\_\_\_\_ Monthly Amount \$\_\_\_\_\_
- b) Attendant care for a handicapped or disabled household member so that an adult household member can work, seek employment, or go to school? Yes\_\_\_\_\_ No\_\_\_\_\_ Monthly Amount \$\_\_\_\_\_
- c) Medicare premiums? Yes\_\_\_\_\_ No\_\_\_\_\_ Monthly Amount \$\_\_\_\_\_

**RENTAL HISTORY SECTION**

**8. Housing References:**

**PLEASE READ AND INITIAL EACH ITEM BELOW**

\_\_\_\_\_ You must provide the **COMPLETE** name, address, and phone number for the contact person for your current place of residence (your current landlord or family member) and for all places of residence for the prior five (5) years. List EVERY address at which you have lived during the previous five years. You may attach an additional page if necessary.

\_\_\_\_\_ If you live or have lived with a family member or friend, his or her landlord information **MUST BE** included on the application. Indicate if you were listed on the rental lease.

\_\_\_\_\_ ALL Addresses will be cross-referenced with the addresses listed on your credit report and criminal records check.

**You must list every address at which you have lived for the previous five (5) consecutive years. If you have lived at your current address for five years or more, at least one (1) additional reference is required.\***

<b>Present ADDRESS:</b> (WRITE IN FULL ADDRESS HERE)	
Dates of Occupancy:	/ / TO / /
Landlord or Family Member's Full Name:	
Landlord or Family Member's Phone Number:	
Landlord's mailing address:	
Owners Name (if different from Landlord):	
Rent Amount?	\$
Are you on the rental lease?	YES ( ) NO ( )
Are Utilities Included?	YES ( ) NO ( )
Is the Landlord a Relative or Friend of yours?	YES ( ) NO ( ) If YES, please explain:

Most recent <b>PRIOR</b> Address: (WRITE IN ADDRESS HERE)	
Dates of Occupancy:	/ / TO / /
Landlord or Family Member's Full Name:	
Landlord or Family Member's Phone Number:	
Landlord's Mailing Address:	
Owners Name (if different from Landlord):	
Rent Amount?	\$
Are you on the rental lease?	YES ( ) NO ( )
Are Utilities Included?	YES ( ) NO ( )
Is the Landlord a Relative or Friend of yours?	YES ( ) NO ( ) If YES, please explain:

<b>PREVIOUS Address:</b> (WRITE IN FULL ADDRESS HERE)	
Dates of Occupancy:	/ / TO / /
Landlord or Family Member's Full Name:	
Landlord or Family Member's Phone Number:	
Landlord's Mailing Address:	
Owner's Name (if different from Landlord):	
Rent Amount?	\$
Are you on the rental lease?	YES ( ) NO ( )
Are Utilities Included?	YES ( ) NO ( )
Is the Landlord a Relative or Friend of yours?	YES ( ) NO ( )

<b>PREVIOUS Address:</b> (WRITE IN ADDRESS HERE)	
Dates of Occupancy:	/ / TO / /
Landlord or Family Member's Full Name:	
Landlord or Family Member's Phone Number:	
Landlord's Mailing Address:	
Owner's Name (if different from Landlord):	
Rent Amount?	\$
Are you on the rental lease?	YES ( ) NO ( )
Are Utilities Included?	YES ( ) NO ( )
Is the Landlord a Relative or Friend of yours?	YES ( ) NO ( )

**\*A NATIONAL SEARCH WILL BE CONDUCTED TO OBTAIN PRIOR ADDRESS HISTORY. NOT REPORTING EVERY RESIDENCE ADDRESS DURING THE PAST FIVE YEARS IS CAUSE FOR APPLICATION REJECTION.**

### 9. Asset Information

- a) Do you currently hold a contract for deed (land contract)? YES \_\_\_\_\_ NO \_\_\_\_\_
- b) Do you currently own real estate? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, list income received: \$ \_\_\_\_\_
- c) Do you have any coin collections, antique cars or other items held for investment purposes? If yes, please list. YES \_\_\_\_\_ NO \_\_\_\_\_  
Type: \_\_\_\_\_ Value \$ \_\_\_\_\_
- d) Are any assets held with another person? If yes, list person's name and asset(s) held jointly: Name: \_\_\_\_\_ Asset(s) \_\_\_\_\_

- e) Has any household member disposed of any real property or other assets during the past two years? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
- f) Does any member of your household receive income from assets, including interest, dividends, stocks or bonds? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Please provide the following information for each household member, including minors:

	<u>Balance</u>	<u>Balance</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Bonds	\$ _____	\$ _____
Trusts	\$ _____	\$ _____
Securities	\$ _____	\$ _____
IRA/KEOGH,401(k) Accounts	\$ _____	\$ _____
Pension/Retirement Funds	\$ _____	\$ _____
Money Market	\$ _____	\$ _____
Treasury Bills	\$ _____	\$ _____
Insurance Settlements	\$ _____	\$ _____
Other	\$ _____	\$ _____

## 10. Miscellaneous Information

- a) Have you or any members of your household ever used different names from the names given on this application (include maiden names)? YES \_\_\_\_\_ NO \_\_\_\_\_  
Name(s) \_\_\_\_\_
- b) Have you or any members of your household ever used social security numbers different from those listed on this application? YES \_\_\_\_\_ NO \_\_\_\_\_ Number \_\_\_\_\_
- c) Have you or any members of your household ever lived outside of the State of Wisconsin? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, who and what state? \_\_\_\_\_
- d) Are you or any other adult member of your household currently attending school either full time or part time? YES \_\_\_\_\_ NO \_\_\_\_\_ Name: \_\_\_\_\_
- e) Will any of the listed household members live in the apartment on a less than full-time basis? YES \_\_\_\_\_ NO \_\_\_\_\_ Please explain: \_\_\_\_\_
- f) Have you, your spouse, or any member of your household ever been subject to a state or federal sex offender registration requirement in any state? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list date(s), city, state, criminal charge(s), and a brief description:  
\_\_\_\_\_
- Lifetime sex offender registration required? YES \_\_\_\_\_ NO \_\_\_\_\_

- g) Have you or anyone in your household ever been convicted of a crime in any state?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
- h) Have you or any member of your household ever engaged in or been convicted of drug-related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_
- i) Have you, or any member of your household ever been involved in **or** convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list date(s), city, state and charge(s) (if applicable) and provide a brief description: \_\_\_\_\_  
 \_\_\_\_\_
- j) Has a landlord ever started a legal proceeding to evict you, your spouse or other adult(s) from a rental property, or have you, your spouse or other adult(s) left a residence before the end of a lease? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_
- k) Do you have any pets that you plan to have reside with you? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Please list all pets: \_\_\_\_\_
- l) In the past 24 months, have you, your spouse, or other adult(s) household members experienced an infestation of roaches, gnats, fleas, bed bugs, or other insects/pests?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

**Statement by All Adult Household Members:**

WE certify that all information provided in this application is true, complete, and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

If our application is accepted and move-in occurs, we certify that only those persons listed on this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have the responsibility to provide housing.

We agree to notify Parkcrest Housing in writing regarding any changes in household address, telephone number, income, and household composition.

We understand that if this application is placed on a waiting list, we may request sample copies of the Rental Agreement/Lease and Resident Handbook/Rules. If this application is approved and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein.

We authorize Parkcrest Housing to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 168a(d), seeking information on our credit worthiness.

We understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. We therefore certify that the foregoing information is true and complete to the best of our knowledge. We authorize inquiries to be made to verify the statements above. Failure to answer all questions truthfully may result in rejection of this application.

We authorize Parkcrest Housing to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for verification and confirmation of credit, financial status, employment or other income sources which may be released to appropriate Federal, State or local agencies.

Applicant acknowledges that they have received a copy of the “*What You Should Know About EIV*” brochure as well as *Notice of Occupancy Rights under the Violence Against Women Act and Certification*.

**This application is being completed with the understanding that the information provided will be used to check credit, rental payment history, criminal history and housing references. I understand that all of the above information will be verified for accuracy.**

**All information provided in this application is true and correct.**

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Signature of Head of Household Date

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Signature of other adult household member Date

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Signature of other adult household member Date

**Please check to indicate you have provided the following required information along with this application:**

\_\_\_\_\_ Birth Certificates for Each Member of the Household

\_\_\_\_\_ Social Security Card for Each Member of the Household

\_\_\_\_\_ Photo Identification of Applicant and all adult household members (Driver’s License)

\_\_\_\_\_ Signed “Consent to the Release of Information Form”

*Optional Question:* How did you hear about Parkcrest Housing?

**The Housing Authority of the City of South Milwaukee Authority/Parkcrest Housing is a  
Supporter of Fair Housing Laws and provides Equal Opportunity Housing**