

**PLATTEVILLE HOUSING AUTHORITY  
PRELIMINARY APPLICATION/PERSONAL DECLARATION FORM  
SECTION 8 RENTAL ASSISTANCE**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

**OFFICE USE ONLY**

WI Court \_\_\_\_\_ Iowa Court \_\_\_\_\_ Tenant Check \_\_\_\_\_ EIV Former Tenant \_\_\_\_\_ Waitlist \_\_\_\_\_ Sex Off Reg \_\_\_\_\_

**NOTE: Complete all parts of this application or it will not be considered for Section 8 Rental Assistance. If you have any questions about completing this form, please call 608-348-9741 Ext. 3. All information given will remain confidential.**

Name of Head of Household (Include middle initial) \_\_\_\_\_

Address (No box number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Email address: \_\_\_\_\_

**Household Composition**

List **ALL** persons, **INCLUDING YOURSELF**, who will be members of your permanent household:

<u>Name</u> (INCLUDE MIDDLE INITIAL)	<u>Relationship</u> <u>to head</u>	<u>Birthdate</u>	<u>Social Security #</u>	<u>Disabled</u> Y/N	<u>Student</u> Y/N	<u>FT/PT</u>
	<b>HEAD</b>					
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Do all listed family members live with you all of the time? \_\_\_ Yes \_\_\_ No If no, explain: \_\_\_\_\_

**Household Income**

List **ALL MONTHLY** income earned or received by everyone living in your household: This includes money from employment, unemployment, child support, social security, disability (SSI), self-employment, workman's compensation, pensions, TANF, veteran's benefits, stock dividends, income from bank accounts, maintenance/alimony

<u>Household Member</u>	<u>Income Source</u>	<u>Gross Monthly Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you receive Food Share? \_\_\_ Yes \_\_\_ No If yes, what is the amount/month \$ \_\_\_\_\_

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.

**Asset Information**

List ALL assets for everyone living in your household: This includes checking accounts, savings accounts, Certificates of Deposit, stocks, bonds, mutual funds, IRA, 401K and retirement funds.

<u>Household Member</u>	<u>Asset</u>	<u>Value of Asset</u>	<u>Income from Asset</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Personal Information**

Is any member of the household a registered sex offender? \_\_\_ Yes \_\_\_ No If yes, household member \_\_\_\_\_

Have you or any other household member lived in any rental assisted housing or public housing? \_\_\_ Yes \_\_\_ No

If yes, name & location of Housing Authority/Management Co. \_\_\_\_\_

Do you or a member of the household owe any Public Housing Agency a debt? \_\_\_ Yes \_\_\_ No If yes, who and how much is owed? \_\_\_\_\_

Have you or any member of the household been convicted of a crime? \_\_\_ Yes \_\_\_ No If yes, what, when and where? \_\_\_\_\_

**Expenses**

Present rent cost \$ \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ What utilities do you pay? \_\_\_\_\_

Average monthly utility cost: \$ \_\_\_\_\_ How long have you lived at your current residence? \_\_\_\_\_

Do you pay for childcare so you can work or attend school? \_\_\_ Yes \_\_\_ No If yes, monthly amount \$ \_\_\_\_\_

Name, address and phone number of provider \_\_\_\_\_

**Elderly & Disabled head of household only:** List any monthly healthcare costs including Medicare, supplemental health insurance, copays and any other out of pocket medical expenses not reimbursed to you: \_\_\_\_\_

**Racial or Ethnic Designation of Head of Household** This information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in the program. This information also helps determine the degree to which the program is utilized by minority families.

Caucasian \_\_\_\_\_ African American \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

**PREFERENCES (Please check if applicable)** Evidence of claimed Platteville/local preference must be submitted with your completed application to receive that preference. You must provide a current driver's license or state ID AND a current utility bill or lease.

Local (Currently Lives in Platteville) \_\_\_ Grant Co. Resident \_\_\_\_\_ Disabled \_\_\_ Elderly (62 or older) \_\_\_\_\_

Domestic Violence \_\_\_\_\_ Service Veteran \_\_\_\_\_ Homeless (not living with relatives) \_\_\_\_\_

Rent Burden (50% of your income for rent) \_\_\_ Involuntary Displacement \_\_\_ Work in Platteville \_\_\_\_\_

I/We do hereby swear and attest that all of the information above about me/us is true and correct. I also understand that any changes of address, phone number or household composition must be promptly reported to the Housing Authority.

\_\_\_\_\_  
**Signature of Head of Household & Date**

\_\_\_\_\_  
**Signature of Other Adult & Date**

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