



**Antigo Housing Authority**  
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Date: \_\_\_\_\_ Initials: \_\_\_\_\_

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

**OFFICE USE ONLY**

**ANTIGO/LANGLADE COUNTY HOUSING AUTHORITY**  
**APPLICATION FOR OCCUPANCY**

**Head of Household (Member #1):** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Maiden Name, Other Names Used, etc.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:**  Male  Female

**Race:**  White  Black/African  Hispanic  Native American  Asian  Prefer not to answer

**Student:**  Full Time  Part-time  Neither

**List all states you have resided in:** \_\_\_\_\_

**Spouse/Co-Head Name (Member #2):** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Maiden Name, Other Names Used, etc.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:**  Male  Female

**Race:**  White  Black/African  Hispanic  Native American  Asian  Prefer not to answer

**Student:**  Full Time  Part-time  Neither

**List all states you have resided in:** \_\_\_\_\_

**Current Address:**

\_\_\_\_\_  
 (Street) (City) (State) (Zip Code)  
**Mailing Address (if different):**

\_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

**Telephone Number:** \_\_\_\_\_ **Alternate Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact – Name and Phone Number:** \_\_\_\_\_



*"This institution is an equal opportunity provider and employer"*



**HOUSEHOLD INFORMATION:**

Please provide the following information for all individuals who will live in the apartment. List all adults (including yourself), and children under the age of 18. Indicate how they are related to the head of household and mark race of each household member.

(W) White      (B) Black/African      (H) Hispanic      (N) Native American      (A) Asian      (O) Other

<u>Name</u>	<u>SS#</u>	<u>DOB</u>	<u>Race</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of the above listed family members smoke?  Yes  No (All units at Park View, Station House and First Avenue are smoke free)

Is there any member of the household that you would consider to be a disabled individual?  Yes  No  
If so, who? \_\_\_\_\_

**DISABLED/HANDICAP INFORMATION**

Would any member of your household benefit from a wheelchair adapted/barrier free unit?  Yes  No

Tenants or Co-Tenants which meet the definition of disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. See information listed below which defines disabled or handicapped.

Do you feel that you qualify and would you like to request this adjustment to your income?  Yes  No

If yes, list physician's name: \_\_\_\_\_

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

**If you have indicated your desire to request this adjustment, we are required to obtain documentation from a physician confirming your qualification for this status. Failure to provide this information may result in the denial of these deductions.**

Do you currently have any pets?  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

**INCOME INFORMATION**

**List all income earned or received by all individuals who will be living in your household.**

This includes income from wages, self-employment, Social Security, disability payments (SSI), retirement or pensions, veterans benefits, W2, alimony, child support, workman's compensation, unemployment benefits, etc.

<u>Household Member</u>	<u>Source and Address</u>	<u>Number of hours worked/week</u> <u>Amount per hour/per month</u> <u>Monthly income amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Copies of SOCIAL SECURITY CARDS for all members of the household and DRIVERS LICENSE or STATE ID for all adult members of the household are required before your application can be processed.**

**CHILD SUPPORT**

Was child support ordered to be paid?  Yes  No

If receiving child support, please list name of person paying the support: \_\_\_\_\_

Child Support File Number: \_\_\_\_\_

Name and address of agency from which you receive child support: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Be sure to also list address above that child support is paid from. If receiving support directly from the payer, indicate their name/address. If receiving support through the Court, indicate County, Agency name/address.**

**IF YOU ARE CLAIMING ZERO INCOME**

Are you receiving help on a regular basis from someone not living in your household to help you pay rent, buy household and personal items, or pay any other bills? If so, complete the following:

NAME OF PERSON OR PERSONS HELPING YOU OUT FINANCIALLY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**ASSET INFORMATION - List All Information for Tenant, Spouse, Co-Tenant**

**Cash on Hand-List Amount on Hand at Present Time:** \$ \_\_\_\_\_  
(Include Cash on Hand in Safety Deposit Boxes, etc.)

**Checking Accounts**

Bank Name: \_\_\_\_\_ \$ \_\_\_\_\_  
(Approximate Balance in Account at Present Time)

Bank Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ \$ \_\_\_\_\_  
(Approximate Balance in Account at Present Time)

Bank Address: \_\_\_\_\_

**Saving Accounts**

Bank Name: \_\_\_\_\_ \$ \_\_\_\_\_  
(Approximate Balance in Account at Present Time)

Bank Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ \$ \_\_\_\_\_  
(Approximate Balance in Account at Present Time)

Bank Address: \_\_\_\_\_

**CD's or IRA's**

Bank Name: \_\_\_\_\_ \$ \_\_\_\_\_

**Stock and/or Bonds**

Type: \_\_\_\_\_ Number Owned: \_\_\_\_\_ Dividend Rate: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Type: \_\_\_\_\_ Number Owned: \_\_\_\_\_ Dividend Rate: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Real Estate Owned at Present Time or Sold Within the Last 2 Years**

\_\_\_\_\_ Market Value: \$ \_\_\_\_\_ Owed Against Property: \$ \_\_\_\_\_  
(Type of Property)

If sold within last 2 year period, list amount sold for: \$ \_\_\_\_\_

Is Property Owned Jointly?  Yes  No

If so, list name: \_\_\_\_\_

**Property Sold Under Land Contract**

Original amount of land contract: \$ \_\_\_\_\_

Outstanding balance at present time: \$ \_\_\_\_\_

Terms of Land Contract:

\$ \_\_\_\_\_ per month or \$ \_\_\_\_\_ per year Interest Rate \_\_\_\_\_%

**List All Other Assets Owned**

(Funeral Trusts with Revocable Interest, Whole Life Insurance Policies, 401K, Retirement Plan, Etc.)

Type: \_\_\_\_\_ Name of Bank: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_%

Type: \_\_\_\_\_ Name of Bank: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_%

**I/We certify that our combined net family assets (assets include bank accounts, whole life insurance policies, real estate, cash, etc., but not personal property) are equal to or less than \$5,000**

Yes  No

\*\*\*\*\*  
**MEDICAL EXPENSES**

**(To be completed for Elderly/Disabled/Handicapped households only)**

**If you or any member of your household is 62 years of age or older; handicapped; or disabled; AND if any household member pays for medications, medical/dental treatments, supplemental insurance premiums, or prescriptions which are not reimbursed, list information below:**

Name: \_\_\_\_\_

Medicare Premium \$ \_\_\_\_\_ Supplemental Insurance \$ \_\_\_\_\_

Prescriptions \$ \_\_\_\_\_ Dental/Chiropractic \$ \_\_\_\_\_ \$ \_\_\_\_\_

Eyeglasses/Hearing Aids \$ \_\_\_\_\_ \$ \_\_\_\_\_

Medical Bills / Payments \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**CHILD CARE EXPENSES**

List amount paid by family for the care of minor children under 13 years of age when such care is necessary to enable a family member to further education or to be gainfully employed.

\$ \_\_\_\_\_ Monthly Child Care Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CURRENT HOUSING EXPENSES**

Rent Monthly for rent: \$ \_\_\_\_\_ Monthly for utilities: \$ \_\_\_\_\_

Own Monthly payment: \$ \_\_\_\_\_ Monthly for utilities: \$ \_\_\_\_\_

Present Landlord: \_\_\_\_\_

Phone #: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Residency: From: \_\_\_\_\_

Are you responsible to pay utilities?  Yes  No

If yes, which utilities? \_\_\_\_\_

Are you currently delinquent with rent or utilities payments?  Yes  No

In process of eviction or utilities being disconnected?  Yes  No

**REFERENCES**

Previous Landlord: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Rental Unit Address: \_\_\_\_\_

Occupancy Dates: \_\_\_\_\_

Has any member of the household rented from the Antigo Housing Authority in the past:  Yes  No

Occupancy Dates: \_\_\_\_\_

Which apartment building? \_\_\_\_\_

Has any member of the household received any rental assistance in the past? (Section 8 Voucher, NEWCAP,

Rural Housing, rental assisted housing with any other Housing Authority)  Yes  No

**\*\*In the absence of landlord history, you must provide two professional letters of reference in order for your application to be complete. Examples of acceptable letters include those written from a current or former employer, agencies that you have a professional relationship with, organizations that you have volunteered with, etc). Letters from co-workers, family, or friends are unacceptable. The individual who signs the letter should provide their contact information.**

**HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CHARGED WITH ANY FELONIES?**  Yes  No

If so, who? \_\_\_\_\_

List dates, charges, city and state \_\_\_\_\_

**HAVE YOU OR ANY MEMBER OF THE HOUSEHOLD EVER BEEN CHARGED WITH ANY DRUG RELATED OR VIOLENT CRIMINAL ACTIVITY?**  Yes  No

If so, who? \_\_\_\_\_

List dates, charges, city and state \_\_\_\_\_

**IS ANY MEMBER OF THE HOUSEHOLD REQUIRED TO REGISTER AS A SEX OFFENDER?**  Yes  No

If so, who? \_\_\_\_\_

**DO YOU CURRENTLY OWE ANY CURRENT OR PREVIOUS LANDLORD FOR DAMAGES, UNPAID RENT OR UTILITY BILLS?**

Yes  No

If yes, Please explain: \_\_\_\_\_

**Is there any other information you would like to provide us with to help evaluate your application?**

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“The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation or marital or family status. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact USDA’s TARGET center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.”

**APPLICANT CERTIFICATION:**

- I understand that the above information is being collected to determine my eligibility and that the information provided will be verified and may be released to appropriate Federal, State or local agencies. I/we certify that the answers and information given on this application are true and complete to the best of my/our knowledge and belief and I/we authorize inquires to be made of pertinent third parties to verify our income and deductions. I/we understand that false statements or information are punishable by fine or imprisonment under Federal and State Law.
- In addition to verifying income, assets and other information, a criminal background check is conducted before any applicant is approved.
- I also certify that the unit applied for will be my household's permanent residence and I do not/will not maintain a separate subsidized rental unit in a different location.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse/Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #