

NAME: \_\_\_\_\_  
(Last Name, First Name, Head of Household only) Please Print

Your application will be verified for eligibility and your name placed on a waiting list based on date and time of application. The Antigo Housing Authority has a preference for individuals or families that live in Langlade County. You will be contacted when your name reaches the top of the list.

I am interested in having my name placed on a waiting list(s) for an apartment at the following complex(es):

**NEAR ELDERLY (50+)/DISABLED**

Park View.....☐ 1 Bedroom

**ELDERLY/DISABLED**

First Avenue.....☐ 1 Bedroom.....☐ 2 Bedroom

Station House.....☐ 1 Bedroom.....☐ 2 Bedroom

South Manor – White Lake.....☐ 1 Bedroom

**FAMILY UNITS / ELDERLY/DISABLED**

Hunting River Manor - Elcho.....☐ 1 Bedroom

Church Street - White Lake.....☐ 2 Bedroom

Lincoln Street.....☐ 2 Bedroom

Northside.....☐ 2 Bedroom.....☐ 3 Bedroom

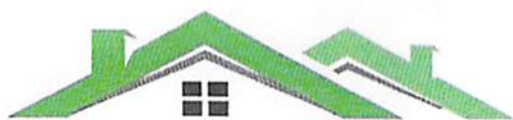
Springbrook Trace.....☐ 2 Bedroom

Depot Apartments.....☐ 1 Bedroom.....☐ 2 Bedroom

**RENTAL ASSISTANCE**

Section 8 Voucher.....☐ 1 Bedroom.....☐ 2 Bedroom.....☐ 3 Bedroom.....☐ 4 Bedroom

Signed: \_\_\_\_\_



## Antigo Housing Authority

535 Third Avenue, Antigo, WI 54409

Phone: (715) 623-5768 Fax: (715) 623-4468

TTY/TDD: 800-947-3529

Email: [house@antigohousingauthority.org](mailto:house@antigohousingauthority.org)

Website: [www.antigohousingauthority.org](http://www.antigohousingauthority.org)

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:** \_\_\_\_\_



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**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: \_\_\_\_\_

Start Date of This Residency: \_\_\_\_\_

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 #**

## **AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I/we hereby authorize Antigo Housing Authority to obtain information it deems necessary in the processing of my application or continuing occupancy, including credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, utility payment and consumption information, and any other relevant information for purposes of determining my eligibility for participation or continuing eligibility in the following affordable housing programs: Tax Credit Programs, HUD Housing – Section 8, and Rural Development programs; and release Antigo Housing Authority, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

I understand that the Antigo Housing Authority will deny admission and or assistance to my family because of drug-related, habitual and or violent criminal activity by any member of my family. I understand that the Housing Authority will check state and local law enforcement records to obtain this information. Furthermore, I understand that if anyone in my family is registered as a lifetime sex offender, my family will be denied admission/assistance for housing.

Additionally, I understand that if a prospective landlord makes a written request to the Antigo Housing Authority for information relevant to my rental history or my ability to comply with material standard lease terms, or any history of drug trafficking, the Housing Authority is authorized to release this information to the landlord.

This consent to disclose of confidential information may be revoked by me at any time. If, at any time, I revoke my consent, I understand that the information already released with my consent may continue to be used to complete actions already initiated.

Signature of Applicant/Tenant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature of Spouse/Co-Applicant/Tenant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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



## DISPOSED ASSET VERIFICATION

This will certify that I/we have \_\_\_\_\_ or have not \_\_\_\_\_ disposed of any assets for less than the fair market value during the two (2) years preceding the date of this certification.

(Please place an "X" in the appropriate blank above.)

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant/Tenant

\_\_\_\_\_  
Date

If the answer is YES, please complete the following:

Date assets were disposed of: \_\_\_\_\_

Amount received for assets: \_\_\_\_\_

Fair market value of assets \_\_\_\_\_

At the time of disposition: \_\_\_\_\_



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to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

**Antigo Housing Authority  
Lori A Seis, Executive Director  
535 Third Avenue  
Antigo, WI 54409**

[illegible]

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



## Social Security and SSI Administration Verifications

The Social Security Administration office no longer allows us to verify your Federal Social Security or SSI.

Therefore, you must provide us with a copy of your most recent Benefit Statement from them showing what your monthly benefit is for the current year.

If you do not have this Benefit Statement, you may contact them to request a Proof of Income letter. You may call them toll-free at 1-855-269-9186 (Wausau Office) or 1-800-772-1213. At the main menu, when asked for the reason you are calling, say "Proof of Income", when asked again what you are requesting say "Proof of Income". From there follow their prompts to request this letter.

Instead, you may create a *my* Social Security account on their website, [www.socialsecurity.gov](http://www.socialsecurity.gov), to view and print this information. However, to do so, **you must be able to verify some information about yourself and:**

- Have a valid E-mail address,
- Have a Social Security number,
- Have a U.S. mailing address, and
- Be at least 18 years of age.

If you wish to access your information through their website, you sign on to their homepage, [www.socialsecurity.gov](http://www.socialsecurity.gov), click on "my social security", and then "create an account" on the next page, "create new account" and then agree to the terms of service listed and hit "next". From there complete the information requested and continue to hit the next button to complete the registration process.

You may then sign in to the account you just created and print out your benefit statement showing your current monthly benefit.

Once you receive this information, please provide it to our office as soon as possible as we cannot continue with your paperwork or renew your lease until we receive it. Thank you.



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# The Fastest Way to Verify Social Security and Supplemental Security Income Benefits

*Information for Advocates, Social Service Agencies, and Other Third Parties*

At some point your clients may need proof of their Social Security benefits or Supplemental Security Income (SSI) payments when applying for a loan, mortgage, housing assistance, or other state or local benefits. Let them know that the easiest way to get a benefit verification letter is online with a *my* Social Security account.

You can serve your clients faster because they no longer have to wait for a letter to come in the mail. They can get the letter online, even from a computer in your office.

With a personal *my* Social Security account, your clients who receive benefits can easily view, print, or save an official letter that includes proof of their:

- Income.
- Current Medicare health insurance coverage.
- Retirement status.
- Disability.
- Age.

We are asking agencies and other organizations to assist our mutual customers by sending clients to [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). The fact sheet, *How to Create an Online Account* (Publication No. 05-10540), provides step-by-step instructions to help your clients create their personal account.

Your clients may also continue to call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**) to request a letter by mail.

## *my* Social Security

**YOUR ONLINE ACCOUNT ... YOUR CONTROL ...**

**[www.ssa.gov/myaccount](http://www.ssa.gov/myaccount)**





# 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.)

## Ask Questions

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](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410