



Dear Applicant:

A COMPLETE APPLICATION is the key to being considered for residency at Meadowbrook Manor. Documentation to verify your information is a HUD requirement. Your application CANNOT be processed if you do not provide us with the documentation required and requested.

COMPLETE means:

Fill-in, sign, date & return:

1. The entire application.
2. The Supplemental and Optional Contact Information 92006 form.
3. A copy of your birth certificate or valid US passport.
4. A copy of your social security card.
5. A copy of your government-issued picture ID.
6. A copy of income verification (i.e. Social Security awards letter, pay stubs, etc.)

This information and documentation must be completed for ALL persons being listed on the application. An application can be rejected solely based on the fact that it is not complete.

PLEASE NOTE: Meadowbrook Manor is a completely smoke-free campus.

Sincerely,

Barb Herrman

Barb Herrman
Executive Director



**~MEADOWBROOK MANOR~
~ APPLICATION FOR OCCUPANCY ~**



**WARNING: PLEASE FILL OUT COMPLETELY. WRITE CLEARLY.
THIS APPLICATION MAY BE REFUSED OR REJECTED SOLELY BECAUSE IT IS NOT COMPLETE AND/OR LEGIBLE,
OR, IF ANY INFORMATION PROVIDED IS FOUND TO BE FALSE OR MISLEADING.**

**WHEN FILLING OUT THIS APPLICATION FOR ASSISTED HOUSING FROM HUD, MAKE SURE YOUR ANSWERS ARE
ACCURATE AND HONEST. YOU ARE COMMITTING FRAUD IF YOU SIGN A FORM KNOWING THAT YOU PROVIDED
FALSE OR MISLEADING INFORMATION.**

**THIS ORIGINAL APPLICATION MUST BE RETURNED COMPLETED AND WITH ALL NECESSARY THIRD PARTY
VERIFICATION TO BE CONSIDERED FOR OUR WAITING LIST.**

PLEASE NOTE: MEADOWBROOK MANOR IS A COMPLETELY SMOKE FREE CAMPUS.

All applicants in a household will be processed as one approval or denial for an apartment. If one of the applicants has a negative rental history, negative credit history, or negative criminal history, the application may be denied.

Addition of persons to a household after an application has been approved, or an offer for housing made, may result in the entire application, or offer for housing being denied/rejected.

You have the right to request reasonable accommodations to complete this Application for Occupancy if you have a disability.

PROJECT NAME MEADOWBROOK MANOR **PROJECT APPLYING FOR:** I / II / EITHER **DATE** _____

APPLICANT/CO APPLICANT _____

PREVIOUS NAME(S) USED _____

CONTACT NUMBER _____ **EMAIL ADDRESS** _____

PETS TO CONSIDER TRANSFERRING _____ **ASSISTIVE ANIMALS OWNED** _____

A. APPLICANT AND FAMILY INFORMATION (List ALL household members who will live in the apartment)

NAME	RELATIONSHIP	DOB	SSN	STUDENT (Y/N)
	HEAD			

Will a live-in attendant be a household member? _____ Yes _____ No If yes, please note above.

Do you have a mobility impairment that would necessitate the features of a fully accessible/barrier free unit? _____ Yes _____ No
(Please note, this may need to be verified by a doctor/physician.)

Where did you hear about us? Newspaper Ad; Friend; Relative; Agency _____; Other _____

B. CITIZENSHIP/ELIGIBILITY FOR FEDERAL BENEFIT INFORMATION

Is EVERY member of your household a citizen of the United States or a non-citizen with eligible immigration status? _____ Yes _____ No

C. RESIDENCE HISTORY

(Please provide **Complete Addresses** including **Zip Codes** for all places you have lived in the previous five (5) years.
(Attach a separate sheet if necessary.)

Present Address: _____ How Long: _____

Present Landlord Name: _____ Phone: _____

Previous Address: _____ How Long: _____

Previous Landlord Name: _____ Phone: _____

Have you ever been evicted from conventional or subsidized housing? _____ Yes _____ No

Have you ever had an eviction initiated against you? _____ Yes _____ No

If yes, please explain: _____

Has there even been a determination of (i) bed bug or (ii) other pest (e.g., roach) infestation at the residence
you now reside or once lived? _____ Yes _____ No

D. INCOME INFORMATION

List sources of Income for ALL household members – Indicate type using abbreviation(s) below:

E = Employment / OP = Other Pension / SS = Soc. Sec. / SSI = Fed or State SSI / CS = Child Support / U = Unemployment Benefit /
W2 = Provide W2 Agency Name & Caseworker Telephone

Family Member Name	Source of Income	Annual Amount
Employer:	Telephone:	
Address:		

E. CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION

This facility will automatically reject the applicant for occupancy of any household that does not provide complete and accurate information in this section and/or does not consent to a background check related to criminal or sex offender activity.

Has any member of the applicant household been evicted from a federally assisted site for drug-related criminal activity within the past ten (10) years? _____ Yes _____ No

Has any member of the applicant household been convicted of a sex-related criminal act at any time regardless of whether or not they are subject to lifetime registry requirements? _____ Yes _____ No

Has any member of the applicant household been convicted of any drug-related crime within the past ten (10) years? _____ Yes _____ No

Has any member of the applicant household been convicted of a felony or Class A misdemeanor within the past ten (10) years? _____ Yes _____ No

F. CHARACTER REFERENCES

1) Name: _____ Address: _____ Phone: _____

2) Name: _____ Address: _____ Phone: _____

Supplemental Housing Need Questions:

1. Are you currently homeless or about to be homeless? If yes, please explain why:
2. If your application is accepted, what date do you hope to move in? Please explain.
3. Do you anticipate a change in household members?
4. Do you currently live in subsidized housing or have a Section 8 Housing Choice Voucher? If yes, provide details.
5. List all states in which you have lived:

Certification:

Please be sure you understand the following statements. You are giving permission to the West Bend Housing Authority and/or its agent, to check your background and to verify all the information you have provided on this application. If you need further explanation, please call the West Bend Housing Authority at 262-338-0771 for assistance before you sign and date this application.

I/We, the undersigned, understand this is an application for tenancy consideration and not a binding contract. The above information is full, true and complete to the best of my knowledge. I/We have no objection to inquiries that will be made for the purpose of verifying the statements I/we have made. I/We understand that Meadowbrook Manor is not an assisted living facility or a nursing home.

I/We further agree to abide by those Rules and Regulations of the West Bend Housing Authority, of the City of West Bend, relating to the Admissions Qualifications. The Rules and Regulations are on file in the office of the West Bend Housing Authority and will be made available upon my/our request for a copy.

I/We certify that, if selected to receive assistance, the unit I/We occupy will be my/our residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)

Supplemental and Optional 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.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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.			

☐ Check this box if you choose not to provide the contact information.

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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.