



HOUSING AUTHORITY OF CUMBERLAND



1295 6TH AVENUE • CUMBERLAND, WI 54829 • (715) 822-2005 • FAX: (715) 822-8324 • hacumberland.com

Dear Applicant,

Enclosed is the application for housing that you requested. The application covers all Housing Authority of Cumberland properties. Please be sure to indicate which site(s) that you are interested in on the first page of the application. Also, we cannot process your application unless all highlighted areas are signed.

If you should have any questions while completing the application, please feel free to call us at 715-822-2005, we are happy to assist you.

Once you have completed the application, you may mail, email or fax it back to our office.

- MAIL: Housing Authority of Cumberland, 1295 6th Avenue, Cumberland, WI 54829
- FAX: 715-822-8324
- EMAIL: info@hacumberland.com

You are also welcome to drop your application off at our office, located at 1295 6th Avenue, Cumberland, WI (the back side of Lakeview Apartments). If office staff is not available, please drop your application in the black drop box inside the entry.

Applications generally take 2-8 days to process once we receive them. If your application is approved, your name will be placed on the waiting list(s) for the properties that you have selected. If your application is not approved, you will be notified by mail within 10 days of the date that we received your application.

Thank you for your interest in housing with the Housing Authority of Cumberland.

Sincerely,

Lisa Janssen
Executive Director



HOUSING AUTHORITY OF CUMBERLAND



1295 6TH AVENUE • CUMBERLAND, WI 54829 • (715) 822-2005 • FAX: (715) 822-8324 • info@hacumberland.com

This institution is an Equal Opportunity Provider & Employer

Application for Occupancy

****OFFICE USE ONLY****	
Received	
CCAP	
DOC/SO	

Please select the property location(s) of interest below:

- ☐ **Island City Apartments:** 1-bedroom apartments at 1080 3rd Ave. for persons 62+ or who have a disability
- ☐ **Lakeview Apartments:** 1-bedroom apartments at 1295 6th Ave.
- ☐ **Island City Family Duplexes:** 2 and 3-bedroom duplexes on Frontage Rd. and Nedvidek St. for families with dependent children in the household (number of family members determines eligible unit size)

1) Applicant/ Head of Household Information:

Name (First, Middle, Last) _____ Telephone _____

Address _____
(Street) (City) (State) (Zip Code)

Date of Birth _____ Social Security No. _____ Gender M / F Hispanic Yes / No
(Optional)

Race _____ (1. American Indian/Alaska Native, 2. Asian, 3. Black/African American, 4. Native Hawaiian/Pacific Islander, 5. White)

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. 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.

All Other Household Members: List the names of all household members. Social Security numbers are required. You must have 50% or more physical placement of minor children to claim them.

Household Member's Name (First, Middle, Last)	Relation to Head of Household	Date of Birth	Social Security No.	Gender M/F (Optional)
2)				
3)				
4)				
5)				
6)				

Landlord Reference: Please provide information on your last three landlords.

Landlord and Company Name	Landlord Contact Information (phone #, address)

Personal Reference: Please provide information for non-related personal references that you have known for at least 1 year.

Name	Contact information

Household Income: Please list all sources and gross (before deductions) amounts of your household income. Employment, Social Security, SSI, pensions, child support, W-2, etc. Household income must not exceed the HUD-established low-income limits for Barron County (revised annually).

Household Member Name	Source of Income	Amount Received a Year
		\$
		\$
		\$
		\$

Household Assets: (bank accounts, real estate, property, investments, IRA or 401K, life insurance policies, etc.)

Type of Asset	Bank Name/Location	Cash Value
		\$
		\$
		\$
		\$

Please answer all of the following questions: Attach additional sheets if necessary.

1. Have you or any other members of your anticipated household ever engaged in any drug-related criminal or violent activity?	Yes	No
2. Have you or any other members of your anticipated household ever been convicted of a felony crime?	Yes	No
3. Are you or any other members of your anticipated household lifetime sex offender registrants?	Yes	No
4. Have you been evicted? If yes, by whom? _____ Date _____ Why? _____	Yes	No
5. Have you or any other adult household member ever lived in any state other than Wisconsin? If yes, which member, list each state, and when?	Yes	No

6. Are all household members U.S. Citizens or Legal Immigrants? If no, please name members who are not U.S. Citizens or Legal Immigrants:	Yes	No
7. Have you or any other adult members ever used any name(s) (include maiden name) or Social Security number(s) other than the one you are currently using? If yes, please explain	Yes	No
8. Are you currently working with any service agencies? If yes, please list the name of the service agency and the contact information, including telephone number.	Yes	No
9. Are you currently or planning on enrolling at an institution of higher education?	Yes	No
10. Do you own a home or other real estate?	Yes	No
11. Have you sold or disposed of any assets for less than fair market value in the past two years?	Yes	No
12. Persons who meet the definition of disabled or handicapped qualify for a \$400 deduction from their annual income when determining rent contributions and other deductions. If you request this adjustment, we will need sufficient documentation to confirm your qualification status. Please check yes if you believe you qualify for a disability deduction.	Yes	No
13. Does anyone in the household require a unit with wheelchair accessibility?	Yes	No
14. Have any childcare expenses been paid by the household for the care of minor child(ren) under 13 years of age when such care is necessary to enable a family member to further education or to be gainfully employed? If yes, please list an annual amount. \$ _____	Yes	No
15. For households with persons who are over the age of 62, disabled, or handicapped, were there any medical expenses paid by you in the past twelve months? (med. insurance prem., prescriptions, dental, eyeglasses, hearing aids/batteries, etc.) If yes, list amount \$ _____	Yes	No
16. Do you have any pets? If yes, please give a description.	Yes	No
17. Do you certify that this unit will be your permanent residence and that you do not/will not maintain a separate subsidized unit in a different location?	Yes	No

I/We certify that the information given to the Housing Authority of Cumberland on the household composition, income, net family assets, allowances, and deductions is accurate and complete. I/We also understand that false statements or information are punishable under state and Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Your signature on this application authorizes the owner/manager of the project in which you are applying for occupancy to contact your prior landlords for information regarding your prior tenancies, to check personal references, and to obtain credit, employment, court, and police records.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

If the application is deemed eligible, your name will be placed on the appropriate waiting list in the order your application was received. A final eligibility determination will be made when the applicant is selected from the waiting list. If an applicant is found ineligible, a letter of explanation will be mailed within one week. If you have any changes to your application (change of address, phone number, household, etc.), please make sure you report them to our office.

Statement Required by the Privacy Act: USDA/Rural Development is authorized by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.), to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that it is unlawful to deny eligibility because of the refusal to disclose the Social Security Account number.

The principal purposes for collecting the requested information are to determine eligibility for occupancy and to determine the amount of tenant rent contribution. The information collected on this form may be released to appropriate federal, state, and local agencies when relevant to civil, criminal, or regulatory proceedings.

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;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ 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.

--	--

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.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

LANDLORD REFERENCE

IMPORTANT! PLEASE READ!

****This form is to be sent to the landlord by Cumberland Housing Authority. Please **DO NOT** fill out or give to the landlord. Only complete the highlighted information inside the box. ****

TO: _____

DATE: _____

FOR: _____

Return To: Cumberland Housing Authority
1295 6th Avenue
Cumberland, WI 54829
Phone: 715-822-2005 **Fax:** 715-822-8324

I hereby authorize the Housing Authority of Cumberland to obtain the following information relating to my tenancy. I authorize any previous landlords or their representatives to answer the following questions and provide other relevant information relating to that tenancy.

Print Name: _____ Signature: _____

Date: _____ Check this box if no previous landlords ☐

Are you a relative or friend of the tenant? Yes _____ No _____

Please describe relationship: Current landlord _____ Previous Landlord _____ Other _____

Date of Tenancy: From _____ To _____

Monthly rent amount \$ _____ Was the tenant ever late with rent? _____

If so, how late? _____ How often? _____

Did you evict the tenant? _____ If so, why? _____

(Were/will) deductions be withheld from security deposit? _____

Were there any lease violations during tenancy? (unauthorized guests, housekeeping problems, damages, noise, etc.?) _____ If yes, please explain _____

Would you rent to the tenant again? _____ If no, please explain _____

Any additional comments: _____

Printed Name: _____

Signed: _____

Title: _____

Date: _____

Phone Number: _____

(MAIL OR FAX RESPONSE. THANK YOU!)