

SUPERIOR HOUSING AUTHORITY
 1219 NORTH 8TH STREET, PO Box 458 SUPERIOR, WI 54880
 PRELIMINARY APPLICATION FOR HOUSING CHOICE VOUCHER PROGRAM
 (Please use the back of the form to list any additional information, if necessary.)

A. HOUSEHOLD COMPOSITION: Please complete the following information for each person residing in your household.

FULL NAME	SOC SEC NUMBER	DATE OF BIRTH	GENDER	RELATIONSHIP TO HEAD	RACE	HISPANIC (Y/N)	PLACE OF BIRTH
1.							
2.							
3.							
4.							
5.							
6.							
7.							

B. HOUSEHOLD INCOME: Please list ALL sources and amounts of your household income (i.e. Social Security, SSI, Employment, Pensions, Child Support, W-2, etc.)

FAMILY MEMBER	SOURCE OF INCOME	GROSS AMOUNT PER WEEK/MONTH
		\$ PER
		\$ PER
		\$ PER
		\$ PER

C. HOUSEHOLD ASSETS: Please list ALL household member's assets (i.e., bank accounts, real estate, stocks, bonds, retirement or pension funds, IRA or 401K account, life insurance policies, etc.)

TYPE OF ASSET	ACCOUNT NUMBER	CASH VALUE	LOCATION OF ASSET	INTEREST RATE AND OR DIVIDENDS EARNED

D. TENANT SUITABILITY

1. Have you or any member of your household applying today ever received rental assistance through a government agency such as, but not limited to, public housing, Housing Choice Voucher, Section 8, WHEDA, HOME, HUD, or any other private subsidy units, etc.? YES NO
2. Have you or any member of your household applying today, ever applied with the Superior Housing Authority BEFORE today? YES NO
3. Do you currently owe a balance to Superior Housing Authority? YES NO
4. Do you currently owe a balance to any housing authority?
If yes, which housing authority and address: _____ YES NO
5. Has any member of your household EVER been convicted of ANY crime other than a traffic violation? YES NO
 - a. If yes, explain which family member and what the conviction was for: _____
 - b. What is the date(s) of conviction(s)? _____
 - c. In what state, county and city was the conviction(s)? _____
 - d. Is any member of your household currently on probation? YES NO
If yes, please list the name of the probation officer _____
6. In selecting eligible applicants, the Housing Authority will give preference to those applicants who meet specific criteria. Those applicants who respond yes to the question below will be given consideration for a preference. **Documented proof MUST be received in order to grant a preference.**
Are you being or have you been displaced from your home due to domestic violence? YES NO
7. Are you or any member of your household subject to a lifetime state sex offender registration program in any state? (Failure to respond to the question may jeopardize the approval of the application.) YES NO

I certify that information listed on this document, in its entirety, is true and complete to the best of my knowledge and belief. I further understand that false information or entry on this document may result in denial of application and/or termination of tenancy and/or assistance.

Head of Household's Signature _____ Address _____ Phone Number _____ Date _____

Other Adult Household Member's Signature _____ Date _____

OFFICE USE ONLY

Date Application Received _____ Time _____