SUPERIOR HOUSING AUTHORITY
1219 NORTH 8TH STREET, PO Box 458, SUPERIOR, WI 54880
PRELIMINARY APPLICATION FOR PUBLIC HOUSING
(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.							

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

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, 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? **YES NO**
   If yes, which housing authority and address: _____

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. SHA has mobility, visual and hearing impaired designed accessible units. As a result of a household member's disability, are you requesting any reasonable accommodations be made (such as a wheelchair accessible unit, etc.)? **YES NO**
   If so, what type of accommodation and for which member? _____

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**_____