

Tomah Public Housing Authority
 City Hall Annex – 107 E Milwaukee St, Tomah WI 54660
Mailing Address: 819 Superior Avenue, Tomah, WI 54660
 Tel (608) 374-7455, Fax (608) 374-7458, e-mail tomahpha@tomahwi.gov

TOMAH MANOR APARTMENT APPLICATION: This form must be filled out completely. If something does not apply to you mark the space with NA. Submit completed application and provide each household member's social security card and if issued all applicable driver license(s) to the address listed above. All adult household members must sign below certifying the information pertaining to them. Accommodation to address the needs of disabled individuals may be requested by contacting Tomah Public Housing Authority office. If additional space is needed, submit information on a separate sheet of paper. If you have any questions contact our office at (608) 374-7455 or via e-mail at tomahpha@tomahwi.gov (rev 01/2024)

PLEASE PRINT

Head of Household Name:		e-mail Address:	
Current Street Address:		City:	State: Zip:
Home Phone Number:		Alternate Phone Number:	
Mailing Address if different than street address:			
Emergency contact: Name:		Phone:	Relationship:

I. HOUSEHOLD List ALL persons who will be living in your household. List Head of Household first.

Legal Name of each household member	Date of Birth	Sex M or F	Relationship to Head of Household	Social Security Number	Race	Optional Disabled
			Head of Household			Yes or No
						Yes or No

II. INCOME: List ALL household income below:

A. Employment, Unemployment & Self Employment Income

Family Member	Name of Employer or UC Agency	Address				Self Employed Business Type	Gross Monthly Income
		Street	City	St	Zip		

B. Pension, Social Security (SS) & SSI Income Include income from SSIE, PASS and other SS programs.

Family Member	Monthly SS, SSD	Monthly SSI, SSIE, PASS	Monthly Pension/ Annuity withdraw	Pension Received From/Address			
				Street	City	St	Zip

III. ADDRESS & RENTAL HISTORY: Provide information on where household members have lived in the past 5 years, this may include landlords, family and/or friends.

Present Landlord Phone Number	Present Landlord Name & Address	Address of Present Rental Unit	Monthly Rent	How long did you reside in this unit?
			\$	
Prior Landlord Phone Number	Prior Landlord Name & Address	Address of Prior Rental Unit	Monthly Rent	How long did you reside in this unit?
			\$	
Prior Landlord Phone Number	Prior Landlord Name & Address	Address of Prior Rental Unit	Monthly Rent	How long did you reside in this unit?
			\$	

IV. PERSONAL REFERENCES

List three (3) references that are not relatives/family members

Reference Name	Address	City	St	Zip	Home Phone #	Cell or Work #

V. GENERAL INFORMATION

Yes No Optional – Do you require a handicapped accessible unit?
If yes what features do you require: _____

Yes No Has any adult household member ever used a name or Social Security Number(s) other than the one listed (i.e. maiden name)? If yes, provide other SSN and/or Names and explain why they were used.

Yes No Has any household member been convicted of a crime other than minor traffic violations?
If yes, list all convictions including Driving Under the Influence (DUI or DWI) and list status of probation/parole. _____

Yes No Is any household member a lifetime registered sex offender?
If yes, please explain _____

Yes No Do/Have you or any other member of your household owe money, been evicted or had you're a lease terminated by this Housing Authority or any other Landlord?
If yes, please explain. _____

VI. RESIDENT SELECTION AGREEMENT & INFORMATION

I understand that my housing application will be verified based on the procedures established by this Housing Agency and I understand that my application may be denied/rejected for any one or any combination of the reasons listed below:

1. Unverifiable current and/or past rental history
2. Unacceptable current and/or past rental history
3. Owing money for current and/or past housing rentals
4. Failure to provide requested rental history or proof of residence
5. Unacceptable credit history
6. Have a recent history of criminal activity involving crimes to persons and/or property
7. Has been evicted from assisted housing within three (3) years of the projected date of admission because of drug-related criminal activity
8. Applicant is determined to be using illegally a controlled substance
9. There is reasonable cause to believe an applicant illegally uses a controlled substances or abuses alcohol in a way that may interfere with the health safety or right to peaceful enjoyment of the premises by other residents
10. Applicant has been convicted of any drug-related criminal activity
11. Failure to disclose requested information on the application
12. Providing false or misleading information on the application
13. Failure to provide requested information within in ten (10) business days of written request
14. Failure to provide required documentation of Social Security Number for each household member

I/We do hereby swear and attest that all the information above about me/us is true, complete and correct. I/We also understand that any change in household members or household income can affect my/our eligibility. I/We understand that it is my/our responsibility to report changes in writing.

Head of Household _____ Date _____

Spouse or Other Adult _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Further, Wisconsin law and municipal codes also provide for prosecution of such behavior.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

V. CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Tomah Public Housing Authority, Tomah, Wisconsin any information or materials needed to complete verifications for Rental Rehabilitation, Community Block Grant, Low Income Public Housing, or Section 8 Rent Assistance, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Dept. of Housing and Urban Development (HUD) in administrating and enforcing program rules and policies.

VI. INFORMATION COVERED

I understand that based on program policies and requirements all household members' previous or current information may be needed to determine program eligibility. Inquiries and verifications that may be requested, include but are not limited to:

Identity	Employment, Income & Assets
Verification of Marital Status	Medical and/or Childcare Expenses
Residences and Rental Activity	Criminal Activity
Credit History	

VII. GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the information includes but are not limited to:

Current and/or Previous Landlords	Veterans Administration
Public Housing Agencies	Retirement Systems
Human Services/Welfare Agencies	State Unemployment Agencies
Clerk of Courts	Schools and Colleges
Banks and other Financial Institutions	Credit Providers & Credit Bureaus
Social Security Administration	Medical and Childcare Providers
Law Enforcement Agencies	Support and/or Alimony Providers/Agencies
Utility Companies	Current and/or Previous Employers
U.S. Postal Service	

VIII. CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for fifteen (15) months from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household _____ Date _____
(signature)

Spouse or Other Adult _____ Date _____
(signature)

Spouse or Other Adult _____ Date _____
(signature)