

**GREEN BAY HOUSING AUTHORITY
MASON MANOR RETIREMENT COMMUNITY
PRELIMINARY APPLICATION**

ALL QUESTIONS MUST BE ANSWERED.

DATE: _____

1. List all persons who will move-in to Mason Manor starting with the Head of Household:

Last Name	First Name	M.I.	Birthdate	Age	Sex	Social Security#

2. Present Address

Street No. Street Name _____ Apt. No. _____

City _____ State _____ Zip Code _____

3. Phone Number: Day _____ Evening _____

4. Monthly Amount Now Paid for Rent and Utilities: _____

Are you a Brown County Resident? Yes No

Have you been involuntarily displaced? Yes No

If yes, please explain displacement:

Please let us know how you heard about Mason Manor:

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Open House |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Resident |
| | <input type="checkbox"/> Other _____ |

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Applicant Name _____ Date _____

**GREEN BAY HOUSING AUTHORITY
MASON MANOR RETIREMENT COMMUNITY
PRELIMINARY APPLICATION**

REFERENCES FOR:

APPLICANT'S NAME

PLEASE LIST REFERENCES FROM PAST TWO RESIDENCES, LANDLORDS:

1. LANDLORD'S NAME: _____
ADDRESS: _____
PHONE: _____
ADDRESS OF RESIDENCE: _____
DATE FROM: _____ DATE TO: _____

2. LANDLORD'S NAME: _____
ADDRESS: _____
PHONE: _____
ADDRESS OF RESIDENCE: _____
DATE FROM: _____ DATE TO: _____

PLEASE LIST TWO CHARACTER REFERENCES, NON-RELATIVES:

1. NAME: _____
ADDRESS: _____
DAY PHONE: _____ EVENING PHONE: _____
HOW LONG HAVE YOU KNOWN THIS INDIVIDUAL: _____

2. NAME: _____
ADDRESS: _____
DAY PHONE: _____ EVENING PHONE: _____
HOW LONG HAVE YOU KNOWN THIS INDIVIDUAL: _____

COMMENTS: _____

PLEASE LIST NAME AND ADDRESS OF NEAREST RELATIVE OR FRIEND IN GREEN BAY:

1. NAME: _____
ADDRESS: _____
DAY PHONE: _____ EVENING PHONE: _____

HOUSING AUTHORITY OF THE CITY OF GREEN BAY
Mason Manor, 1424 Admiral Court
Green Bay, Wisconsin 54303

ASSET AND INCOME ELIGIBILITY CERTIFICATION

List all financial and property assets owned, held, or owed to you by others:

	<u>Amount</u>	<u>Bank Name & Account Number</u>	<u>Date</u>
1 Cash	_____	_____	_____
2 Checking Accounts	a. _____	_____	_____
	b. _____	_____	_____
3 Savings Accounts	a. _____	_____	_____
	b. _____	_____	_____
4 Certificates of Deposits	_____	_____	_____
5 U.S. Savings Bonds	_____	_____	_____
6 Other Bonds	_____	_____	_____
7 Trust Accounts	_____	_____	_____
8 Land Contracts	_____	_____	_____
9 Mortgages/Loans	_____	_____	_____
10 Stock Holdings	_____	_____	_____
11 Mutual Fund Holdings	_____	_____	_____
12 Real Estate	_____	_____	_____
13 Cash Value/Insurance Pol.	_____	_____	_____
14 Safety Deposit Box Value	_____	_____	_____
15 Other	a. _____	_____	_____
	b. _____	_____	_____
16 Burial Trust	_____	_____	_____
17 Do you carry any Supplemental Health Insurance? If so, state name of company and amount paid per year _____			
18 Do you pay for any prescription drugs out of your own pocket? If so, amount paid per year _____			

List all income, from all sources:

- 1 Social Security _____
- 2 SSI _____
- 3 Retirement Pension
 - a. _____
 - b. _____
 - c. _____
- 4 Railroad Retirement _____
- 5 VA Pension _____
- 6 Interest on Accounts
 - a. _____
 - b. _____
 - c. _____
- 7 Home Care Assistance _____
- 8 Present Employment
 - a. _____
 - b. _____
- 9 Other
 - Rental Income
 - a. _____
 - b. _____
 - Unemployment
 - c. _____

I hereby certify to the best of my knowledge, under penalty of law, that the above stated information is true and correct and is a total listing of my personal financial assets and income as of this date _____.

I further certify that I have not assigned, conveyed, transferred or otherwise disposed of property or assets within the past two years without fair consideration in order to meet the established limitations.

(Signature)

Witnessed: _____
Date: _____

Authorization for the Release of Information/ Privacy Act Notice

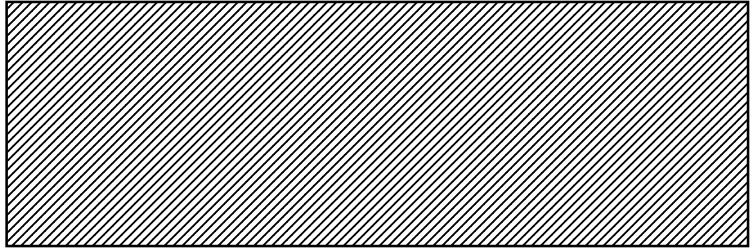
U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Green Bay Housing Authority
100 North Jefferson Street, Room 608
Green Bay, WI 54301-5026



Contact Person: Anne Monday Date:

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**GREEN BAY HOUSING AUTHORITY
MASON MANOR RETIREMENT COMMUNITY
INFORMED CONSENT AUTHORIZATION**

The Department of Housing and Urban Development (HUD) requires that each applicant for housing assistance or participant of any housing program administered by the Green Bay Housing Authority submit documentation to verify financial information, Social Security numbers, health and medical records, social service records, previous tenant records, and other information related to the Admission and Occupancy Policies of the Housing Authority. The failure of any person to make the required disclosure and verification constitutes grounds for denial of eligibility, or termination of assistance or tenancy (or both), under the program involved.

CFR Rev. April 1, 1989, Sec. 812.1-812.4, Sec. 813.101-813.110, Sec. 913.101-.110, Sec. 960.201.21 1; FR Vol. 54, No. 186, Sept. 27, 1989; FR Vol. 54, No.212 Nov. 3, 1989.

I hereby authorize the release of information to the Green Bay Housing Authority in regard to my income, employment, assets, public assistance, social security, utility payments including current standing, health and medical records, and any other financial information relevant to program regulations. I also authorize the release of information in regard to my police records, court records, former tenant records, Social Security records including Social Security number, employee income information from employers and wage and claim information from a State Wage Information Collection Agency (SWICA), and related information necessary to meet the Eligibility and Continued Occupancy Policies of the Housing Authority.

This consent form expires twelve (12) months from the date of signature.

Signatures:

Head of Household

Date

Other Family Member over age 18

Date

Social Security Number for Head of Household

Other Family Member over age 18

Date

Spouse

Date

Notes: Each family member who is 18 years and older must complete this form.
A photocopy of this authorization is as valid as the original.