

Application for Voucher Program

Return to: Community Development Authority
601 South Cedar Avenue
Marshfield, WI 54449
Phone: 715/387-0528

Application _____
Date Returned: _____
APPLICANT: _____
ADDRESS: _____

Phone Number: _____

Return application with 2 letters of
recommendation (employers, landlords, etc.)

PERSONS WHO WILL MOVE INTO HOUSING UNIT:

Names	Relation to Head of Household	Date of Birth	Place of Birth	Sex
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

SS#	Medicare #	Citizen Yes/No	Race	Hispanic Non/Hispanic
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Members of Household who are disabled:

Names _____

CURRENT LIVING ARRANGEMENTS:

_____ Renting _____ Own _____ Home _____ Other

How much do you pay in monthly rent \$ _____ Utilities \$ _____

COMMENTS: _____

YEARLY INCOME from all sources including SS, SSI, Pensions, Retirement, Interest, Dividends, Annuities, IRS's Child Support and Income from Employment:

FAMILY MEMBER	SOURCE	YEARLY AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL YEARLY GROSS INCOME \$ _____

ASSETS (Estimated Value)

Savings/CD's \$ _____ Stocks/Bonds \$ _____

Annuities/IRA's \$ _____ Farm \$ _____

Home \$ _____ Other _____

FINANCIAL Institutions & Firms where you bank or have investments:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

DEDUCTIONS (past 12 months) – Drug and Medical only apply if disabled

Prescription Drug Co-payments: _____

Medical Payments not covered by Health Insurance or SSI _____

Baby-sitting Expenses not paid by other Agencies: _____

LANDLORDS: (Past 5 years)

NAME and ADDRESS

Phone Number

1. _____

2. _____

3. _____

EMPLOYMENT

A. Present Employer

Name _____ Address _____ Phone _____

Position _____ Salary _____ How Long _____

Name _____ Address _____ Phone _____

Position _____ Salary _____ How Long _____

B. Former Employer

Name _____ Address _____ Phone _____

Position _____ Salary _____ How Long _____

SOCIAL WORKER, COUNSELOR, Etc.

Do you have a social Worker? _____ Yes _____ No

If yes, please state name, agency and address _____

Are you receiving any type of counseling? _____ Yes _____ No

If yes, please state counselor's name and address: _____

Do you receive any of the following help:
Medical Assistance _____ Food stamps _____ Daycare subsidy _____

CONTROLLED SUBSTANCES: Are you or have you ever engaged in the use, sale, distribution or manufacture of drugs known as a controlled substance, as defined in Section 102 of the Controlled Substance Act (21U.S.C. 8021) ?

_____ YES _____ No

FAIR CREDIT REPORTING ACT - PRE NOTIFICATION

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through interviews with third parties.

You have the right to make a written request for a complete and accurate disclosure of any information obtained through the investigation.

Have you ever been convicted of any violations of law other than minor traffic violations? _____ Yes _____ No

For what have you been convicted - When and Where? _____

APPLICANT/TENANT CERTIFICATION

I/We certify that the information given to the Community Development Authority of Marshfield on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance.

Head of Household

Date

Spouse or Co-head

Date

Adult Family Member

Date

RELEASE OF INFORMATION

I/We hereby authorize any municipal, county or state department to release any and all information necessary for determination of my/our eligibility for the Voucher Program to the Marshfield Community Development Authority.

Head of Household:

Spouse:

Last Name First Middle

Last Name First Middle

Street Address

Street Address

City & State

City & State

Birth Date Today's Date

Birth Date Today's Date

Signature

Signature

Lines below are for the names and signatures of any other person/s over age 18 who will be members of this household.

Last Name First Middle

Last Name First Middle

Street Address

Street Address

City & State

City & State

Birth Date Today's Date

Birth Date Today's Date

Signature

Signature

AGENCY COMMENTS ON BACK

AGENCY COMMENTS
