

**Brown County Housing Authority
Housing Choice Voucher Program
Application Instructions**

Income Limits

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$34,300	\$39,200	\$44,100	\$49,000	\$52,950	\$56,850	\$60,800	\$64,700

The following documents must be received with your Preliminary Application in order for it to be processed. If all documents are not included, the application will be returned to you and your name will not be placed on the waiting list until the application is complete:

1. A signed and completed Preliminary Application
2. Verification of date of birth/legal identity for ALL household members:
 - Driver's license/state ID, birth certificate, permanent resident card, naturalization papers, or US Passport
 - (Hospital birth announcements are not accepted)
3. Verification of social security number for ALL household members:
 - Social Security Card, original Social Security Administration-issued document containing the name and SSN
 - (Forward and Medicare cards are not accepted)
4. Proof of Brown County residence (if claiming that preference):
 - TWO (2) of the following documents of your choice (Address on proof of residence documents MUST match the address you are residing at; the two documents must be from different sources):
 - Current/Valid Drivers License or State ID
 - Lease (signed by all adult parties listing current address and lease terms)
 - Utility Bill (gas, electric, water, cable, telephone) - Current (within last 30 days)
 - Mail from the Social Security Administration
 - Unemployment Benefits Letter
 - Letter from a Social Service Organization
 - Financial Institution Documentation (Bank Statement)
 - Educational or School Record
 - Credit Card Statement – Current (within last 30 days)
 - Employment/Check Stubs – Current (within last 30 days)
 - Voter Registration Record
 - Rent/Auto Insurance Policy
 - Vehicle Registration

** Emailed applications
MUST be in PDF
format. ICS will NOT
accept photos/images
of forms. **

5. Proof of your preference, if applicable (MUST BE ATTACHED):

- **Displaced due to a natural disaster or government action:** Statement from a government agency or service agency such as city officials or The Red Cross
- **Homeless:** Certification from a local social service agency
- **Veteran:** Copy of form DD214 or service discharge paperwork
- **Age 62 or Over:** Copy of birth certificate, baptismal certificate
- **Disability:** Copy of **ORIGINAL** SS/SSI benefit award letter
- **Households with Children under 18 years of age:** Copy of birth certificate

If the previous preferences do not apply to you:

Brown County Residents:

Will be placed on the waiting list as of the date and time the completed application was received. After applicants with the above preferences are assisted, all other Brown County applicants will be selected from the waiting list.

Non-Brown County Residents:

Will not be selected from the waitlist until all Brown County applicants have been assisted.

When selected from the waitlist and offered assistance, Non-Brown County Residents **MUST** reside in Brown County for at least 12 months prior to being able to exercise portability to a different Housing Authority's jurisdiction.

Additional Information:

Please note that completed applications will be placed on the waiting list in order of date and time received. You will receive a notification letter when your name is placed on the waiting list.

The wait time to be assisted is subject to change without notice due to funding sources.

Once your application is submitted, you **MUST** notify Integrated Community Solutions **IN WRITING** of any:

- change in mailing address *or*
- change in household members

Integrated Community Solutions (ICS) administers the housing assistance programs for the Brown County Housing Authority. In order to respond to the widest possible range of housing needs, we operate several housing programs and serve more than 3,200 households in Brown County. An extensive, stringent application process is in place for the programs we provide.

All applicants are subject to a criminal background check. If there are any incidents of drug-related activity or violent behavior within the past three years for a misdemeanor, or five years for a felony, the applicant is ineligible for the program. Anyone on the sex offender registry for life is also ineligible.

PRELIMINARY APPLICATION

Office Use Only						
Received/ Revised	Unit Size	Preference				
_____	___	T	P1	P2	P3	P4 P5 P6 P7
_____	___	T	P1	P2	P3	P4 P5 P6 P7
_____	___	T	P1	P2	P3	P4 P5 P6 P7

PLEASE COMPLETE THIS FORM AND RETURN TO:

Integrated Community Solutions
2605 S. Oneida St, Suite 106; Green Bay, WI 54304

Name: _____

Legal / Residential address:

Mailing Address: _____

(You MUST provide a valid mailing address)

City, State, Zip: _____

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal /residential address (copy of Drivers License or State ID only), social security cards and birth certificates for all household members MUST accompany this form when returned. Preliminary applications returned without this evidence will be denied.

Please list all former/maiden names: _____

Email address: _____

Part 1: Head of Household

Please complete this part for the Head of Household.

Social Security Number _____

Date of Birth _____

Sex Female Male

Are you willing to move when offered assistance Yes No

Are you Disabled Yes No

Home Telephone _____

Other Telephone _____

Other Telephone Type Work Other Specify: _____

- Race (Check One Box)**
- White
 - Black/African American
 - American Indian/Alaska Native
 - Asian
 - Native Hawaiian/Other Pacific Islander

- Ethnicity (Check One Box)**
- Hispanic
 - Not Hispanic

Racial and ethnic data for statistical purposes only.

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How Often	If Income is from Wages, List Address of Employer
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Earned from Asset
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Eligibility and Preferences

Preferences (Check ALL applicable boxes for the preference you are claiming):

Documentation of preference(s) claimed must be included with application.

- Displaced due to a natural disaster or government action:** Statement from a government agency or service agency such as a city official or The Red Cross
- Homeless:** Certification from a local social service agency that is providing case management
- Veteran:** Copy of Form DD214 or Service Discharge Paperwork. Applicants for Veterans Manor who are referred by Center for Veterans Issues (CVI) will be given additional preference - please provide CVI referral form.
- Elderly (Age 62 or older):** Copy of birth certificate, baptismal certificate, or state-issued ID Card
- Disability:** Copy of ORIGINAL Social Security/SSI benefit award letter
- Households with Children under 18 Years of Age** Copy of Birth Certificate, baptismal certificate, or state-issued ID Card

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X
Applicant Signature _____

_____ Date

There are two types of vouchers available through the Brown County Housing Authority. The first is the Housing Choice Voucher Program and the second is the Project Based Voucher Program. Below, you are provided a brief description of each housing assistance voucher program available through our agency.

Please indicate which waiting list(s) you would like to be placed on by putting an “x” in the checkbox next to the name:



Housing Choice Voucher Program:

The Housing Choice Voucher (HCV) program allows participants to select the unit they want to reside in, dependent on the affordability of the unit. Upon receiving a Housing Choice Voucher, the program participant will need to search for an available unit with a landlord who is willing to accept rental assistance. The waiting list timeframe varies on an individual basis, but preference is given to residents of Brown County.

Project Based Voucher Program:

Project Based units are specific units in Brown County that have a voucher assigned to them. A program participant receives rental assistance because they live in a unit with a Project Based Voucher. In most cases, the assistance remains with the unit after a client vacates that unit. However, a family may be able to receive a Housing Choice Voucher, enabling them to move with rental assistance after the initial 12 months of their lease (if vouchers are available). There are a number of different Project Based Voucher landlords.

Please select the Project Based Voucher waiting list(s) you would like to be placed on (if any):

Berkshire Ashwaubenon Apartments:

Berkshire Ashwaubenon Apartments has 1, 2, and 3-bedroom Project Based Voucher units, located on, or adjacent to, Mike McCarthy Way.

Ecumenical Partnership for Housing (EPH):

EPH has Project Based units that are targeted toward homeless families with children who are exiting shelter or transitional housing. *To be eligible for this waiting list, applicant must 1) submit a letter of referral to EPH from a local shelter or transitional housing program, indicating that the family would be a good candidate for transitional case management AND 2) submit a Preliminary Application to ICS and select the EPH waiting list on this form.*

Green Bay Housing Authority:

The Green Bay Housing Authority has a wide variety of unit types (apartments, duplexes, single family homes) scattered across Brown County. The Green Bay Housing Authority also manages the Mason Manor apartment complex.

Neighborhood Housing Services (NeighborWorks) - Managed by Main Street Management:

Main Street Management offers a wide variety of unit types (apartments, duplexes, single family homes) scattered across Brown County.

Printery Row Apartments:

Printery Row Apartments has one- & two-bedroom units and is located in Pulaski. The development was formerly the Franciscan Publisher's Building and is on the National Register of Historic Places.

Pulaski Senior Homes/Parkside Apartments:

Pulaski Senior Homes is a complex in Pulaski that serves seniors and persons with disabilities. *To be eligible for this waiting list, applicant must be over the age of 62 or provide verification of disability (copy of original SS/SSI benefit award letter).*

Veterans Manor:

Veterans Manor is a Project Based development in east Green Bay that offers supportive living and on-site services for low-income Veterans. The property has 50 one-bedroom units. *To be eligible for this waiting list, applicant must provide a copy of form DD214.*

Woodland Park & Trail Creek Apartments:

Woodland Park and Trail Creek are developments in east Green Bay that serve seniors and persons with disabilities. *To be eligible for this waiting list, applicant must be over the age of 62 or provide verification of disability (copy of original SS/SSI benefit award letter).*

Printed Name of Applicant

Signature of applicant

Social Security number of Applicant

Date

Authorization for the Release of Information

HA requesting release of information:

Integrated Community Solutions
2605 S Oneida St Suite 106
Green Bay, WI 54304

(920) 498-3737

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility 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 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 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 information that is obtained based on the consent 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.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. 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	
_____	_____
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
_____	_____
Other Family Member over age 18	Date

Document ID: 19804527653

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 this form is restricted to the purposes cited above. 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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name



ATTENTION!

THE BROWN COUNTY HOUSING AUTHORITY USES A 3RD-PARTY BACKGROUND CHECK SERVICE TO SCREEN ALL PROGRAM APPLICANTS.

IF YOU HAVE RECENT CRIMINAL HISTORY OF:

- **DRUG-RELATED ACTIVITY**
- **VIOLENCE**
- **GANG-RELATED ACTIVITY**
- **NAME ON SEXUAL OFFENDER REGISTRY FOR LIFETIME**

...YOUR APPLICATION TO THE PROGRAM WILL BE DENIED.

“RECENT” IS DEFINED AS 3 YEARS PAST THE OFFENSE DATE FOR A MISDEMEANOR OR 5 YEARS PAST THE OFFENSE DATE FOR A FELONY. THOSE ON THE SEX OFFENDER REGISTRY FOR A LIFETIME ARE INELIGIBLE FOR HUD’S HOUSING CHOICE VOUCHER PROGRAM.

Additional Notes:

- **All enrolled household members are screened annually.**
- **Unreported household members or unreported income will result in program termination, housing fraud charges, and potentially a small claims court judgement requiring that housing assistance be paid back.**
- **Providing false information on your application is grounds for denial.**