



**Eau Claire County Housing Authority**

227 1<sup>st</sup> Street West, Altoona, WI 54720  
P: (715) 839-6240 | F: (715) 598-6076

**Housing Authority of the City of Eau Claire**

203 S Farwell St, Eau Claire WI 54701  
P: (715) 839-4943 | F: (715) 839-4939



**Preliminary Combined Application For Housing Programs**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

If you wish to apply to be put on our waiting list, carefully read, and complete the application in its entirety. Omission of information will be considered falsification of your application. All questions must be answered YES, NO, or N/A (not applicable).

Upon completion, please return the application to either of the offices listed above; whether in person or by mail, if the application is not complete, the application will not be put on the waiting list. The Housing Choice Voucher or Public Housing rental lease will be issued to the designated head-of-household.

<b>FOR OFFICE USE ONLY</b>	
DATE	TIME
SIZE	PREFERENCE
PROGRAMS: V MSV PBV (1 only) FSL (senior)	
PH (3 & 4 only) GA1 (1 only) AHA (2 & 3 only)	
TBRA PH (2-5) PTA(1) PTT(2&3) SR(3&4) ORMA (1)	

<b>HEAD-OF-HOUSEHOLD: First, Middle, &amp; Last Name</b>		
<b>MAILING STREET ADDRESS:</b>		
<b>CITY/STATE/ZIP:</b>		
<b>PRIMARY PHONE#:</b>	<b>SECONDARY PHONE#:</b>	<b>EMAIL (IF USED):</b>

Living situation: (Circle any that apply): House Apartment Trailer Friend Family Shelter Vehicle Street/Unsheltered  
What is your current living situation? (check all that apply):

- Currently experiencing homelessness
- Fleeing or attempting to flee domestic violence (recently vacated or intend to vacate a housing unit occupied by the person who engages in domestic violence)
- Involuntarily displaced (currently or within the next six months)

If any are checked, please explain current situation: \_\_\_\_\_

Is any household member subject to a lifetime registration requirement, under a state lifetime sex offender registration program? YES or NO If yes, list name of household member: \_\_\_\_\_

Do you own a home? YES or NO

Do you work or go to school in Eau Claire County? YES or NO

Do your net assets exceed \$100,000? (this includes recreational vehicles (boats & RVS), bank accounts, jewelry, etc.) YES or NO

If yes, please list amount: \_\_\_\_\_

Are you known by any other names? (e.g., maiden name, married names) YES or NO

If yes, please list \_\_\_\_\_

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>1. Do you declare head of household or spouse handicapped or disabled for purposes of determining eligibility for housing assistance?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>2. Do you or any family member require:</b> a) a unit designed specifically for mobility impaired (i.e. Wheelchair, walker)? b) a unit modified for hearing impaired? c) a unit modified for visually impaired? d) a unit modified for any other impairment?	<i>If yes, explain modifications (changes to the unit) needed (a medical diagnosis is not needed)</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		



**Eau Claire County Housing Authority**

227 1<sup>st</sup> Street West, Altoona, WI 54720  
P: (715) 839-6240 | F: (715) 598-6076

**Housing Authority of the City of Eau Claire**

203 S Farwell St, Eau Claire WI 54701  
P: (715) 839-4943 | F: (715) 839-4939



**HOUSEHOLD COMPOSITION**

LAST NAME	FIRST NAME	Middle Initial	RELATIONSHIP	BIRTHDATE	DISABLED Y/N	US CITIZEN Y/N	AGE	SEX M/F	SOCIAL SECURITY #
			SELF						

**INCOME DECLARATION**-If there is no income, please put N/A in the source of income box

HOUSEHOLD MEMBER	SOURCE OF INCOME	WEEKLY GROSS WAGES	MONTHLY CHILD SUPPORT	MONTHLY SOCIAL SECURITY BENEFITS	WEEKLY BENEFITS WORKMANS COMP	ALL OTHER INCOME

The City of Eau Claire Housing Authority is currently offering the following programs.

Please check only those programs you are interested in.

- Tenant Based Rental Assistance (TBRA) Program**  
This program provides rental subsidies to eligible, very low-income families who find privately owned units that are decent, safe, and sanitary. The Housing Authority pays a portion of the rent directly to the landlord. This program may be used to subsidize the rent in a unit currently occupied by the applicant, providing the unit meets program requirements. This is a limited term program (24 Months).

**Housing Authority Owned Properties:** There are several programs offered amongst the units that we own. Family composition determines the unit size you may be offered. Some of our units are handicapped-accessible. You would be offered the first available unit you qualify for when you reach the top of the waiting list. Smoking or vaping is not allowed in any of our units

- Public Housing:**  
2, 3, 4, & 5 bedroom units on scattered sites, including duplexes on Sessions Ct, Sunset Dr, and Runway Ave
- Park Tower Townhouses:**  
2 and 3 bedroom units on a cul-de-sac on Conrad St
- Substantial Rehabilitation:**  
3 & 4 bedroom, single family units on scattered sites
- Park Tower Apartments:**  
122 one-bedroom apartments and 1 two-bedroom apartments, some are handicap accessible units at 901 S. Farwell St
- Owen Rust Memorial Apartments:**  
23 one-bedroom apartments, including 2 handicap accessible units at 300 William St



**Eau Claire County Housing Authority**

227 1<sup>st</sup> Street West, Altoona, WI 54720  
P: (715) 839-6240 | F: (715) 598-6076

**Housing Authority of the City of Eau Claire**

203 S Farwell St, Eau Claire WI 54701  
P: (715) 839-4943 | F: (715) 839-4939



The Eau Claire **County** Housing Authority is currently offering the following programs.  
Please check only those programs you are interested in.

**Rental Assistance Program (Section 8 Housing Choice Voucher)**

This is a rent subsidy program for eligible low-income families who, once they are approved for the program, they will find their own unit, which must be decent, safe, and sanitary. The housing Authority will then pay a portion of the rent directly to the landlord and the client will also pay their portion directly to the landlord. Supportive services are also available to rent assistance participants under the Family Unification Program (FUP) and Family Self Sufficiency Program (FSS). **Eligible applicants must live in or agree to move to a rental unit within the program designated geographic area. Unless specified, our jurisdiction is within Eau Claire County.**

**Mainstream Housing Choice Voucher**

- 1) Are you a non-elderly adult (**at least 18 but less than 62**) with disabilities? **Yes/No** (circle one)
- 2) Do any of the following situations apply to you? **Yes/No** (circle one and mark any below)
  - \_\_\_\_\_ Transitioning out of institutional or other segregated setting:
  - \_\_\_\_\_ At serious risk of becoming institutionalized:
  - \_\_\_\_\_ Are Homeless
  - \_\_\_\_\_ At risk of becoming homeless:

**Project Based Vouchers**

We will provide Project Based Vouchers (PBV) for eight **one-bedroom** units in a new Cannery Trail Residents 2, 1700 N Oxford Avenue, Eau Claire, WI 54703

**Fairchild Senior Living**

This is an 11-unit apartment building in Fairchild for eligible low-income households who are **55 or older**. Once they are approved for the program, clients will rent a unit in Fairchild owned by the Eau Claire County Housing Inc. Most tenants are also eligible for reduced rents if they meet the income limits.

**Golden Acres I/Public Housing**

These are low rent one-bedroom units (**approximately 350 sq. ft**) located on Spooner Ave in Altoona WI for eligible low-income households which are owned by the Altoona Housing Authority.

**Public Housing/Scattered Site Units**

The Housing Authority currently owns or manages duplexes and single-family homes (two, three and four bedroom) on scattered sites in Altoona and the Town of Washington. These homes are rented, at low rents, to clients who are determined eligible for these unit sizes.

I/we certify that the information provided on this application is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law and/or State law. I/we also understand that false statements or information are grounds for denial or termination of housing assistance and/or tenancy. I understand that my signature provides consent to the Eau Claire County Housing Authority authorizing contact with other public and private agencies and/or persons for screening and eligibility purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/we give permission to Eau Claire County Housing Authority and the Housing Authority of the City of Eau Claire to share my information so that I am put on all waiting lists that I am eligible for.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

<b>Signature of Applicant</b>	<b>Date</b>

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.