

City of Ashland
Housing Authority

319 Chapple Avenue
Ashland, WI 54806
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ASHLAND HOUSING AUTHORITY

Bay Tower Apartments
Bay Haven Apartments
Bay Ridge Apartments
Bay Terrace Apartments
Forty-Five Family Homes
Rental Assistance

This institution is an equal opportunity provider

APPLICATION FOR CONTINUED OCCUPANCY

PLEASE LIST THE MEMBERS RESIDING IN THE DWELLING UNIT

**** Address of dwelling unit

<u>Legal name of each person</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Phone - _____ Work Phone - _____ e-mail _____

Do you have any pets? _____ NO _____ YES
If yes, what kind? _____ Weight _____

Does anyone in your household receive pension income? _____ NO _____ YES
If yes who receives this income? _____
Current Monthly Amount? _____
Name and address of company _____

Do you or anyone in your household receive Federal Social Security income and/or Disability (SSI)? _____ NO _____ YES

If yes, (1) Who receives this income? _____
Current monthly amount \$ _____
Social Security Claim # _____
(2) Who receives this income? _____
Current monthly amount \$ _____
Social Security Claim # _____

Please fill out as completely as possible and bring in when you come in for your annual interview. Thanks!

Do you or anyone in your household receive State SSI Disability Income or Pre-SSI Disability Income? _____ NO _____ YES

If yes, who receives this income? _____

Current monthly amount \$ _____

Social Security Claim # _____

Who receives this income? _____

Current monthly amount \$ _____

Social Security Claim # _____

Does anyone in your household receive employment income?

_____ NO _____ YES

If yes, who receives this income? _____

Wage per hour \$ _____ hours per week _____ weeks per year _____

Name and address of employer _____

Wage per hour \$ _____ hours per week _____ weeks per year _____

Name and address of employer _____

Are you a student? Yes _____ No _____ Full Time _____ Part Time _____

If Yes, Name of School _____

List any other adults that are in school _____

Do you or anyone in your household receive child support income?

__ NO

__ YES- If yes, who receives this income? _____

Current monthly amount \$ _____

Do you or anyone in your household have child care expenses for children under the age of 13, which enable you to go to work or school?

__ NO

__ YES- If yes, state the name and address of child care provider _____

Do you have anyone in your household receive unemployment compensation?

__ NO

__ YES- If yes, who receives this income? _____

Current monthly amount? \$ _____

Do you have anyone in your household receive JOBS income?

__ NO

__ YES- If yes, who receives this income? _____

Currently monthly amount \$ _____

Please fill out as completely as possible and bring in when you come in for your annual interview. Thanks!

Do you or anyone in your household receive self-employment, contributions, veterans benefits, income from rental property, alimony, IRA accounts, money market funds, retirement funds or educational grants?

NO **YES-** If yes, who receives this monthly income? _____
Current monthly amount \$ _____
Name and address of fund? _____

Do you or anyone In your household receive workmans compensation, retirement benefits, public assistance (TANF, Food Stamps, Kinship), bonuses or annuities?

NO
 YES-If yes, who receives this income? _____
Current monthly amount \$ _____
Name and address of agency _____

Asset information: List all information for applicant, spouse and/or Co-applicant. cash on hand ? \$ _____

Do you or anyone in your household have the following bank accounts?

Checking account? **NO**
 YES- If yes, state name & address of bank.

Savings account? **NO**
 YES-If yes, state the name & address of bank.

Other accounts? **NO**
 YES-If yes, state the name & address of bank.

Stocks or bonds? **NO**
 YES- If yes, state name and address of institution _____

Do you or anyone in your household own a home or property?

NO
 YES- If yes, please enclose a copy of the last tax statement showing the fair market value of the property. If the property was sold within the last two years under fair market value, list the sales amount \$ _____. If sold under land contract, list the original amount and the terms _____

If yes, state the source and address _____

Do you carry life insurance? Yes/No If yes, does it have any cash value? Yes/No

If yes, please provide name and address of company below –

Please fill out as completely as possible and bring in when you come in for your annual interview. Thanks!

Is any member of your household subject to a lifetime sex offender registration program in any state? ___ Yes ___ No (false response or failure to respond could result in denial of your application)

If you are NOT elderly, handicapped or disabled, do not complete this section. Skip to the bottom of the page and sign the form.

If you DO have elderly, (over the age of 62), handicapped or disabled status, please complete this section and then sign at the bottom of the page.

Do you or anyone in your household have regular pharmacy expenses?

_NO

_YES- If yes, state name & address of pharmacy _____

Do you or anyone in your household have any regular over -the -counter - medication expenses? (Do not include prescription drugs). *You MUST provide a receipt for each item every time you purchase it in order for it to be counted.

_NO

_YES- If yes, state the name of each medication, how many of these you buy each year, and the price per item. **These items will then need to be verified by your doctor and you must provide receipts.** Use a separate sheet of paper, if necessary.

_____	_____
_____	_____
_____	_____
_____	_____

Do you or anyone in your household have any supplemental health insurance premiums?

No ___ If yes, state premium amount \$ _____

Yes ___ Name and address of company _____

Are you on the Medicare Prescription Drug Part D program ___ Yes ___ No **If yes, and you pay monthly premiums, please state the monthly amount - \$ _____ What is your deductible, if any? \$ _____**

Do you have to pay someone to bring you to the doctor?

_NO

_YES- If yes, what is the charge? _____

Number of times per year? _____

Please fill out as completely as possible and bring in when you come in for your annual interview. Thanks!

Do you or anyone in your household have the cost of a live-in aide or any nursing home care paid for from the family income?

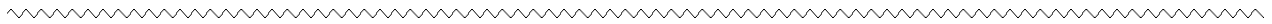
_NO

_YES- If yes, state the name and address of the provider _____

Do you or anyone in your household have any large medical expenses on which monthly payments are being made by your household?

_NO

_YES- If yes, state the name and address of the doctor or institution _____



I do hereby swear and attest that all the information contained herein is true and correct. I also understand that all changes in income, as well as any changes in household members, must be reported to the Housing Authority in writing immediately.

Head of household

Co- Tenant

Other adult

Date

Please fill out as completely as possible and bring in when you come in for your annual interview. Thanks!