

SILVERNAIL SENIOR APARTMENTS

SECTION 8 – DEVELOPMENT FOR THE ELDERLY

	ASSISTANCE PAYMENTS PROGRAM	
		DATE REC'D:
		TIME REC'D:
		REC'D BY:
	APPLICATION FOR ADMISSION	N
Applicant Name (<i>Plea</i>	use Print)	
Current Address	Apa	artment Number
City	StateZi	p Code
Home Phone #	Cell Phone #	
	, phone numbers of two relatives/friends who generally Name	erally know how to contact you:
	Phone #	
	POSITION AND CHARACTERISTICS	
List the head of housel	hold and all other members who will be living in	the assisted unit.

Give the relationship of each family member to the head.

Member #	Member Full Name	Relationship	Birth Date	Birth Place	Age	Social Security #
#1		Head				
#2						

Disclosure: SSN for applicant and all members of household are required except for those who do not contend eligible immigration status.

SILVERNAIL SENIOR APARTMENTS 2451 SILVERNAIL RD. PEWAUKEE, WI 53072

PHONE: (262) 896-2100 FAX: (262) 896-8952

WIMMER BROS. (MANAGEMENT AGENT) 5300 S 108TH ST STE 1 HALES CORNERS, WI 53130

Wisconsin Telecommunications Relay Services: 1-800-947-3529

INCOME INFORMATION

Please answer each of the following questions. For each "Yes" answer, provide the details in the chart below.

	YES	NO
Is any member of your household employed, full time, part time or seasonally?		
Does any member of your household expect to work for any period during the next twelve months?		
Does any member of your household work for someone who pays them in cash?		
Is any member of your household on leave of absence from work due to lay off, medical, maternity or military leave?	y	
Does any member of your household now receive, or expect to receive unemployment benefits?		
Does any member of your family now receive or expect to receive child support?		
Is any member of your household entitled to child support that he/she is no receiving?	w	
How you taken the legal steps to get the appropriate child support payment	s?	
Does any member of your household now receive or expect to receive alimony payments?		
O. Is any member of your household entitled to alimony payments that he/she not now receiving?	is	
. Is any member of your household receiving or expecting to receive welfare assistance?		
2. Does any member of your family receive or expect to receive Social Securi benefits?	ity	
3. Does any member of your household receive or expect to receive income from a pension or annuity?		
1. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	m	
5. Does any member of your household receive income from assets including interest and dividends from Certificates of Deposit, stocks or bonds, or income from the rental of property?		
6. Is any member of your household, who is over 18 years old, a full or part-time student?		

For each type of income that your household receives, give the source of the income and the amount of the income that can be expected from the source during the next twelve (12) months.

Family Member #	Source of Income/Type of Income	Annual Income

HUD requires that any unfamily having a member			andicapped	persons be o	occupied by a	
				<u>YES</u>	<u>NO</u>	
Handicap/Disabled	•	on below)				
Visual Impairment (Hearing Impairment	` ` ` '	ing or Greater)				
Mobility Handicap (`	~				
(Specify)		,				
HUD's Definition of Disabili mental impairment that subst regarded as having such imp	tantially limits one or i					
CURRENT HOUSING ST	ΓATUS					
How many people live in	your home now?	How m	any bedrooi	ms do you ha	ave?	
Does anyone live with you	ı now who is not list	ted above?	YES	NO		
If yes, please expl	ain					
Do you plan to have anyon	ne living with you in	the future who i	s not listed	above? Y	ES NO	С
	ain					
Do you wish to move? Y	ES NO	If yes, why? _				
Are you being evicted? Y	ES NO	If yes, explain	the circums	stances		
► What is your current ren	nt? \$	_				
► What are your monthly	costs for all utilities	(except telephon	e)? \$			
► Are you now living in a	Government subsid	ized unit?				
(e.g. Section 236, or Section	on 221 (D)(3) Subsid	dized Project)?	YES	NO		
► If you were 62 or older assistance for housing at a	on 1.31.2010 and die	dn't have a SSN		, were you re OT APPLY	eceiving Secti	ion 8
► Has your residency/tena terminated for fraud, non-						NO
► Are you receiving Section	on 8 assistance when	re you now live?	YES	NO		
Current Landlord			Phone	Number		
Landlord Address						
Previous Landlord			Ph	one Number		
Address						

Please list all states where a	applicant and any other h	ousehold members	have resi	ided	
Has the applicant ever been of offense:	convicted of a felony?		, please s	tate date and de	escription
Is any member of this house	ehold subject to a lifetime	e sex offender regi	stration?	YES	NO
ASSETS INFORMATION					
List all checking and saving household members, includ				ficates of Depo	sit) of al
Family Member	Bank Name	Account Nun	nber	Current Ba	alance
Do you own a home or other Have you sold or given awa If yes, what is the current m	ny any real property or ot	her assets in the pa	st two ye	ars? YES	NO
EXPENSES					
Do you pay for childcare w YES NO If yes, give member enabled to work: _	name and address of chi	ldcare provider, w	eekly cos	t, and name of	family
Do you have medical insura	ance? YES NC				
f yes, what is your Medica	re Premium? \$				
Oo you have any other kind	of medical insurance?	YES NO			
f yes, give policy number a	and agent's name:				
Oo you receive medical ass	istance through the Welf	are Department?	YES	NO	
Oo you have any outstandir	ng medical bills on which	you are paying?	YES	NO	
Do you expect to have any	outstanding medical expe	enses during the ne	xt twelve	months? YES	NO
f yes, amount of medical e	xpenses: \$				

COMMENTS/ADDITIONAL INFORMATION	
APPLICANT CERTIFICATION	
I/we certify that if selected to move into this project, the ur I/we understand that the above information is being collect assistance. I/we authorize the owner to verify all informati- previous or current landlords or other sources for credit and released to appropriate Federal, State or Local agencies. I/a application are true and complete to the best of my/our knows tatements or information are punishable under Federal law rejected.	ted to determine my/our eligibility for on provided on this application and to contact d verification information which may be we certify that the statements made in this owledge and belief. I/we understand that false
Signature of Head	Date
Signature of Co-Head	
Management	