



SILVERNAIL SENIOR APARTMENTS

SECTION 8 – DEVELOPMENT FOR THE ELDERLY ASSISTANCE PAYMENTS PROGRAM

For Office Use Only:

DATE REC'D: _____

TIME REC'D: _____

REC'D BY: _____

APPLICATION FOR ADMISSION

Applicant Name (Please Print) _____

Current Address _____ Apartment Number _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

List names, addresses, phone numbers of two relatives/friends who generally know how to contact you:

Name _____ Name _____

Address _____ Address _____

Phone # _____ Phone # _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the head of household and all other members who will be living in the assisted unit.

Give the relationship of each family member to the head.

Table with 7 columns: Member #, Member Full Name, Relationship, Birth Date, Birth Place, Age, Social Security #. Rows for #1 (Head) and #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

HUD requires that any unit that is architecturally altered for handicapped persons be occupied by a family having a member that needs such alterations.

	<u>YES</u>	<u>NO</u>
Handicap/Disabled Status (See Definition below)	_____	_____
Visual Impairment (Legally Blind)	_____	_____
Hearing Impairment (50% Loss of Hearing or Greater)	_____	_____
Mobility Handicap (Use of Walker, Cane, Wheelchair) (Specify)	_____	_____

HUD's Definition of Disability: Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment."

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Does anyone live with you now who is not listed above? YES NO

If yes, please explain _____

Do you plan to have anyone living with you in the future who is not listed above? YES NO

If yes, please explain _____

Do you wish to move? YES NO If yes, why? _____

Are you being evicted? YES NO If yes, explain the circumstances _____

▶ What is your current rent? \$ _____

▶ What are your monthly costs for all utilities (except telephone)? \$ _____

▶ Are you now living in a Government subsidized unit?

(e.g. Section 236, or Section 221 (D)(3) Subsidized Project)? YES NO

▶ If you were 62 or older on 1.31.2010 and didn't have a SSN on that date, were you receiving Section 8 assistance for housing at a different location? YES NO DOES NOT APPLY

▶ Has your residency/tenant or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with recertification procedures? YES NO

▶ Are you receiving Section 8 assistance where you now live? YES NO

Current Landlord _____ Phone Number _____

Landlord Address _____

City _____ State _____ Zip _____

Previous Landlord _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Please list all states where applicant and any other household members have resided _____

Has the applicant ever been convicted of a felony? YES NO If so, please state date and description of offense: _____

Is any member of this household subject to a lifetime sex offender registration? YES NO

ASSETS INFORMATION

List all checking and savings accounts (including IRA's, Keogh Accounts, Certificates of Deposit) of all household members, including amounts disposed of during the past two years.

Family Member	Bank Name	Account Number	Current Balance

List the value of all stocks, bonds, trust, pension contributions, life insurance policies or other assets:

Do you own a home or other real estate? YES NO

Have you sold or given away any real property or other assets in the past two years? YES NO

If yes, what is the current market value of the asset? \$ _____

EXPENSES

Do you pay for childcare which enables you or another family member to work or to go to school?

YES NO If yes, give name and address of childcare provider, weekly cost, and name of family member enabled to work: _____

Do you have medical insurance? YES NO

If yes, what is your Medicare Premium? \$ _____

Do you have any other kind of medical insurance? YES NO

If yes, give policy number and agent's name: _____

Do you receive medical assistance through the Welfare Department? YES NO

Do you have any outstanding medical bills on which you are paying? YES NO

Do you expect to have any outstanding medical expenses during the next twelve months? YES NO

If yes, amount of medical expenses: \$ _____

