

PLEASE READ CAREFULLY

- The application must be **FULLY** completed. **ALL social security numbers must** be completely filled out. If they are missing, your application will **NOT** be accepted.
- This is a Pre-Application **ONLY** to be applied to the **WAITING LIST**. You will be required to provide verification of your preference selection and income when you complete the full application when your name is closer to the top. No letter will be mailed to you when application is received. Everyone will be placed on the waiting list.
- **It is your responsibility to report change of address.** If a letter is mailed to you and you didn't receive it, or it was returned to the SCHA as undeliverable, your name will be removed from the waiting list. If you don't respond to any letters sent that you are required to respond to because you didn't receive the letter your name will be removed from the waiting list. The SCHA is **NOT** responsible for the mail delivery system. It is your responsibility to make sure that your mailing address is kept up to date with the SCHA. You can also provide a mailing address that you are confident you will receive your mail from us.
- We complete **waiting list Purge** (continue of interest) letters every **six (6) months** vs every twelve (12) months. Purge letters are mailed to address on file and must be returned by the deadline listed in the letter. Applicants that don't return the letters by the deadline or the letter is returned from the USPS will be removed from the waiting list and you will have to reapply. By doing purges more frequently will allow us to keep the list open longer and speeds up the process when pulling applicants off the waiting list.
- **Your position on the waiting list will change from time to time.** If you call for your wait list number, that number is not set in stone. Applicants are placed on the waiting list by preference points and date/time. Applicant's points can change as their circumstances change; therefore, this may change everyone's rank on the waiting list. Elderly, disabled, handicap and families will take priority over singles. Living/working or have a job offer in Sauk County will also receive preference points vs applicants not residing or working in Sauk County.
- **ALL** Pre-Applications received are placed on the waiting list. This does **NOT** mean you have been deemed eligible for the program. When your name reaches the **TOP** of the waiting list you will be notified in writing and mailed a **FULL** Application to complete. You will be required to return the **FULL** application by the date listed in the letter, failure to do so will result in removal from wait list. Once the full application is returned, a background screening will be done for violent criminal, sex offender, drug activity and HUD's EIV system. Also, at the time of completion of the FULL application all applicants will then have to show proof of residency, verify they meet the preference(s) qualifications and income qualify. If you do **NOT** qualify for the preferences that you checked on the pre-application, then you may not qualify for a voucher. If so, you will be placed back on the wait list accordingly. If you are over-income your name will be removed from the waitlist, and you will have to reapply if your income changes in the future. If you do not meet our minimum background requirements, you will be sent a letter of denial. You have the right to request an informal review if this should happen.

MAINSTREAM VOUCHERS INFORMATION

1. **What is a Mainstream voucher?** These are special purpose federally funded vouchers offered through the Sauk County Housing Authority (SCHA) Housing Choice Voucher (HCV) Section 8 program. The Mainstream Voucher is rental assistance for families with an adult household member between the age of 18-61 who has a disability, **AND** who is homeless, living in an institution such as a hospital or a nursing home, or at risk of being homeless or institutionalized. SCHA has been allocated 46 Mainstream vouchers.

Mainstream vouchers assist households that locate housing of their choice and that pay a portion of the monthly rent to the owner. The household will typically pay 30% of their household income towards rent and SCHA pays the difference.

2. **Who is eligible for a Mainstream voucher?** For your household to be eligible for a Mainstream voucher, your family must include a member who is age 18 to 61 years old, has a disability, **AND** must document that they meet one of the following criteria:
- **Currently homeless:** living in a shelter, a public space like a park or car, or in immediate danger of losing your home, including due to domestic violence or other life-threatening situation; OR
 - **At risk of becoming homeless:** living in an unstable housing situation where your inability to pay rent, or the lack of support from family or friends, will lead to homelessness; Paying more than 30% of their adjusted income for rent or receiving Rapid Rehousing or TBRA (tenant based rental assistance); OR
 - **Currently living in an institution:** living in a hospital, nursing home or adult home where privacy and independence are limited; OR
 - **At risk of being institutionalized:** at risk of being institutionalized in a nursing or adult home due to the absence of supportive community services.

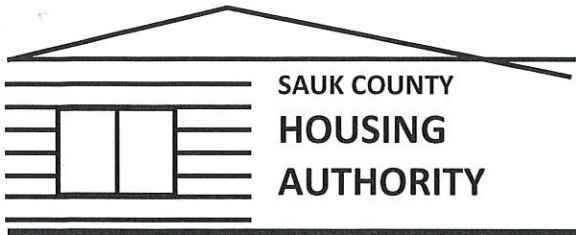
Documentation must be provided to verify the age, disability, and housing status of the qualifying household member.

3. **How does the Mainstream voucher program define disability?** In order to be considered disabled for purposes of Mainstream voucher eligibility, the adult age 18-61 in your household must meet one of the following federal requirements. If you currently aren't receiving SSI/SSDI but you are disabled, your health care professional will have to complete a form to verify that you meet HUD's definitions of disabled.

- Receiving Supplemental Security Income (**SSI/SSDI**) as a result of their disability.
- Is unable to be employed for 12 months or more as a result of a physical or mental condition that is medically documented.
- Has a physical, mental, or emotional condition:
 - that is expected to be long-term or last indefinitely
 - that substantially interferes with their ability to live independently, and
 - where their ability to live independently could be improved by better housing conditions.
- Has a severe, chronic disability that:
 - is related to one or a combination of mental or physical conditions;
 - is likely to continue throughout their life;
 - results in major limitations in three or more of the following areas: self-care, communication, learning, ability to move freely, independent living, and economic self-sufficiency; and
 - results in an individual's need for lifelong, individualized support.

4. **What documentation will I be asked for as part of the application process?** To receive a Mainstream voucher, you will be asked to provide documentation to verify your family's eligibility. These may include but not limited to:

- 1) A Verification of Disability form completed and returned by professional or a letter from the Social Security Disability (SSD) Program;
- 2) A letter indicating your qualifying member's housing status:
 - *Homeless or at-risk of homelessness: copy of eviction letter, rapid rehousing proof, current lease to prove rent amount, hotel verification, Letter from social worker or support team worker, etc.*
 - *Institutionalized or at risk of institutionalization: letter from a government agency, healthcare provider or social service provider*



**SAUK COUNTY
HOUSING
AUTHORITY**

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PRE-APPLICATION FOR HOUSING CHOICE VOUCHER PROGRAM

Please print neatly in ink. All fields are required. **Incomplete applications will NOT be accepted.**

Last Name: _____ First Name: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Mailing Address if different than above:

Phone #: (____) _____ Active Email: _____

1. Have you ever lived in Public Housing or Section 8 Housing in any city? Yes No Where? _____

2. **BEGINNING WITH YOURSELF**, list **ALL** persons who will live in your household. All information must be given for each person.

FULL NAME FIRST, MIDDLE INITIAL, LAST	Sex M/F	Race *	Date Of Birth	Relationship to Head of Household	Social Security #	Disabled Y / N
				Head		

**For statistical purposes only, please state the race/ethnicity of each household member for the following choices: Black, Caucasian, Hispanic, Asian, Pacific Islander/Hawaiian, American Indian/Alaskan, Other_____ Enter the first letter or the Race/Ethnicity for each household member in the column above. Your voluntary cooperation is appreciated and will not affect your place on the waiting list.*

3. List the kind and amount of **ALL** income received by **ALL** members of the household including yourself. (Include pensions, Social Security, SSI, Child Support payments, Contributions, employment, unemployment, insurance, etc) Please list **GROSS** Amounts (before deductions) If not enough room, please list on separate sheet of paper and attach

HOUSEHOLD NAME	WAGE SOURCE (Soc Sec, Employer Name, Child Support, SSDI, ETC)	GROSS Monthly Amount or Hourly Wage & Average Weekly Hours

4. LOCAL PREFERENCE: (check one)

- Elderly (62 years or older)
- Disabled
- Handicapped
- Family (2 or more people)

5. RESIDENCY PREFERENCE (Check One) *(Proof of Residency will be required when your name reaches the top of waiting list)*

- Lives in Sauk County
- Working in Sauk County
- Has a Bonafede job offer in Sauk County

6. MAINSTREAM VOUCHER PREFERENCE: **Must be between ages of 18-61, whose head, co-head or sole member is a person with a disability AND meet at least one of the below definitions (5-10)*

1. Is anyone in your household disabled **AND** between the ages of 18-61? YES NO
 If yes, proceed to question 2. If **NO**, please **STOP** here. You will **not qualify** for the mainstream voucher program.
 If your circumstance should change in the future, please contact the office.
2. Whom in your household, between 18-61 is disabled? _____
3. Is the disabled person(s) currently receiving disability? YES NO
4. If NO, have you applied for disability? YES NO When? _____
5. Are you currently residing in an institution or other segregated setting? YES NO
6. Are you at serious risk of institutionalization? YES NO
7. Are you currently Homeless? YES NO
8. Are you at Risk of being homeless? YES NO
 If YES, please briefly explain why? _____
9. Are you currently receiving Rapid Rehousing rent assistance? YES NO
 If YES, what Agency are your receiving Rapid Rehousing from? _____
10. Are you currently paying more than 30% of your income for rent? YES NO
 If YES to 10, how much do you pay for rent? \$_____ Are utilities included? YES NO

NOTICE: ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL CAUSE THE APPLICATION TO BE DETERMINED INELIGIBLE. SECTION 1001 OF TITLE 18 U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Choice Voucher Program. I also understand it is my responsibility to notify the housing office of any changes that may affect my application, including but not limited to, mailing address, household composition, income, and preference status. I also understand that if I fail to update my mailing address and the SCHS is unable to reach me via mail or the mail is returned undeliverable that my name will be removed from the waiting list.

I also understand that is a pre-application **only** and final eligibility will be determined when my name reaches the top of the waiting list when the full application is completed. At the time of the full application, you will need to provide proof of your residence, local preference status, mainstream, citizenship, and income. Your rank on the waiting list may change based on your preference status or if any other applicant's preference status changes while on the waiting list. **A waiting list purge will be done every 6-months.** If you **fail to respond** to the purge letter by deadline or if undeliverable via mail your name will be **removed from the waiting list.** It is your **responsibility to keep your address updated** with us and we are **NOT** responsible for lost or undeliverable mail.

Signature of Head of Household	Date
Signature of Spouse or Other Adult Household Member	Date
Signature of Other Adult Household Member	Date

Housing Representative	Date Rec'v	Time
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