

Dear Tenant:

Re: City of West Allis
Rental Rehabilitation/Energy Program

Your landlord is considering making some improvements to the building you live in. Normally when such improvements are done, the cost must be passed on to the tenant. Your landlord has, however, applied for a loan under the Rental Rehabilitation Program. Under this program, the landlord is given favorable interest rates and **if you qualify**, the Housing Division of the City of West Allis will be able to assist you by providing you with a Housing Voucher to pay a portion of your rent.

In order to qualify your landlord for the Rental Rehabilitation Program, you must complete the attached information sheets and return them to me at:

West Allis Housing Division
7525 W. Greenfield Avenue
West Allis, WI 53214

If you have any questions, please do not hesitate to call me at 302-8426.

Thank You.

Robert Ahlm
Rehabilitation Specialist

City of West Allis Rental Rehabilitation Loan Tenant Information Check List

This checklist will assist you in expediting our loan process.

Submit your tenant application to the Housing Division. Make sure you include all of the information listed below that pertains to you, your spouse or any household member over the age of 18.

- Signed City of West Allis Tenant Application
- Signed Release of Information form
- Photocopy of most recent copy of Federal Income Tax return
- Provide employer(s) with the attached employment verification form (Employer must fax this document to our office)
- Provide bank or financial institution with the attached verification form (Bank or financial institution must fax this document to our office)
- Submit most recent monthly, quarterly or yearly statement regarding any investments
- Submit most recent property tax bill for any property owned.
- Submit Federal Social Security and/or Federal and State Social Security Disability award letters for the current year. If you do not have your award letter, Federal Social Security verifications can be obtained by calling 1-800-772-1213. State Social Security verifications can be obtained by calling 1-800-362-3002. Ask them to fax the verification to the Housing Division at 414-302-8417.
- Submit pension information (year end statement from previous year or letter from pension provider showing monthly disbursements for the current year)
- Submit W2 verification showing disbursements for the last 12 months. Ask Housing Division staff for a verification form.
- Submit a child support or alimony verification showing benefits for the last 12 months (verification form attached)
- The Housing Division will verify unemployment and workers compensation received by the applicant
- If a child over the age of 18 is living in the household and is also a full time student, please provide a current class schedule and you will not be required to submit income verifications for that person.
- Submit verifications for any other income not listed above.

After receiving the above documents, we can begin processing your tenant application.

If you have any questions regarding this process, please call the Housing Division at 414-302-8426. Our office hours are Monday – Friday, 8:00 a.m. to 4:00 p.m.



FOR OFFICE USE ONLY			
1st	2nd	3rd	BR

**CITY OF WEST ALLIS
DEPARTMENT OF DEVELOPMENT
HOUSING DIVISION**

**RENTAL REHABILITATION PROGRAM
TENANT INFORMATION**

1. HOUSEHOLD COMPOSITION: List each person, including yourself, who currently lives with you.

NAME OF HOUSEHOLD MEMBERS (INCLUDE MIDDLE INITIAL)	RELATIONSHIP TO YOU	SEX	PLACE OF BIRTH	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

2. Do you plan to have anyone living with you in the future who is not listed above?
 Yes No If yes, explain: _____

3. YOUR ADDRESS: _____
 City _____ State _____ Zip _____
 Daytime Phone: _____ Evening Phone: _____

4. Is the head or spouse of your family handicapped or disabled? Yes No
 Is any other member of your household other than the head or spouse handicapped or disabled? Yes No

5. West Allis is able to offer this service/program through a grant from the federal government. One requirement of this grant is that the City keep track of all the individuals this program assists by family size and income level. To help with this requirement, we ask for your assistance. Please complete the information required below so that we may track the individuals we are assisting through this program. Please be aware the information is completely confidential and will not be released but is for record keeping and required federal reporting purposes only. Thank you for your cooperation.

ETHNICITY: Hispanic Non-Hispanic

RACE: **(Please mark one)**

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaskan and Black/African | <input type="checkbox"/> Asian Pacific Islander |
| <input type="checkbox"/> Other Multi-Racial | |

6. **INCOME** (Indicate gross amounts per month)

FAMILY MEMBER (FIRST NAME)	WAGES, SALARIES ETC,	SOCIAL SECURITY	SSI	PENSION	AFDC	CHILD SUPPORT	ALIMONY
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$

Name and address of employer: _____

List any other income _____

7. **ASSETS** (List all accounts of all household members, including checking, savings, IRA's, Certificates of Deposit, stocks, life insurance policies, etc.):

FAMILY MEMBER (FIRST NAME)	BANK NAME / POLICY NAME	TYPE OF ACCOUNT	CURRENT BALANCE/ CURRENT VALUE

8. Do you own any real estate? Yes No
 Have you sold or given away real estate or other assets in the past two years? Yes No

9. CURRENT HOUSING INFORMATION:

Check (✓) what utilities you pay and the type of service it is.

Number of Bedrooms _____
Rent per month \$_____

Heat	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Other
Cooking	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Other
Electricity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Water Heating	<input type="checkbox"/> Gas	<input type="checkbox"/> Elec	<input type="checkbox"/> Other
Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sewer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Do you own your:
 Range Yes No
 Refrigerator Yes No

Name of Landlord _____

10. Are you currently receiving assistance in paying for your rent? Yes No
If yes, explain: _____

APPLICANT CERTIFICATION: I/We certify that the information given to the City of West Allis Department of Development, Housing Division on household composition, income and assets 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. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

CDA Representatives: _____ Date: _____

RETURN THIS APPLICATION TO : CITY OF WEST ALLIS DEPARTMENT OF DEVELOPMENT
HOUSING DIVISION
7525 W. GREENFIELD AVENUE
WEST ALLIS, WI 53214
(414) 302-8426

L:\TEMPLATES\REHAB LOAN DOCUMENTS\RENTAL REHAB APPLICATION\TENANT APPLICATION



Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing and
Urban Development
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

City of West Allis Department of Development
Housing Division
7525 West Greenfield Avenue
West Allis, WI 53214

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 522a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HA's for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures improper uses of the income information that is obtained based on the consent form.
Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunities
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian Housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to unearned income {i.e., interest and dividends}.)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e. interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security number of all household members' six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purpose cited on the form HUD9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

The purpose of this section is to establish a policy for tenants in units assisted by the Home Rental Rehabilitation/Home Buyers Program. The program goals are to preserve and improve the supply of decent, safe and sanitary rental housing stock within the City of West Allis.

TENANT ASSISTANCE POLICY

Purpose:

The purpose of the Tenant Assistance Policy is to minimize the negative effects of the Home Rental Rehabilitation/Home Buyers Program on tenants and to provide information on rights and services available to present and future tenants. Administration of the Tenant Assistance Policy will be handled by the City of West Allis Department of Development, Housing Division.

Objectives:

- A. Displace as few tenants as possible.
- B. Provide suitable housing to existing tenants occupying units included in the program.
- C. Treat tenants consistent with Federal, State and local laws.
- D. Define owner and City responsibilities toward existing tenants.
- E. Maximize program benefits to the very low-income.

Nondiscrimination of Displaced Tenants:

No tenant shall be considered displaced if he/she has been offered a decent, safe and sanitary dwelling in the project at an affordable rent.

Affordable Rent:

Rental housing shall qualify as affordable if the rents are not greater than (1) the Fair Market Rent for comparable units, or (2) a rent that does not exceed 30 percent of the adjusted income of a family at 65 percent of median income for the area, adjusted for the number of bedrooms in the unit.

If a unit is found to be affordable, then no displacement has occurred. Tenants whose after-rehabilitation rent is less than 30 percent of their gross family income will never be considered to be displaced.

Displacement of low/moderate income tenants by non low-moderate income families shall not occur in Home Rental Rehabilitation/Home Buyer Program assisted units. Displaced lower income families are eligible for vouchers. Very low-income families can only be displaced by other very low-income families.

Tenants who choose to move rather than endure the rehabilitation process will be offered information, referrals, and counseling (see Information and Counseling Section). This assistance shall be available to tenants regardless of their race, gender, age, marital status, sexual orientation, handicap, religion, national origin or lawful source of income.

Temporary Displacement:

If temporary relocation is required while rehabilitation work is in progress, the tenant shall be reimbursed for all reasonable out-of-pocket expenses by the residential rental property owner, including any increased rent, incurred in connection with the move. The temporary period cannot exceed 90 days.

Existing lower income families between 50 percent and 80 percent of Median Income will not be displaced without advisory assistance sufficient to enable the family to obtain decent, safe and sanitary housing at an affordable rent.

Very low-income families (less than 50 percent Median) who are displaced or remain will be issued Section 8 Existing Rental Assistance Vouchers. Information concerning vacant units will be made available to tenants.

Tenant eligibility for Section 8 Rental Assistance Vouchers is covered by the City of West Allis Department of Development, Housing Division Management Plan revised February 8, 1994.

Tenants renting from property owners participating in the Home Rental Rehabilitation/Home Buyers Program are covered by the following requirements:

1. Discrimination against existing and prospective tenants receiving or to receive rental assistance shall not be allowed. This section is not intended to limit property owners in the refusal of tenants who do not meet admissions standards not in conflict with this program or Fair Housing Laws.
2. Discrimination against households with children shall not be allowed.
3. No property assisted with the Home Program funds shall be converted to condominium or a type of cooperative ownership where the units would not have been eligible for the Home Rental Rehabilitation/Home

Buyers Program. These practices will remain in effect for the appropriate period of affordability as defined by HUD.

Nondiscriminatory Administration Practices:

The City of West Allis Department of Development, Housing Division will conduct and administer the Home Rental Rehabilitation/Home Buyers Program in conformity with the Federal nondiscrimination, affirmative marketing and equal opportunity requirements set forth in 24 CFR 511,10 (m). In specific, the following requirements will be conformed with:

1. The requirements of the Federal Fair Housing Law, 42 U.S.C. 3601-19 with Executive Order 11063, and with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000 i.
2. The Prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975, 42 U.S.C. 6101-07, and the prohibition against discrimination of handicapped individuals under Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794.
3. The requirements of Executive Order 11246 and the regulations issued under the Order at 41 CFR Chapter 60.
4. The requirements of Section 3 of the Housing and Urban Development Act of 1968, 12. U.S.C. 1701 u.
5. The requirements of Executive Order Nos. 11625, 12432, and 12128; in reference to minority and women's business.
6. Nondiscrimination of tenants and prospective tenants due to source of lawful income and the presence of minor children for full period of affordability as defined by HUD, following completion of the rehabilitation work.

Information and Counseling:

The City of West Allis Department of Development, Housing Division will be responsible for the provision of information and counseling of all Home Rental Rehabilitation/Home Buyers Program affected tenants. Tenants of units with pending applications for the Program will be surveyed to determine the range of services required and tenant eligibility for rental assistance. Information concerning types of assistance available will be presented to all affected tenants in the Tenant Information Packet provided with the Tenant Survey. Federal, State and local Fair Housing Laws will also be included in the Tenant Information Packet.

Tenants to be displaced by rehabilitation will be advised of methods in searching for suitable replacement housing in the city of West Allis. The first source of replacement housing will be the tenant's present landlord. Tenant counseling will include referrals to available replacement dwellings.

**CITY OF WEST ALLIS
RENTAL REHABILITATION PROGRAM**

NOTICE OF AVAILABLE RELOCATION SERVICES

Dear Tenant:

The owner of the property you rent has applied for a rehabilitation loan through the HOME Rental Rehabilitation / HOME Buyers Program. At this point nothing has been decided, but the rehabilitation work may mean that some of the tenants may be required to move either permanently or temporarily. Should this be necessary, your landlord should notify you of any such actions well in advance. The purpose of this letter is to inform you of three important facts:

1. If you are required to move (temporarily or permanently) you may be entitled to certain benefits, however you must be an eligible tenant to qualify for any assistance. Therefore, you are advised to continue to pay rent and uphold any other agreements of your tenancy. These agreements will be described in your lease, if you have one.
2. The attached Tenant Assistance Plan is provided for your information. Read it carefully. It describes the kind of benefits you may be entitled to if you are required to move. You are not required to make any decisions now, nor are you required to respond to this document. It is only provided for your information. Should you be required to move, you will be contacted and informed of the benefits that you may be entitled to.
3. The information in the Tenant Assistance Plan is complex. If you have any questions regarding its content you may call or write:

City of West Allis Housing Division
7525 W. Greenfield Ave.
West Allis, WI 53214
(414) 302-8430

I have received a copy of this notice and the Tenant Assistance Plan.

Signature of Tenant: _____

Date: _____

**HOUSING/RENTAL REHAB PROGRAMS
OWNER'S CERTIFICATION TO TENANTS**

TO: _____
Tenant's Name

Tenant's Address

Dear Tenant:

I have recently applied for a rehabilitation/home buyers loan with the City of West Allis to improve/purchase the building you occupy. Federal laws and regulations provide you certain rights regarding your tenancy in this building.

This is my certification to you that, if my rehabilitation loan is approved, you will not be "displaced," as defined by HUD, as a direct result of the rehabilitation/purchase.

The reasonable changes in the terms and conditions under which you may lease and occupy the property following completion of the work are as follows:

_____.

The initial rent after the rehabilitation/purchase will be no more than \$_____ per month. (If tenants are eligible for rent assistance, this rent amount may be lowered in order to meet Section 8 Rent Assistance limits.) This figure includes the following utilities:

_____.

If you are found to be income-eligible for the Section 8 Rent Assistance Program, a Housing Specialist will contact you after all rehabilitation work has been completed. If you have any questions, please call the West Allis Housing Division at 302-8426. You are invited to offer comments to me in regard to the rehabilitation/purchase.

Owner/Buyer

Date

* * * * *

I accept the above-listed terms and have received a copy of this letter.

Tenant

Date

**City of West Allis Department of Development
Housing Division**

Employer Verification

If you have more than one employer – photo copy this form.
This form must be FAXED in by your employer.
Our Fax number is 414-302-8417.

Employer's Name _____

Address _____
City State Zip

Loan Applicant's Name _____ S.S. # _____
Last First MI

Spouse's Name _____ S.S. # _____
Last First MI

Address _____
City State Zip

I/we are eligible for benefits from the city of West Allis Rental Rehabilitation Loan Program. Their office is required by law to verify the information provided on the loan application. Please provide the information requested below as soon as possible. Consider this form a signed Authorization for Release of Information.

I/we appreciate your prompt response to this request, as our application cannot be processed without this important information. Please feel free to contact them at 302-8430 if you have any questions.

Applicant's Signature Date Applicant's Signature Date

Wages: \$_____ per _____ Hours per week _____

Over time, if any: _____ (If overtime varies, please average.)

Length of time employed with your company _____
Years Months

Verified by: _____ Date: _____

Title: _____ Telephone: _____

**City of West Allis Department of Development
Housing Division**

Bank Verification

If you use more than one bank – photo copy this form.
This form must be FAXED in by the bank.
Our Fax number is 414-302-8417.

Bank Name _____

Address _____

City State Zip

Loan Applicant's Name _____ S.S. # _____

Last First MI

Spouse's Name _____ S.S. # _____

Last First MI

Address _____

City State Zip

I/we are eligible for benefits from the city of West Allis Rental Rehabilitation Loan Program. Their office is required by law to verify the information provided on the loan application. Please provide the information requested below as soon as possible. Consider this form a signed Authorization for Release of Information.

I/we appreciate your prompt response to this request, as our application cannot be processed without this important information. Please feel free to contact them at 302-8430 if you have any questions.

Applicant's Signature Date Applicant's Signature Date

.....
Checking Account Number # _____

Average 6-month balance: \$ _____ Interest Rate: _____ %

Savings Account Number # _____

Current Balance \$ _____ Interest Rate: _____ %

Any other accounts? _____ (If yes, provide information on back)

Verified by: _____ Date: _____

Title: _____ Telephone: _____

**City of West Allis Department of Development
Housing Division**

Statement of Child Support/Alimony Payments

Loan Applicant's Name _____ S.S. # _____
Last First MI

Address _____
City State Zip

Applicant: Please fill out the information above and sign your name below. Then have the Family Court Services complete this form and return it to you or mail it to the Housing Division. **I authorize the release of this information to the City of West Allis Housing Division.**

Applicant's Signature _____ Date _____



Family Court Services:

We appreciate your cooperation in completing this form for the above named applicant who has applied for one of our programs. This information is necessary for the processing of their application. Please return this form, along with the verification, to the applicant or mail directly to the Housing Division. Thank you.

**City of West Allis
Department of Development
Housing Division
7525 W. Greenfield Ave.
West Allis, WI 53214**

PLEASE ATTACH COMPUTER PRINTOUT SHOWING BENEFITS FOR THE LAST TWELVE MONTHS.

NOTE: PLEASE SUBMIT PRINTOUT SHOWING DISBURSEMENTS (DISB) ONLY.

Authorized Signature: _____ Date: _____

Title: _____ Telephone: _____