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## PRELIMINARY APPLICATION SHEBOYGAN HOUSING AUTHORITY

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### INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

1. **Fill out the entire application in ink pen.** You must complete the entire application, answering all questions. Incomplete applications or applications filled out in pencil will **not be processed**.
2. **Read the descriptions of the preference priorities and check those which apply to you.**
  - a. **Verification documents are required to be submitted with the application.**
3. **Incomplete applications will not be processed.** All applicants will receive written confirmation of receipt of their application.

### INSTRUCTIONS FOR SUBMITTING YOUR APPLICATION

Applications may be returned to the Sheboygan Housing Authority:

- **In person** between **8:00 a.m. and 4:30 p.m., Monday through Thursday**
- **After hours** via the secure **drop box** located at:  
**Sheboygan Housing Authority**  
611 N. Water Street  
Sheboygan, WI 53081
- **By mail** to:  
**Sheboygan Housing Authority**  
P.O. Box 1052  
Sheboygan, WI 53082-1052

*For office use only:*

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#### Application Receipt

**Applicant Name:** \_\_\_\_\_

**Application Received By:** \_\_\_\_\_

**Waitlist(s):**  Wasserman  Tamarack  Park Plaza  Georgia Ave  Section 8/Housing Choice Voucher

**Note:** This receipt confirms that your application has been received. It does **not** guarantee eligibility. You will be contacted if further information is needed or when you reach the top of the waitlist. Keep this receipt in a **safe place**. Should there be any issues with your application, **this will be the only proof we will accept** to confirm the submission of your application.

### **General Application Policies:**

- Your application will be **reviewed for completeness**. If incomplete, it will be returned.
- **Placement on the waiting list does not guarantee eligibility** for housing. Final eligibility and qualification for preferences will be determined **at the time you are selected** from the waiting list.
- Your position on the waiting list is based on **preferences claimed** and the **date and time your complete** application is received.

### **Public Housing Applications:**

- Applications are assigned according to the **bedroom size** for which you qualify.

### **Responsibilities of the Applicant:**

- You must **notify the Sheboygan Housing Authority in writing** of any changes to your **address, phone number, or household composition**.
- When selected from the waiting list, you will receive a **notification by mail or e-mail**. You must:
  - Complete a full application
  - Provide verification for all household members, including:
    - Photo IDs (for members age 18+)
    - Social Security cards
    - Birth certificates
    - Income and asset documentation
- Your notification letter will include the **date, time, and location** of the required interview, and information about how to reschedule if necessary.
  - **Failure to attend** the interview without approval will result in **denial of your application** for failure to provide required information.

### **Verification & Denial Policy:**

- If any verification returns **negative or conflicting results**, your application will be **denied**, and you will be notified in writing.
- **Lying or deliberately omitting relevant information** may result in application rejection.
- If all verifications are successfully completed and eligibility is confirmed, you will be notified **in writing** of your **approval or denial**.

### **Waiting List Maintenance:**

- The waiting list is updated as needed to ensure information is current.
- If any mailing is returned by the Post Office or if you **fail to respond** to a request for update, your name will be **removed from the list without further notice**.

### **NON-DISCRIMINATION POLICY**

The Sheboygan Housing Authority does **not discriminate** on the basis of race, color, national origin, sex, religion, familial status, disability, marital status, or sexual orientation

We also do **not discriminate** in admission, access, treatment, or employment in our federally assisted programs and activities based on handicapped status.

# SHEBOYGAN HOUSING AUTHORITY PRELIMINARY APPLICATION

611 N. Water Street, Sheboygan, WI 53081  
920-459-3422

Please mark all waiting lists you wish to apply for:

**Public Housing** - Public Housing are apartments managed by the Sheboygan Housing Authority. Rent is based on income. These units are located in various parts of Sheboygan.

\_\_\_\_\_ Wasserman Building (1 bedroom)

\_\_\_\_\_ Tamarack House (1 bedroom)

\_\_\_\_\_ Park Plaza (1 bedroom)

\_\_\_\_\_ Georgia Avenue (2 and 3 bedrooms for families with primary placement of minor children)

~~\_\_\_\_\_ **Housing Choice Voucher** - This program is also known as Section 8, which provides rental assistance to eligible families. Participants are responsible for finding their own unit. \*HCV waitlist closed until further notice~~

In order to be placed on the waiting list(s), you must provide all information included in this application. Unless all information is filled out, the application will be considered incomplete and will not be processed. ***Providing false information will result in denial of your application.***

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Communication Preference: Mail \_\_\_\_\_ E-mail \_\_\_\_\_ (if you choose e-mail you won't receive physical mail)

**List household members starting with Head of Household, then in order of oldest to youngest.**

Full name	Relationship to head	Birth Date	Age	Sex	Social Security Number
	Head				

**Office use only:**

Date/Time stamp: \_\_\_\_\_

Bedroom size: \_\_\_\_\_

## WAITING LIST PRIORITY CRITERIA

Sheboygan Housing Authority has established local preferences. Check all which apply to your household:

\_\_\_\_\_ Sheboygan resident. Applicant must live, work, or attend school within the **city limits** of Sheboygan, Wisconsin. *Documentation must be provided such as a lease, utility bill, pay stub, or school record.*

\_\_\_\_\_ Handicapped accessible unit required. *Documentation by a medical professional must be provided that handicap accessibility is required.*

\_\_\_\_\_ Participant in program for victims of domestic violence. *Verification must be provided by the Domestic Violence Program Director and documentation of a pattern of abuse within the last 6 months such as police reports or court records and HUD-5382 form.*

\_\_\_\_\_ Currently Homeless. *Letter from the Salvation Army, Warming Shelter, or other agency verifying you are residing at a shelter required at time of application.*

## BACKGROUND INFORMATION

Are you or any members of your household handicapped or disabled?  Yes  No

If yes, please specify who: \_\_\_\_\_

Have you or any adult household member ever used any other names (such as a maiden name, alias, or previous legal name) besides the one currently being used?  Yes  No

If yes, please list all names used and provide an explanation: \_\_\_\_\_

Have you or any household member age 17 or older ever been convicted of a crime (excluding traffic violations), or have any charges currently pending?  Yes  No

If yes, list the name(s) of the individual(s) and provide an explanation:

Name(s): \_\_\_\_\_

Explanation: \_\_\_\_\_

Have you or any household member ever participated in any rental assistance or public housing program?  Yes  No

If yes, where and when? \_\_\_\_\_

Do you have a pet or plan to get a pet?  Yes  No Type of pet: \_\_\_\_\_

*A \$300 non-refundable fee is required at the time of move-in. Certain restrictions apply.*

## SMOKE-FREE HOUSING ACKNOWLEDGMENT

All Sheboygan Housing Authority properties are **smoke-free**. Smoking is **not allowed within 25 feet of any building**. If you smoke, you must use the designated **smoking shelters** or maintain the 25-foot distance.

**Please initial below to confirm you understand and agree to follow this regulation if approved for housing:**

**Initials:** \_\_\_\_\_

