

Application For Housing



Your name will **ONLY** be placed on the waiting list if you complete this form and meet our basic eligibility requirements (see letter). A **CRIMINAL & SEX OFFENDER CHECK** will be run on the applicant and all person(s) who will be living in the household including Live-In Aids. Please return completed form to the address listed above.

Please put an X beside **ONLY** the buildings that you are interested in residing at:

Place an X here if interested	Building	Location	Number of Units	Number of Bedrooms	Roll-In Shower	Heat Included
	Clare Central	1003-33 W. Atkinson Ave.,Milw.	16	1 & 2	No	No
	Clare Court	3049-69 N. 59 th St., Milwaukee	32	1 & 2	No	No
	Clare Heights	834 N. 35 th St., Milwaukee	27	1 & 2	No	Yes
	Clare Lakes	5051 S. Lake Drive, Cudahy	8	1 & 2	No	No
	Clare Meadows	6800-10 Middle Road, Racine	16	1 & 2	No	No
	Clare Place	3284 N. Sherman Blvd., Milwaukee	8	1 & 2	No	No
	Clare Towers	1546 S. 29 th St., Milwaukee	25	0, 1, & 2	All	Yes
	Clare Woods	3576 S. 43 rd St., Milwaukee	32	1 & 2	Some	No

What size apartment do you require? **EFFICIENCY** ___ **1BEDROOM** ___ **2 BEDROOM**___

***Please remember that everything needs to be filled out completely and accurately or the application will be returned to you.**

Are you the Head of the Household? **Yes** ___ **No** ___

Do you have a physical disability that affects your mobility? **Yes** ___ **No** ___

Full Name	Birth Date	Social Security Number	U.S. Citizen	Student	Marital Status	Phone Number
			Y N	Y N		

Please provide all of the addresses that you have lived at in the past five years. If you lived in more than 3 places in the last 5 years please provide the additional addresses on another sheet of paper and attach it to the application.

Current Address	How Long	Landlord's Name	Address	Phone Number
Previous Addresses	How Long	Landlord's Name	Address	Phone Number

Who will be living with you? Please include **EVERYONE** including Live-in Aids (but do not include Live-In Aids income).

Full Name	Birth Date	Social Security Number	Relationship To You	U.S Citizen	Student	Total Monthly Income
				Y N	Y N	
				Y N	Y N	
				Y N	Y N	

INCOME

What is the **Total Monthly Income** that you receive? \$ _____

Please list **ALL** the sources that you receive income from including but not limited to Child Support, W-2, Pensions, Employment, Social Security, SSI, etc.

Put an X by all the accessibility features that would improve your ability to live independently:

<input type="checkbox"/>	Roll-in shower
<input type="checkbox"/>	Lever handle doorknobs
<input type="checkbox"/>	Wheelchair turning radius
<input type="checkbox"/>	Grab bars by the shower, toilet, tub
<input type="checkbox"/>	Lowered heat controls, light switches, outlets, etc.
<input type="checkbox"/>	Ramped entrances and exits
<input type="checkbox"/>	Other

BACKGROUND

Are you or any of the person(s) who will be living with you currently receiving assistance from HUD?

Yes ___ No ___ (does not apply to Live-In Aids)

Have you or any of the person(s) who will be living with you ever been involuntarily (natural disaster, fire, foreclosure, etc.) displaced from your home? **Yes ___ No ___ (does not apply to Live-In Aids)**

Have you or any of the person(s) who will be living with you ever been evicted? **Yes ___ No ___ (does not apply to Live-In Aids)**

Are you or any of the person(s) who will be living with you currently using illegal drugs? **Yes ___ No ___**

Have you or any of the person(s) who will be living with you ever been convicted of any crime other than a traffic violation? **Yes ___ No ___**

Are you or any of the person(s) who will be living with you, required by law to be registered with the National Sex Offender Registry? **Yes ___ No ___**

Providing applicants meet the HUD eligibility requirements for low-income, physically disabled housing, they will be placed on the chosen waiting lists. They will be contacted for a personal interview in which any/all persons (children and live-in attendants included) who will be living in the apartment **must** attend. This information, in addition to the criminal check, will be reviewed and verified to determine eligibility for Section 8 Subsidies. Should any of these verifications prove applicant is not eligible, applicant will be sent a letter of rejection.

If you have any questions, call The Certified Occupancy Specialist at: (414) 643-6501

Where did you learn about our apartments? _____

I certify that the information on my application for admission is full, true, and complete to the best of my knowledge. I certify that the only persons living in my household are listed on this application and that I have stated all income and all monies received by any and all members of my household. If it is found that I have misrepresented the facts contained in my application, this is sufficient to deny my application, terminate my lease, and evict my family. I further certify that this entire statement has been read to me and/or by me.

Signature of Applicant

Date

Signature of Co-Applicant / Spouse

Date



IMPORTANT

To qualify for our apartments and get a spot on our waiting list you **MUST** be able to **MEET** and **COMPLETE ALL** of the following requirements:

Eligibility Requirements:

1. Applicant **MUST** be the Head of Household (HOH) and a person with a physical disability that affects their mobility.
 2. Applicant's household **MUST** meet the HUD established low-income requirements.
 3. Applicant's household **MUST** meet all screening requirements.
 4. Applicant **MUST** complete the entire application packet and return it.
- *Eligibility requirements are defined on the opposite side of this page.**

Only the top portion of the blue Certification of Disability (COD) form should be filled out.

Do not forget to sign and date both forms where you are instructed to do so.

Please note that an incomplete application cannot be processed and it will be **REJECTED**. So please make sure that it is **COMPLETELY** filled out before it is returned.

Introduction to the Waiting List:

If you qualify you will be added only to the waiting list of the location(s) you chose on your application after the following steps are taken:

1. If the application is complete, it will be date and time stamped and initialed. The COD is then faxed over to the professional health care provider specified for verification purposes.
2. The Certified Occupancy Specialist will conduct a preliminary background check by entering all the adult members that will be living in the household (including Live-In Aids) into the Wisconsin Circuit Court Access Website and the National Sex Offender Public Registry (NSOPR).
3. If the information obtained shows a disqualifying conviction, money judgments, or eviction, within the last 5 years of the date the application was received or if found on the NSOPR, the applicant will be notified by letter of rejection noting the reason(s) and the appeal process available to them.
4. If all household members pass the preliminary background check and the HOH's disability is certified, by the specified healthcare provider, the applicant is then placed on the waiting list.
5. When the applicant's name is near the top of the list they will be contacted by PHONE (it is important to keep our office informed of any changes in your phone number, etc.).

Please KEEP this letter for your reference and return the rest.

Eligibility Requirements Defined

A. Head of the Household-The adult member of the family who is the head of the household for purposes of determining income eligibility and rent.

B. Physical Disability with Mobility Impairment-The HUD definition is: A physical impairment which (A) is expected to be of long-continued and indefinite duration, (B) substantially impedes his/her ability to live independently, (C) is of a nature that such ability could be improved by more accessible housing modifications.

The Federal Government requires the owner to verify that this person's disability results in a physical impairment that requires adaptive housing. All of our facilities are wheelchair accessible, it is not MANDATORY that the client is in a wheelchair, but it does require that their disability affect their mobility in some way. Federal law authorizes aided housing for a person or family of a person who is physically handicapped and of legal age.

C. Income Limits—Extremely low-income applicants will be selected from the waiting list first to occupy 40% of the number of units expected to be filled during the year to comply with HUD requirements. Subsequently, applicants will be selected from the top of the waiting list regardless of income.

***Please note that current tenants who already reside at one of St. Clare Management's Buildings and wish to transfer to another one of our locations, will go to the top of the waiting list as long as they meet the requirements listed in our policies and procedures manual.**

HUD establishes income limits and revises them annually to ensure that federal rental assistance is provided **only** to low income families. Income limits are based on family size and the annual income the household receives.

The HUD established Income Limits Are:

1 person -\$37,650/yr

2 people-\$43,000/yr

3 people-\$48,400/yr

4 people-\$53,750/yr

D. Citizen—All household members must either be citizens of the United States or have the proper paperwork from the Department of Homeland Security (DHS), allowing them residency in the United States. If this documentation is not available upon initial interview the applicant will be given 30 days to provide this. Each family member regardless of age is required to sign a declaration of citizenship. The applicant must also obtain a U.S. birth certificate or U.S. passport to verify their citizenship.

E. Social Security Number Requirements—Applicants must provide social security numbers (SSN) for all members of the household who are six years of age and older or if no SSN has been assigned the applicant must sign a certification stating that no SSN has been assigned. The applicants must provide documentation of SSN. Adequate documentation means a social security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN as stated in Appendix 3 of the HUD handbook.

F. Screening Criteria—A review of an applicant's history to prohibit the admission of certain individuals who have engaged in drug-related criminal behavior, or are subject to a state lifetime sex offender registration program, or are individuals whose abuse or pattern of abuse of alcohol interferes with the health, safety, or the right to peaceful enjoyment of the premises by other residents. The screening of live-in aides at initial occupancy, and the screening of persons or live-in aides to be added to the tenant household after initial occupancy involve similar screening activities. Both live-in aides and new additions to the tenant household must be screened for drug abuse and other criminal activity on a yearly basis at time of re-certification.

Thank you for your interest in the St. Clare Apartments that are sponsored by the School Sisters of St. Francis.

St. Clare Management, Inc. 1545 S. Layton Blvd., Milwaukee, WI 53215 (414) 385-5330

CERTIFICATION OF DISABILITY

Prospective Tenant's Name

_____-_____-_____
Social Security Number

_____/_____/_____
Date of Birth

Primary Physician's Name

Fax Number

Phone Number

Primary Physician's Address

City

State

Zip Code

RELEASE OF INFORMATION AUTHORIZATION:

I authorize the release of the requested information, pertaining to medical history, mental or physical condition, evaluation, diagnosis, treatment, or prognosis of myself to St. Clare Management, Inc. I acknowledge that the information obtained by use of this authorization will be used solely for the purpose described below.

Date

Prospective Tenant Signature Only

MEDICAL PROFESSIONAL ONLY BELOW THIS LINE



Dear Doctor:

Please carefully screen your client's **NEED** for specialized/adaptive housing. Adaptive housing includes wheelchair accessibility, roll-in showers, elevators, grab bars, lever handle door knobs.

The Federal Government requires the owner to verify that this person's disability results in a physical impairment which requires adaptive housing. All of our facilities are wheelchair accessible, it is not **MANDATORY** that the client be in a wheelchair, but it does require that their disability affect their mobility in some way. Federally aided housing is authorized by law for a person or family of a person who is physically handicapped and of legal age.

DOES THIS PERSON/CLIENT HAVE A PHYSICAL IMPAIRMENT (A) That is expected to be of long-continued and indefinite duration, (B) substantially impedes his/her ability to live independently, **AND (C)** is of a nature that such ability could be improved by more accessible housing modifications? **Yes** _____ **No** _____

IS THIS PERSON MOBILITY IMPAIRED? **Yes** _____ **No** _____

DOES THIS CLIENT NEED A LIVE-IN ATTENDANT? **Yes** _____ **No** _____ **Unknown** _____

I certify and am willing to testify under oath, IF NECESSARY, that the information I have provided above is true and correct to the best of my knowledge.

Signature of Medical Professional

Firm/Organization

Name and Title of Medical Professional Completing This Form

Phone Number

RETURN TO: Fax: 414-385-5333 or call 414-385-5330 **St. Clare Management Inc., 1545 S. Layton Blvd. Rm 524, Milwaukee, WI 53215**

CERTIFICATION OF DISABILITY 1/08