



Eau Claire County Housing Authority

227 1st Street West, Altoona, WI 54720 | P:(715) 839-6240 | F: (715) 598-6076

This sheet is for your information. Please keep it for your reference. Do not turn it in with your application.

EAU CLAIRE COUNTY HOUSING AUTHORITY (HA) APPLICATION PROCESS

This application is used to start you on the waiting list for every program you indicate interest in.

WE DO NOT PROVIDE EMERGENCY HOUSING OR EMERGENCY ASSISTANCE FOR RENT OR UTILITY PAYMENTS

This informational sheet is designed to answer some of your questions about us and our application process. Our goal is to provide you affordable rental housing **within Eau Claire County**. In the programs we operate, the rent and utilities are based on approximately 30% of an eligible applicant's income. This may vary due to program guidelines. Exact rents are not determined until your application has been pulled from the waiting list for processing, you have turned in all verifications, and you are determined eligible to be housed in Public Housing or to attend a briefing for the Housing Choice Voucher Program.

To apply, you must complete and return the Application in its entirety with signatures from everyone 18 or older. Incomplete applications will not be processed.

Once your application is processed, your name will be placed on our waiting list. You may call our office at 715-839-6240 to report any changes or updates. **WE WILL NOT ESTIMATE HOW LONG OF A WAIT YOUR MIGHT HAVE BEFORE YOU APPLICATION IS PULLED FROM THE WAITING LIST.** This application will be reviewed with you and verified when a subsidy is available. No information needs to be submitted with the application.

Please be advised, you will not be contacted following submission of an application but will be placed on a waiting list for assistance. Placement of your application on our waiting list does not mean you have been preapproved or determined to be eligible for our unit or program(s). Eligibility will not be determined until your application has been pulled from the waiting list when there is a subsidy available, and all information has been verified. At that time, your application and all necessary documentation will be reviewed to determine if you qualify for our program(s), and you will be notified via postal mail of the decision. Family size, income limits, unit size etc., and any questions you have will be discussed **after** there is an opening for your family and we begin the screening of your application.

In the Housing Choice Voucher Program, after an applicant has come to the top of the waiting list, attended a briefing, and been issued a voucher, the **applicant finds** housing in Eau Claire County. The unit must pass inspection before being approved. After approval, the Housing Authority pays a portion of your rent directly to your landlord, and you pay your portion of the rent directly to your landlord. Your gross income must fall within the very-low-income limits to qualify for the Voucher Program.

In Public Housing, the Housing Authority is your landlord, and you would rent one of the rental units **owned by the HA.** These units are One, Two, Three and four-bedroom units in the Town of Washington and City of Altoona. The unit you will be offered depends on availability and the number of people in your household. Your gross income must fall within the very-low-income limits, and you must have suitable rental history to qualify for Public Housing. There is usually a waiting list for certain bedroom sizes.

Participants in Eau Claire County Housing Authority rental programs are encouraged to participate in our Family Self-Sufficiency (FSS) Program. In this program Housing Authority staff assists in the coordination of existing area supportive services to help participants become economically self-sufficient and off all types of housing assistance. The family is under a five-year contract to follow an individualized four-year-plan for whatever training, schooling, etc. is needed, and the head-of-household must work throughout the contract period (number of hours per week vary depending on the number of hours required for training). Increases in earned income by the family during the contract period result in deposits to an escrow savings established for the family. These funds are distributed to the family upon successful completion of the program by the family.



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ALL CONTACT WILL BE MADE THROUGH POSTAL MAIL. IT IS IMPORTANT THAT YOU REPORT ALL CHANGES TO YOUR APPLICATION, **ESPECIALLY A NEW ADDRESS**, TO AVOID REMOVAL FROM THE WAITING LIST.

Anyone who is within six months of turning 18 years old and who falls within the income guidelines may apply, but you will not receive assistance until you are at least 18 years old. Persons must be at least 18 years old to sign a lease.

We screen all adult applicants. While all complete applications are accepted for processing, the HA may deny assistance to any person who:

- Has been involved in violent or drug-related criminal activity, alcohol abuse, or other criminal activity (3-year ban); or
- Has been involved in the manufacture or production of methamphetamine and the possession of illegal drugs with the intent to deliver (Lifetime ban); or
- Has engaged in or threatened abusive or violent behavior toward HA personnel (Lifetime ban); or
- Is subject to sex offender registration (Lifetime ban); or
- Has committed or been terminated or evicted for fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program (Lifetime ban); or
- Currently owes rent or other amounts to the HA or another HA, or a landlord while on the Voucher program (until money is paid in full after 3-year ban); or
- Has been evicted from federally assisted housing or terminated from housing assistance (5-year ban); or
- Is an illegal alien (must be eligible citizen or a legal resident).

Note: this list is NOT all-inclusive. You may be denied assistance for additional reasons as outlined in the HA Voucher Program Administrative Plan and Public Housing Admissions and Continued Occupancy Plan.

Applications are purged from our waiting list every six (6) months. You will be contacted via mail asking if you are still interested in our programs. To remain on the waiting list, you must complete and return the purge/update notice by the designated deadline date.

It is important you update, and report changes in your household situation, especially changes in household members or a new address, to avoid loss of contact when a subsidy is available; or when our waiting list is purged every six months.

Our office hours are **Monday through Friday, 9:00 a.m. – 12:00 p.m. 1:00 p.m. - 4:00 p.m.** To report changes or if you have questions about your application, please call us at 715-839-6240; or Fax: 715-598-6076; or email: Housing.Assistant@co.eau-claire.wi.us

APPLICATIONS FOR Public Housing or Housing Choice Voucher assistance will be denied without subsequent review or opportunity for appeal if your application has been denied previously and you:

- Did not appeal the denial by the 10-day appeal deadline; or
- Appealed the denial, but either did not respond to schedule the informal meeting or did not show up at the designated time and place for the informal meeting; or
- Appealed the denial, had an informal meeting, and the denial was upheld by the executive director.

These policies do not pertain to occurrences that resulted in denial of assistance if the period for such a denial has passed (i.e., if the three-year or five-year period for denial of assistance has subsequently ended, as applicable).



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KEEP FOR YOUR REFERENCE

EAU CLAIRE COUNTY HOMELESS ASSISTANCE PROVIDERS

SALVATION ARMY

2211 South Hastings Way
Eau Claire, WI 54701
715-834-1224

EAU CLAIRE COUNTY DEPT OF HUMAN SERVICES

721 Oxford Avenue ---- Court House
Eau Claire, WI 54703
715-839-1200

BEACON HOUSE / INTERFAITH HOSPITALITY

309 East Lake Street
Eau Claire, WI 54701
715-834-4357

BOLTON REFUGE HOUSE

807 South Farwell
Eau Claire, WI 54701
715-834-9578

RUTH HOUSE

2517 Moholt Drive
Eau Claire, WI 54703
715-834-4000

WESTERN DAIRYLAND EOC

418 Wisconsin Street
Eau Claire, WI 54703
715-836-7511

CATHOLIC CHARITIES

318 Fulton Street
Eau Claire, WI 54703
715-832-6644

SOJOURNER HOUSE

618 South Barstow Street
Eau Claire, WI 54701
715-514-5556

These agencies have been known in the past to have some type of homeless assistance available. The Eau Claire County Housing Authority is not responsible for the completeness or accuracy of the information on this list. If/what type of assistance they currently have available is unknown, and other agencies/types of assistance may be available that are unknown to us.

Agency/program eligibility restrictions may apply.



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PRELIMINARY APPLICATION FOR HOUSING PROGRAMS

FOR OFFICE USE ONLY	
DATE	TIME
SIZE	PREFERENCE
PROGRAMS	V MSV PBV FSL PH
GA1 AHA VASH	FUP

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

If you wish to apply to be put on our waiting list; carefully read and complete the application in its entirety. Omission of information will be considered falsification of your application. All questions must be answered YES, NO, or N/A (not applicable).

Upon completion, please return the application to the office listed above; whether in person or by mail, if the application is not complete, the application will not be put on the waiting list. The Housing Choice Voucher or Public Housing rental lease will be issued to the designated head-of-household.

HEAD-OF-HOUSEHOLD:		
MAILING STREET ADDRESS:		
CITY/STATE/ZIP:		
PHONE#:	CELL PHONE#:	WORK PHONE#:
EMAIL: (if used)		
Living situation: (Please circle any that apply) House Apartment Trailer Friend Family Shelter Vehicle Street		
Are your child/children with you currently? YES or NO Foster Care Other: _____		

HOUSEHOLD COMPOSITION

LAST NAME	FIRST NAME	RELATIONSHIP	BIRTH DATE	DISABLED Y/N	US CITIZEN Y/N	AGE	SEX M/F	SOCIAL SECURITY #
		SELF						

INCOME DECLARATION

HOUSEHOLD MEMBER	SOURCE OF INCOME	WEEKLY GROSS WAGES	MONTHLY CHILD SUPPORT	MONTHLY SOCIAL SECURITY BENEFITS	WEEKLY BENEFITS WORKMANS COMP	ALL OTHER INCOME

OTHER LAST NAMES KNOWN AS (e.g., maiden name, married names)

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The Eau Claire County Housing Authority is currently offering the following programs.

Please check only those programs you are interested in.

Rental Assistance Program- this is a rent subsidy program for eligible low-income families who, once they are approved for the program, they will find a rental their own unit, which must be decent, safe, and sanitary. The housing Authority will then pay a portion of the rent directly to the landlord and the client will also pay their portion directly to the landlord. Supportive services are also available to rent assistance participants under the Family Unification Program (FUP) and Family Self Sufficiency Program (FSS). **Eligible applicants must live in or agree to move to a rental unit within the program designated geographic area. Unless specified, our jurisdiction is within Eau Claire County.**

Mainstream Housing Choice Voucher
1) Are you a non-elderly adult (at least 18 but less than 62) with disabilities? **Yes/No** (circle one)
2) Do any of the following situations apply to you? **Yes/No** (circle one and mark any below)
____ Transitioning out of institutional or other segregated setting:
____ At serious risk of becoming institutionalized:
____ Are Homeless
____ At risk of becoming homeless:

Project Based Vouchers
We will provide Project Based Vouchers (PBV) for eight **one-bedroom** units in a new Cannery Trail Residents 2, 1700 N Oxford Avenue, Eau Claire, WI 54703

Fairchild Senior Living- this is a 11-unit apartment building in Fairchild for eligible low-income households who are **55 or older**. Once they are approved for the program, clients will rent a unit in Fairchild owned by the Eau Claire County Housing Authority. Most tenants are also eligible for reduced rents if they meet the income limits.

Public Housing/Family Self-Sufficiency – the Housing Authority currently owns or manages duplexes and single-family homes (two, three and four bedroom) on scattered sites in Altoona and the Town of Washington. These homes are rented, at low rents, to clients who are determined eligible for these unit sizes. Clients are encouraged to participate in our Family Self- Sufficiency Program. The goal of the FSS Program is to enable participants to become economically self- sufficient. The Housing Authority will help coordinate needed supportive services on behalf of the families. The head of household is required to maintain paid employment while on the program, increasing earned income until the family meets self- sufficiency requirements.

Golden Acres I- These are low rent one-bedroom units (**approximately 350 sq. ft**) located on Spooner Ave in Altoona WI for eligible low-income households which are owned by the Altoona Housing Authority.

I/we certify that the information given to the Eau Claire County Housing Authority on this application 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 and/or State law. I/we also understand that false statements or information are grounds for denial or termination of housing assistance and/or tenancy. I understand that my signature provides consent to the Eau Claire County Housing Authority authorizing contact with other public and private agencies and/or persons for screening and eligibility purposes.

Signature of Head of Household: _____ Date: _____

Signature of Other Adult: _____ Date: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.