

INSTRUCTIONS ON APPYING FOR HOUSING

Thank you for your interest in St. Clare Properties Affordable Housing. Please see details below.

IMPORTANT

To qualify for our apartments and be placed on the waiting list you <u>MUST</u> be able to <u>MEET</u> and <u>COMPLETE ALL</u> of the following requirements:

Eligibility Requirements:

- 1. Applicant <u>MUST</u> be the Head of Household (HOH) and a person with a physical disability that affects their mobility.
- 2. Applicant's household <u>MUST</u> 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.

Introduction to the Waiting List:

If you qualify you will be added to the waiting list of the location(s) you chose.

- 1. The Occupancy Specialist will verify that your application is filled out <u>correctly</u> and <u>completely</u>.

 **Please note that an incomplete application cannot be processed, and it will be REJECTED and RETURNED to you if possible.
- 2. The Certification of Disability (COD) is then faxed over to the professional health care provider specified for verification purposes. ONLY THE TOP PORTION OF THE CERTIFICATION OF DISABILITY (COD) FORM SHOULD BE FILLED OUT. Once the Head of Household's disability is certified by the provider, the applicant is then placed on the waiting list <u>as of the date we receive the COD</u>.
- 3. When your name (applicant) is near the top of the list you will be contacted by MAIL. It is important to notify us immediately if you move to a new address, your phone number changes, or should you have any changes to household members or live-ins.

Please KEEP this letter for your reference. St. Clare Properties, 1545 S. Layton Blvd., Milwaukee, WI 53215 Phone (414) 385-5330 Fax (414) 385-5333 stclareproperties.com



ST. CLARE PROPERTIES CERTIFICATION OF DISABILITY

<u>APPLICANT:</u> PLEASE COMPLETE ONLY THE TOP PORTION OF THIS FORM. YOU MUST INCLUDE THE NAME ADDRESS, PHONE NUMBER AND FAX NUMBER OF YOUR MEDICAL PROFESSIONAL. PLEASE PRINT CLEARLY. SIGN AND DATE THE FORM, ALL INFORMATION MUST BE READABLE.

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 AT authorize the release of the request obtained by use of this authorization	sted information to St. Clare Manag		hat the information
$\frac{X}{Pros}$	vective Tenant Signature Only		
_			
	MEDICAL PROFESSIONAL ONLY BE	LOW THIS LINE 	
The Federal Government require impairment which requires adap the client be in a wheelchair, but it doe is authorized by law for a person or far DOES THIS PERSON HAV and indefinite duration, (B) substantial could be improved by more accessible	tive housing. All our facilities are where require that their disability affect the mily of a person who is physically han E A PHYSICAL IMPAIRMING IN IMPAIRMING THE PHYSICAL IMPAIRMING THE HOUSING MODIFICATIONS? Yes	heelchair accessible; it is not M eir mobility in some way. Feder dicapped and of legal age. ENT (A) That is expected to be	IANDATORY that rally aided housing be of long-continued
Does this person need a live-in attenda	ant? Yes No Unknown	-	
Is this a person whose sole impairn	nent is alcoholism or drug addiction	n? Yes No	
I certify and am willing to testify u and correct to the best of my know.		the information I have provid	ded above is true
X Signature of Medical Professional	Fi	irm/Organization	
Name and Title of Medical Profession	nal Completing This Form Ph	one Number	
RETURN TO: Fax (414) 385-5333 o	r call with questions at (414) 385-5330)	



Clare Towers & Telos Properties

Application for Housing at St. Clare Apartments

Please return application to: St. Clare Properties, 1545 S. Layton Blvd., Milwaukee, WI 53215 or Fax: (414) 385-5333. Should you have questions, please call (414) 385-5330.

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 income requirements.
- 3. Applicant's household MUST meet all screening requirements.
- 4. Applicant MUST complete the entire application packet, sign it, date it, and return it to the address above.

Please put a check mark in the box to the left of only the properties	ou will consider livi	ng at and circl	e the size apartment
you require:		1.00	4 DD
☐ Clare Court 3049-69 N.59 th St., Milwaukee, WI 53210		1 BR	2 BR
☐ Clare Heights 834 N. 35 th St., Milwaukee, WI 53208		1 BR	2 BR
☐ Clare Lakes 5051 S. Lake Dr., Cudahy, WI 53110		1 BR	2 BR
☐ Clare Meadows 6800-6810 Middle Rd., Racine, WI 53402	T- CC' '	1 BR	2 BR
☐ Clare Towers 1546 S. 29th St., Milwaukee, WI 53215:	Efficiency	1 BR	2 BR
☐ Clare Woods 3576 S. 43 rd St., Milwaukee, WI 53220	2206	1 BR	2 BR
☐ Clare Central 1003-1033 W. Atkinson Ave., Milwaukee, WI 5	3206	1 BR	2 BR
☐ Clare Place 3284 N. Sherman Blvd., Milwaukee, WI 53216		1 BR	2 BR
Full Name (include middle initial) Date of Birth	SSN		
Are you the head of the household?		Ve	es No
Would anyone in the household benefit from having a unit with acce	ssibility features?	Ye	
Are you a US Citizen?	•	Ye	
Are you a student at this time? (If yes, please be prepared to provide	documentation)	Ye	es No
What is your marital status: What is your current phone number?			_
Please provide all of the addresses, including city, state and zip code lived in more than 3 places in the last 7 years, please provide the addit to the application.	that you have lived		
If you do not complete this section, your application will be consider	ed incomplete and w	ill be returned	to you.
Current address (including apartment number, if applicable, city, state	e and zip code)		
Landlord Name and Contact Information H	ow long have you live	ed at this addres	SS.
Previous Address (including apartment number, if applicable, city, st	ate and zip code)		
Landlord Name and Contact Information H	ow long did you live	at this address.	
Previous Address (including apartment number, if applicable, city, st	ate and zip code)		
Landlord Name and Contact Information H	ow long did you resid	le at this addres	s.

Who else will be living with you? Please use a separate sheet of paper.	ase list each household r	nember, including liv	e in aids. If you need additional space,
Full Name (include middle initial)	Date of Birth	SSN	Relationship to Head of Household
Are you or any others living in your l		ekground eiving assistance fron	n HUD?
Have you or any other member of yo (Natural disaster, fire, foreclosure)			om your home?
Have you ever been evicted? Yes(If yes, please provide the address and l	No andlord contact informat	ion relating to the evic	tion.)
Have you ever been convicted of illeg If yes, please explain.	ally manufacturing or d	listributing a controll	ed substance? YesNo
Each applicant must list each state he	e/she has ever resided in	•	
Are you listed on the Lifetime Sex Of	fenders Registry of any	state? If so, list state.	. <u> </u>
	<u>I</u>	ncome	
Do you receive social security or disa	bility benefits? (circle o	ne) If so, how much?	
Do you have any other income? (emp	loyment, W2, child supp	port, alimony, etc.)? _	
Where did you learn about our apart	ments?		
	ld are listed on this appl		mplete to the best of my knowledge. I certify we stated all income and all monies received
If it is found that I have misrepresent terminate my lease, or evict my famil			
X Signature of Applicant			Data
			Date
X Signature of Co-applicant or Spouse			Date

The Clare Apartments are professionally managed by St. Clare Properties. 1545 S. Layton Blvd., Milwaukee, WI 53215
Phone (414) 385-5330 Fax (414) 385-5333 stclareproperties.com





Tenant Declaration Format

INSTRUCTIONS: Complete this format for <u>each member</u> of the household.

Full Name			
Relationship to Head of Household Sex			
Date of Birth Social Security Number			
(If applicable), Alien Registration Number Admission Number			
(If applicable), this is an 11-digit number found on INS Form I-94, Departure Record. Nationality			
(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth).			
Save Verification Number			
INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last names in the space provided. Then review the blocks designated below and complete either block number 1, 2 or 3:			
<u>Declaration</u>			
I, hereby declare, under penalty of perjury, that I am: (Print or type first name, middle initial, last name)			
Block Number 1			
1. A citizen or national of the United States			
If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.			
Signature Date			
Check here if an adult signed for a child.			

Race and Ethnic Data Reporting Form

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

OMB Approval No.	2502-0204
(Eyn	11/30/2009

Name of Property	Project No.	Address of Property	
Name of Owner/Mana	ging Agent	Type of Assistance or Program Title: Name of Household Member	
Name of Head of Hous	sehold		
Date (mm/dd/yyyy):			
	Ethnic Categories*	Select One	
Hispanic	or Latino		
Not-Hispa	anic or Latino		
	Racial Categories*	Select All that Apply	
American	Indian or Alaska Native		
Asian			
Black or A	African American		
Native Ha	awaiian or Other Pacific Islander		
White			
Other			
	ategories may be found on the reverse		
gnature		Date	

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

- 1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 - 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 - **2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 - 1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - **2. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 - **3. Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 - **4. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - **5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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) Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent	Assist with Recertification P Change in lease terms Change in house rules Other:	rocess	
Commitment of Housing Authority or Owner: If you are approvarise during your tenancy or if you require any services or special the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this for applicant or applicable law.	rm is confidential and will not be discl	osed to anyone except as permitted by the	
Legal Notification: Section 644 of the Housing and Community requires each applicant for federally assisted housing to be offere organization. By accepting the applicant's application, the housing requirements of 24 CFR section 5.105, including the prohibition programs on the basis of race, color, religion, national origin, second age discrimination under the Age Discrimination Act of 1975	d the option of providing information ng provider agrees to comply with the s on discrimination in admission to or x, disability, and familial status under	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing	
Check this box if you choose not to provide the contact	information.		
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.