



## INSTRUCTIONS ON APPLYING FOR HOUSING

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***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 **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.

#### **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 correctly and completely.  
\*\*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 **as of the date we receive the COD.**
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](http://stclareproperties.com)**



ST. CLARE PROPERTIES CERTIFICATION OF DISABILITY

APPLICANT: 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 AUTHORIZATION:

I authorize the release of the requested information 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 accessible housing modifications. Accessible housing includes wheelchair accessibility, roll-in showers, elevators, grab bars, lever handle doorknobs, automatic door openers, barrier-free counters, and sinks, among other modifications specific to physical disabilities.

The Federal Government requires the owner to verify that this person's disability results in a physical impairment which requires adaptive housing. All 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 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

Does this person need a live-in attendant? Yes No Unknown

Is this a person whose sole impairment is alcoholism or drug addiction? Yes No

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 with questions at (414) 385-5330

St. Clare Properties 1545 S. Layton Blvd., Milwaukee, WI 53215





**Tenant Declaration Format**

**INSTRUCTIONS:** Complete this format for each member 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** \_\_\_\_\_

(To be entered by owner if and when received)

**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:**

**Declaration**

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.





## 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.