

Complete the following address history, income, expense and asset information for every adult who will live in the unit. Attach an additional sheet if more space is needed.

- Do you or any member of your household smoke cigarettes, pipes, cigars, etc.? _____ Yes _____ No
 - Do you or any member of your household qualify as a full-time student? _____ Yes _____ No
 - Are you now, or have you ever, lived in a government-subsidized unit (e.g., Public Housing, Section 8, Section 236 or 221(d)(3) subsidized projects)? _____ Yes _____ No. If yes, date of occupancy: _____
 - Have you ever been arrested or convicted of illegal activity? _____ Yes _____ No. If yes, explain: _____
-
- Do you have a qualifying Disability? _____ Yes _____ No
(see back page of the application for additional information)
 - Do you have any specific housing requirements, such as a handicap accessible unit? _____ Yes _____ No
 - Are you displaced due to a natural disaster declared by a state or federal agency? _____ Yes _____ No

List addresses and contact information for all places you have lived for the past 3 years. **Do not leave any time unaccounted for.**

<u>Address</u>	<u>Dates</u>	<u>Owner/Manager</u>
_____	From _____	Name _____
_____	To <u>PRESENT</u>	Address _____
_____		City, State, Zip _____
		Phone _____
_____	From _____	Name _____
_____	To _____	Address _____
_____		City, State, Zip _____
		Phone _____
_____	From _____	Name _____
_____	To _____	Address _____
_____		City, State, Zip _____
		Phone _____

INCOME INFORMATION

Salary/Wages: List annual gross amount (before deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses. Indicate source (employer name & contact information).

\$ _____ Employer (Name/Address/Phone): _____

\$ _____ Employer (Name/Address/Phone): _____

Social Security/SSI/SSD:

\$ _____ annually Source: _____

\$ _____ annually Source: _____

Pensions, annuities, retirement funds, IRA accounts, interests:

\$ _____ annually Source: _____

\$ _____ annually Source: _____

All other income. Include all other sources of income, such as unemployment, self-employment, disability compensation, worker's compensation, severance pay, alimony, child support, regular recurring contributions or gifts of money, income received from trust, educational grants, scholarships, VA benefits, regular pay and special pay and allowances for head of household in armed forces, public assistance, W2 or TANF.

All other income:

\$ _____ annually Source: _____

\$ _____ annually Source: _____

EXPENSE INFORMATION

Applicants who are age 62 or older or who are disabled may list annual health insurance expenses. Applicants with children under the age of 12 may list annual cost of childcare.

\$ _____ per year paid to: _____

ASSET INFORMATION

Checking accounts:

Bank _____ Balance \$ _____

Bank _____ Balance \$ _____

Savings accounts (including IRAs):

Bank _____ Balance \$ _____

Bank _____ Balance \$ _____

Stocks/Bonds/US Savings Bonds/Mutual Funds:

Type _____ Qty ____ Value \$ _____

Type _____ Qty ____ Value \$ _____

Mobile Home/Real Estate/Other Property

Type _____ Mkt Value \$ _____

Type _____ Mkt Value \$ _____

Property sold under land contract or Contract for Deed: _____ Yes _____ No

How did you hear about us: _____

Current (or most recent) Monthly Rent/Mortgage Payment: _____

I/We certify that this unit will be my/our permanent residence and that I/we do not/will not maintain a separate subsidized unit in a different location.

I/We certify that the information provided on household composition, income, net family assets and allowances and deductions are 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. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of residency.

Applicant Signature _____ Date _____

Co-Tenant's Signature _____ Date _____

River Falls Housing Authority cannot accept applications sent by fax.

Before mailing the application, please check that:

___ you have completed all sections of the application (including ALL sources of income)

___ all adults (household members 18 and older) have signed the application

___ all adults have completed a separate background screener's form (and initialed bottom of Page 1)

___ copies of Social Security cards for *EVERY MEMBER* of the household are attached

___ copies of current photo IDs for *ALL ADULTS* are attached

Mail the completed application and related documents to:

River Falls Housing Authority, 625 N Main St., River Falls WI 54022

Definition of Disability:

42 U.S.C. Section 423 (d)(1)(A) defines disability as:

“Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or

In the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity in which he has previously engaged with some regularity and over a substantial period of time.”

The Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)) defines developmental disability in functional terms as:

A severe, chronic disability of a person 5 years of age or older which:

(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(B) is manifested before the person attains age twenty-two;

(C) is likely to continue indefinitely;

(D) results in substantial functional limitations in three or more of the following areas of major life activity:

(i) self-care,

(ii) receptive and responsive language,

(iii) learning,

(iv) mobility,

(v) self-direction,

(vi) capacity for independent living, and (vii) economic self-sufficiency; and

(E) reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children, means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

42 U.S.C. 423 (d)(2)(C) and 42 U.S.C. 1437 a(b)(3)(E) states:

- Individuals are not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence.
- Individuals whose alcohol or drug addiction is a material factor to their disability are excluded from the definition.
- Individuals are considered disabled if the disabling mental and physical limitations would persist if the drug or alcohol abuse discontinued.

Additional information about specific housing requirements to accommodate persons with disabilities.

Do you need a handicapped accessible apartment? ___ Yes ___ No

Do you need a separate room for a care attendant? ___ Yes ___ No

Do you need a room to accommodate your disability; such as oxygen or physical therapy equipment? ___ Yes ___ No

Do you need other accommodations for your disability? Please explain _____

Additional Comments: _____

FOR OFFICE USE ONLY

Income _____ Inc. Code _____
 BR Size _____ WMP Tier _____ SP _____
 E (age) _____ Dis. _____ HC Unit _____
 Citizen _____
 Race: _____ Eth _____ Gender _____
 Reviewed By _____ Date _____



Providing Affordable Housing for Senior Citizens, Persons with Disabilities and Families.

Managers for Family Homes, Edgewater, Riverview Manor, Briarwood, Oakpark,
Windmill Place, Watertower, & St. Croix Manor Apts.

This institution is an equal opportunity provider and employee





Background Screeners of America

18344 Oxnard St. Suite #101
Tarzana, CA 91356
Tel: 866-570-4949 | Fax: 866-570-5656
clientservices@wescreenusa.com

Disclosure And Authorization For Consumer Reports

Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with **River Falls Housing Authority, at 625 N Main St River Falls, WI 54022**, I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the abovementioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: **Background Screeners of America (“Agency”), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949**, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information **and the Agency, on Company’s behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: www.wescreenusa.com**

California, Minnesota and Oklahoma Residents:

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

Please Initial Below

I have read and I understand this page.



Applicant Initials

Copy this form for additional adults in the household. A separate form must be completed by each adult in the household. All applicants 18 years or older must initial this page and complete the BSA form.

California Applicants: (if this applies, please read)

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

New York Applicants: (if this applies, please read)

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

Washington Applicants: (if this applies, please read)

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

All Applicants (18 years or older) please complete all of the fields below, sign & date:

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

Last Name:		First:	Middle: Please check box if you do not have a middle name. <input type="checkbox"/>
Social Security #:		Date of Birth:	
Email: (This is a required Field)			
Current Address:		Previous Address:	
Street: Apt or Unit #: City: State: Zip:		Street: Apt or Unit #: City: State: Zip:	
Drivers Lic. #:		State Issuing:	
Former Name/Alias:			

X _____
Applicant Signature

Date: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer **reporting agencies**. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - **a person has taken adverse action against you because of information in your credit report;**
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - **you are on public assistance;**
 - **you are unemployed but expect to apply for employment within 60 days.**

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those **with a valid need for access**.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5678688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

Please keep for your records

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

Applicant Copy

Please keep for your records.