

Greek Orthodox Manor

c/o ROSENTHAL ASSOCIATES, INC.
7400 WEST BROWN DEER ROAD
MILWAUKEE, WI 53223
Phone ~ 414.362.7240 Fax ~ 414.362.7248

Dear Applicant,

Thank you for your recent inquiry into occupancy for the one-bedroom apartments at the **Greek Orthodox Manor**. The Greek Orthodox Manor is a federally subsidized development located in Wauwatosa, Wisconsin. For the one-bedroom apartments, general occupancy standards require a **minimum** of one person (1) per bedroom so as to not under-utilize the unit, and a **maximum** of two (2) people per bedroom so as to not overcrowd the units. The income limits for initial occupancy are currently \$24,600 for a one-person household, \$28,100 for a two-person household.

Enclosed you will find an Application for Occupancy. **Please be sure to fill out the application as completely as possible and have all potential adult members of the household sign it.**

Upon receipt of your application, your application will be screened for credit and criminal activity, registered sex offender status, as well as other factors as determined in the Tenant Selection Criteria in effect for the development.

If your application is approved, you will be placed on the waiting list, and additional information will be requested to determine your final eligibility for occupancy as well as your share of the rent.

The rent is based on 30% of gross income from all sources, with adjustments provided for childcare (for school, work or looking for work) and medical expenses for household's whose head of household, spouse, or co-head of household is at least 62 years of age or disabled.

Please note the grounds of Greek Orthodox Manor will be completely smoke-free as of July 1, 2013. There will be no smoking allowed in the building, apartments or outside on the grounds of the property.

Should you have additional questions, please contact our office at (414) 362-7240.

Sincerely,

Thomas A. Rotter
Occupancy Specialist
Rosenthal Associates, Inc.

Cc: file





~ APPLICATION FOR OCCUPANCY ~

Applicant(s) 62 years/ older or Disabled



WARNING: PLEASE FILL OUT COMPLETELY. WRITE CLEARLY.

THIS APPLICATION MAY BE REFUSED OR REJECTED SOLELY ON THE GROUNDS THAT IT IS NOT COMPLETE AND/OR LEGIBLE, OR, IF ANY INFORMATION PROVIDED IS FOUND TO BE FALSE OR MISLEADING.

Please note the following: As of July 1, 2013, the entire grounds of the Greek Orthodox Manor will be smoke free. There will be no smoking allowed in the building, apartments or outside on the grounds of property. All applicants in a household will be processed as one approval or denial for an apartment. If one of the applicants has a negative rental history, negative credit history, or negative criminal history, the application will be denied.

You have the right to request reasonable accommodations to complete this Application for Occupancy if you have a disability.

Project Name Greek Orthodox Manor Apts. Date:

Applicant/Tenant Name: Telephone:

Date of Birth: Social Security Number:

Co-Applicant/Tenant Name: Telephone:

Date of Birth: Social Security Number:

A. APPLICANT AND FAMILY INFORMATION (List ALL household members who will live in the apartment)

Table with 7 columns: First, Middle, Last, Relationship, Sex (M/F), Date of Birth, Soc. Sec. Number. Two empty rows for data entry.

Will a live-in attendant be a household member? Yes No If yes, please note above.

Do you have a mobility impairment that would necessitate the features of a fully accessible/barrier free unit?

Yes No

(Please note this may need to be verified by a doctor/physician)

B. CITIZENSHIP/ELIGIBILITY FOR FEDERAL BENEFIT INFORMATION

HUD requires that all members of the household be legally in the United States in order to receive rental assistance under the section 8 program. In order to be eligible for rental assistance, you must be a citizen of the United States, or a non-citizen with eligible immigration status. All members that declare U.S. citizenship/nationality must present a valid U.S. passport, U.S. birth certificate, Employment Authorization card, Temporary Resident or other appropriate documentation. All non-citizens must present a signed declaration of eligible immigration status and one of the Section 214 documents listed in §5.508(b)(1) and referred to in §5.510 – applicant/tenant may request list of appropriate documentation, as necessary.

Is EVERY member of your household a citizen of the United States or a non-citizen with eligible immigration status?

YES NO

If you answered NO to the question above, please list the NON-ELIGIBLE household members below:

C. RESIDENCE HISTORY

(Please Provide Complete Addresses including Zip Codes for all places you have lived in the previous ten (10) years. Attach a separate sheet if necessary)

A. Present Address: _____ How Long: _____

Present Landlord Name: _____ Phone: _____
& Full Address: _____

B. Previous Address: _____ How Long: _____
Previous Landlord Name: _____

& Full Address: _____ Phone: _____

C. Previous Address: _____ How Long: _____
Previous Landlord Name: _____

& Full Address: _____ Phone: _____

D. Have you ever been evicted from conventional or subsidized housing? Yes No

If yes, please explain: _____

E. Has there ever been a determination of (i) bed bug or (ii) other pest (e.g., roach) infestation at the residence you now reside or once lived? Yes No

D. INCOME INFORMATION

List Sources of Income for All Household Members – Indicate type using abbreviation(s) below:

E = Employment / OP = Other Pension / SS = Soc. Sec. / SSI = Fed or State SSI / CS = Child Support
 U = Unemployment Benefit / W2= Provide W2 Agency Name & Caseworker Telephone

Family Member Name	Source of Income	Annual Amount
Employer:	Telephone:	
Address:		

E. ASSET INFORMATION

1) **Do you own any real estate?** _____ Yes _____ No **(If yes, you will be required to supply most recent property tax statement reflecting home *fair market value*)**

Location _____

Value _____ Home? _____ Lot? _____

2) **Do you have any bonds?** _____ Yes _____ No Value: _____

3) **Do you have any stocks?** _____ Yes _____ No Value: _____

4) **Do you have any Certificates of Deposit?** _____ Yes _____ No Value: _____

5) **Do you have any checking accounts?** _____ Yes _____ No Value: _____

6) **Do you have any savings accounts?** _____ Yes _____ No Value: _____

7) **Name and full address of bank(s) to include zip code(s):**
 1. _____
 2. _____

8) **Have you disposed of any assets in the last two years?** _____ Yes _____ No

If yes, please explain: _____

F. STUDENT STATUS

On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, "Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937," implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student's parents are, individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student.

Are you or any member of your household currently enrolled in an institute of higher education?

YES _____ **NO** _____ If Yes, please list family member(s) and institution:

G. CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION

Federal Law requires that we conduct a criminal background check as well as a sex offender registry check on all adult members of a household applying for federally assisted housing. Persons subject to lifetime registration under any state sex offender registry program are not allowed to receive housing, or rental assistance, under the federal program(s) this facility participates in. All information is confidential and will be used solely to determine eligibility for housing and housing assistance. These inquiries are being made to protect the health, safety and welfare of existing tenants and the building stall.

This facility will automatically reject the application for occupancy of any household that does not provide complete and accurate information in this section and/or does not consent to a background check related to criminal or sex offender activity.

- 1. Has any member of the applicant household been evicted from a federally assisted site for drug-related criminal activity within the past ten (10) years? **YES** _____ **NO** _____
- 2. Has any member of the applicant household been convicted of a sex-related criminal act at any time regardless of whether or not they are subject to lifetime registry requirements? **YES** _____ **NO** _____
- 3. Has any member of the applicant household been convicted of any drug-related crime within the past ten (10) years? **YES** _____ **NO** _____
- 4. Has any member of the applicant household been convicted of a felony or Class A misdemeanor within the past ten (10) years? **YES** _____ **NO** _____

H. CHARACTER REFERENCES

- 1) Name: _____ Address: _____ Phone No. _____
- 2) Name: _____ Address: _____ Phone No. _____

CONSENT TO THE RELEASE OF INFORMATION: *I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD or HUD contracted auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I fully understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly make false or fraudulent statements to any department or agency of the United States. I/we, therefore, certify that the foregoing information is true and complete to the best of my knowledge.*

I/we hereby authorize inquiries to be made to verify the statements above.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)

(Owner/Management Agent Signature)

(Date and time received)



LANDLORD REFERENCE REQUEST

Greek Orthodox Manor

9440 W. Congress St.

Milwaukee, WI 53210

Phone: (414) 362-7240 Fax: (414) 362-7248

Date: _____

To: _____

From: **Greek Orthodox Manor Apts.** _____
c/o Rosenthal Assoc. Inc _____
7400 W. Brown Deer Rd _____
Milwaukee, WI 53223 _____

PLEASE RETURN TO THE PERSON LISTED ABOVE

Subject: **Verification of Information Supplied by an Applicant/Tenant for Housing Assistance.**

Name: _____

SSN: _____

Unit Number: _____

D.O.B: _____

Address: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. The applicant/tenant has consented to the release of this information as shown below.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. This consent expires fifteen (15) months after the date signed.

Signature: _____

Date: _____

Note to Applicant/Tenant: *You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.*

office use only below – applicant/tenant does NOT complete

Length of time s/he rented from you? _____ **to:** _____

Did s/he remit rent on time? _____ **Y/N** If late, how many times? _____

Delinquent amount \$ _____

Amount of *current* monthly rent? \$ _____

Has a 5/10-Day Notice been served for non-payment or rent or other financial obligation (utilities)? _____ **Y/N**

Has a 5/10-Day Notice been served for violation(s) **OTHER THAN** non-payment of rent? _____ **Y/N**

If yes, please explain circumstances: _____

(CONTINUED ON THE NEXT PAGE)

Is/Was damage to the unit/premises above normal wear and tear? _____ Y/N

If yes, please explain circumstances _____

Do/Did you receive valid complaint(s) concerning visitors and/or family members of the Applicant? _____ Y/N

If yes, what was the nature of complaint(s)? _____

Would you care to have the individual as a tenant in the future? _____ Y/N

Please feel free to provide additional comments regarding the above-identified person(s) tenancy, using the space below – Your observations as a [former] Landlord may be considered in our determination of this Applicant’s eligibility: We thank you in advance for your assistance and cooperation.

Landlord Signature: _____ Date: _____

Landlord Tel. No.: _____

Please return this reference in the enclosed self-addressed envelope where one is provided. If you have any further questions, please feel free to contact me at (414) 362-7240.

You may also fax this form completed to (414) 362-7248 – Thanks for your prompt reply.

Sincerely,

ROSENTHAL ASSOCIATES, INC.

Tom Rotter / Supervisor



Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 3/31/2014)

Greek Orthodox Manor **075-11-053** **9440 W. Congress Street Wauwatosa, WI 53225**
Name of Property Project No. Address of Property

Rosenthal Associates, Inc. **Section 8**
Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

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 in compliance 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 co-head 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 not 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 may mark one or more.

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.

Optional and Supplemental 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.

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

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"/> 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	
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.	

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.