



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, signed the Acknowledgment & Authorization for Background Check form.
- \_\_\_\_\_ 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



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **River Falls Housing Authority** ("the Company") after receipt of this authorization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656**; another outside organization acting on behalf of **River Falls Housing Authority** ("and/or **River Falls Housing Authority** ") itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**New York City applicants only:** You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company.

**Washington State residents only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma residents only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**BACKGROUND INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

Social Security\* #: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License\*: \_\_\_\_\_

Present Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\*E-mail required: \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All applicants 18 years and older must complete and sign this "Background Information" Form and sign the "Disclosure Regarding Background Investigation" Form on the back.**

**PLEASE MAKE COPIES (IF NEEDED) FOR ANY ADDITIONAL ADULTS.**

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

At your written request, **River Falls Housing Authority** (“the Company”) may obtain information about you from a third-party consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, credit report, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Background Screeners of America, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356; Tel. # 1.877.251.5656; [www.backgroundscreenersofamerica.com](http://www.backgroundscreenersofamerica.com).**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ALL APPLICANTS 18 YEARS AND OLDER MUST COMPLETE AND SIGN THE BACKGROUND INFORMATION AND THE DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**PLEASE MAKE COPIES (IF NEEDED) FOR ANY ADDITIONAL ADULTS.**

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

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](http://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](http://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](http://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](http://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 1-888-5-OPTOUT (1-888-567-8688).
- **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](http://www.consumerfinance.gov/learnmore).

Applicant Copy

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</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>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</p> <p>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</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and Insured state savings associations</p> <p>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</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>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 &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. 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**



## **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

**Applicant Copy**