

APPLICATION FOR PROJECT BASED VOUCHER

Mount Pleasant Manor
2250 Layard Avenue
Racine, WI 53404

****Note: Mount Pleasant Manor is designed for residents 55 or older and/or disabled residents.**

ALL INFORMATION CONTAINED WITHIN THIS APPLICATION WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH THE PRIVACY ACT OF 1974 AS AMENDED.

Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____ **Apt #:** _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____

US Citizen () Yes () No

Is anyone in the household a student of higher education, or planning to attend? Y N

List all persons including yourself who will live in the rental unit while you are on this program. List head of household first.

Name	Sex	DOB	Social Security #	Disabled?
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1. _____

2. _____

Total Household Income

Please list all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, SSI, Workmans' Comp, retirement benefits, W2 payments, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources. List MONTHLY amounts received below.

Name	Type of Income	Monthly Amount
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1. _____

2. _____

3. _____

4. _____

Assets

Name	Bank	Type of Act	Account #	Amount
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1. _____

2. _____

Have you ever owned real-estate? Y N If yes, when? _____

Previous Rental History

Have you ever applied for or participated in a rent assistance program? Y N

If yes, what type and when? _____

Have you ever been evicted or violated your lease while participating in the Section 8 Rental Assistance Program? Y N

If Yes, Please explain. _____

Previous Landlord Name and Address _____

How did you hear about the Mount Pleasant Manor? _____

I certify that the above information is true and complete. I understand that providing false statements or incomplete information is punishable under State and Federal Law and may result in my being ineligible for rent assistance. I understand I must report any changes within 14 days of the change. I authorize the Housing Authority of Racine County to contact any individuals and other entities to verify all information to determine my eligibility for rent assistance. In addition to being elderly and/or disabled, residents must be income eligible and undergo additional screening such as criminal and civil background checks. Eligibility will be determined at the time that this application reaches the top of the waiting list.

Signature _____ Date: _____



**Return application to:
Housing Authority of Racine County
837 Main Street, Racine, WI 53403**