



Truax Park Apartments *PBV Pre-Application* Section 8 Project-Based Voucher Program

- Complete all sections of the Truax PBV Pre-Application. Incomplete applications will not be accepted.
- If vital information is missing from this application, you will NOT be placed on the waiting list.
- Return completed application to: **215 Martin Luther King, Jr., Boulevard, Room 120**
Or mail to: **CDA – Housing Operations, P.O. Box 1785, Madison WI 53701-1785**
- Once you are placed on the wait list, the CDA will mail you a receipt letter. Contact the CDA to report all changes in address, income, and family composition.
- When the CDA is ready to screen your application, you will be mailed a *full application* and a list of required documents. **Note: These items are not needed at this time.**
- Application assistance is available on Tuesday, Wednesday, and Thursday: 8:30 am – 12 noon and 1 pm – 4 pm
- If you or any member of your family need an interpreter, materials in alternate formats, or if you require a reasonable accommodation due to a disability to apply for, receive, or continue to receive this service, activity, or program, please contact Housing Operations at (608) 266-4675 or housing@cityofmadison.com

Household Composition: Who will be living with you?

Household Members (First-Middle Initial-Last)	Social Security # (24 CFR 5.216)	Relationship to Head of Household	Sex (M / F)	Race	Birth Date	Student?
		<i>Head-of-Household</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-head of household requested: **No** **Yes**, name: _____

- A co-head is an adult household member, who is not a spouse; and who is equally responsible for the lease.
- Only one Co-Head allowed.

What is the **total gross monthly income** for everyone included on this pre-application? \$ _____ /month

Contact Information: You must provide your mailing address.

Current Mailing Address: _____ (Apt. #)

(State) (Zip Code)

Phone: () **Alternate Phone:** ()

Do You Have an Advocate? **No** **Yes** Please provide the complete name and address of the person who you would like to receive copies of letters we mail to you.

Name/Agency _____ Phone _____

Address _____ City, _____ State _____ Zip _____

Preferences: A priority status to determine your position on the waiting list. Check all preferences that apply to you.

Residency

- I live, work and/or go to school in the City of Madison.
- I live, work and/or go to school in Dane County.

Family / Elderly / Disabled

- My household includes one or more minor children under the age of 18 years old.
- I am, or a member of my household is, 62 years of age or older.

In accordance with the *Americans with Disabilities Act*, a "Disabled Person" means any person who:

1. Has a physical or mental impairment, which substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such impairment

- I do, or a member of my household does, qualify as an individual with a disability:
 - Myself
 - Other household member: _____
_____ I do, or a member of my household does, require a wheelchair-accessible housing unit.
_____ I do, or a member of my household does, require a live-in aide.

Homeless / Victim of Domestic Abuse

- I am homeless.
- I am a victim of domestic violence.

Certification: Answer questions 1 - 3. Read the certification below. Sign and date.

1. Are you 18 years of age or older? **Yes** **No**
If "**No**," are you an emancipated minor under state law? **Yes** **No**
2. Are you, or is anyone on this application, a Citizen of the United States? **Yes** **No**
If "**No**," is anyone on this application an Eligible Immigrant of the United States? **Yes** **No**
3. Do any of your relatives currently work for the Community Development Authority? **Yes** **No**
If "**Yes**," who: _____

- I certify that the information provided on this pre-application is true and complete to the best of my knowledge.
- I understand that submission of false information or misrepresentation may result in loss of eligibility under the Section 8 Project-Based Voucher program at Truax Park Apartments.
- I understand that failure to supply required information may cause my pre-application to be cancelled.
- I agree to inform the CDA of any changes in my address, household members, or income and I acknowledge the CDA's right to re-rank my position on any waiting list based on these changes.

Signature of Head-of-Household _____ **Date** _____

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or representations to any department or agency of the United States Government as to any matter within its jurisdiction. Wisconsin Law Act 173 makes fraud against a Housing Authority a crime punishable by up to a \$10,000 fine and up to two years imprisonment.