



APPLICANT SCREENING CRITERIA



READ CAREFULLY BEFORE STARTING APPLICATION

NWCSA owns properties in Ashland, Bayfield, Douglas, Iron, and Price Counties and strives to maintain the quality of the neighborhood. We are working to make sure that people do not use rental units for illegal activity. Therefore, we use screening procedures to evaluate each prospective tenant before we rent. These procedures are listed below. Reasons why an application may be rejected are also listed.

Please review our list of criteria. If you feel you meet the criteria, please apply. Please note that we provide equal housing opportunity; we do not discriminate on the basis of race, color, religion, sex, handicap, national origin, familial status, marital status, sexual orientation, gender identity, lawful source of income, age, or ancestry.

RENTAL HISTORY It is your responsibility to provide us with the information necessary to contact your past landlords. We reserve the right to deny your application if, after making a good faith effort, we are unable to verify your rental history.

INCOME We must be able to verify independently the amount and stability of your income. (For example: through pay stubs, employer/source contact, or tax records. If self-employed: business license, tax records, bank records, or a list of client references.)

APPLICATION Applicants will be notified in writing if their application is denied.

YOU WILL BE DENIED THE RENTAL IF:

1. You misrepresent any information on the application. If misrepresentations are found after the agreement is signed, your agreement will be terminated.
2. If the completed application contains any omissions (not satisfactorily explained).
3. In the past five years, you have had a conviction for any type of crime. Non-violent felons may be considered for tenancy five years from the satisfaction of sentence.
4. If you have repeated offences of violent/threatening behavior or damaging property.
5. Your credit check shows accounts that are not current or a judgment against you for financial delinquency and unpaid fines or court costs are not acceptable.
6. If you have been evicted during the past two years for late or non-payment of rent or for behavior that includes causing disturbance, threatening other persons, damaging an apartment or other reason, your application will be rejected.
7. Previous landlords report significant complaint levels of noncompliance activity such as: repeated disturbance of the neighbors peaceful enjoyment of the area; reports of prostitution, drug dealing, or drug manufacturing; reports of violence or threats to landlords or neighbors; allowing persons not on the rental agreement to reside on the premises; failure to give proper notification when vacating the property.
8. NWCSA does not provide housing for Registered Sex Offenders.

If you have a complaint or disagreement with a policy or action of Northwest Wisconsin Community Services Agency Inc.'s programs and/or staff, or if you feel that you have been denied access to services unfairly, or if you feel you have been discriminated against for any reason, the following grievance should be used to express your concerns.

1. Bring the complaint directly to the program coordinator or other NWCSA staff person with whom you feel comfortable. Staff will assist you in determining the options for addressing your concerns. Please note that all complaints must be placed in writing and submitted within 10 days of the incident.
2. If you feel that the complaint is not addressed effectively following the above, you may request to meet with the agency director concerning the matter.
3. If you feel that the issue continues to be unresolved, you may register a complaint in writing to:

Northwest Wisconsin Community Services Agency, Inc.
Board of Directors
Attn: Board Chair
1118 Tower Avenue
Superior, WI 54880



**Northwest Wisconsin
Community Services Agency, Inc.**
1118 Tower Avenue, Superior, WI 54880
Telephone (715) 392-5127



Application for Affordable Housing Rental Unit

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	SSN	DOB
HOME PHONE	CELL PHONE	EMAIL		

CURRENT ADDRESS

STREET ADDRESS		CITY	STATE	ZIP
MONTHLY RENT \$	REASON FOR LEAVING	RENTAL ASSISTANCE	DATE IN	DATE OUT

PREVIOUS ADDRESS

STREET ADDRESS		CITY	STATE	ZIP
MONTHLY RENT \$	REASON FOR LEAVING	RENTAL ASSISTANCE	DATE IN	DATE OUT

OTHER OCCUPANTS

LAST NAME	FIRST NAME	M.I.	SSN	DOB/RELATIONSHIP
LAST NAME	FIRST NAME	M.I.	SSN	DOB/RELATIONSHIP
LAST NAME	FIRST NAME	M.I.	SSN	DOB/RELATIONSHIP
LAST NAME	FIRST NAME	M.I.	SSN	DOB/RELATIONSHIP
LAST NAME	FIRST NAME	M.I.	SSN	DOB/RELATIONSHIP

EMPLOYMENT & INCOME INFORMATION

HOUSEHOLD MEMBER	START DATE	END DATE
OCCUPATION	INCOME SOURCE	MONTHLY AMOUNT \$
HOUSEHOLD MEMBER	START DATE	END DATE
OCCUPATION	INCOME SOURCE	MONTHLY AMOUNT \$
HOUSEHOLD MEMBER	START DATE	END DATE
OCCUPATION	INCOME SOURCE	MONTHLY AMOUNT \$
HOUSEHOLD MEMBER	START DATE	END DATE
OCCUPATION	INCOME SOURCE	MONTHLY AMOUNT \$

ANY HOUSE HOLD MEMBER HAVE AN INTEREST BEARING ACCOUNT WITH A BALANCE OVER \$5,000.00? YES NO

CERTIFICATION

I/WE certify all the above information is complete and correct. I/WE understand false statements or withholding of required information is grounds for denial. If you believe you have been discriminated against you may call the Fair Housing and Equal Opportunity National Hotline at 1 800-424-8590.

Signature of Head of Household _____ Date _____

Signature of Applicant _____ Date _____



RELEASE AUTHORIZATION



CREDIT, INCOME, & RENTAL HISTORY INFORMATION

To Whom It May Concern:

I/we hereby authorize Northwest Wisconsin Community Services Agency, Inc. to obtain information concerning my employment/income, past credit, and/or tenant-landlord history now or anytime in the future. I hereby authorize any of the following sources, including but not limited to landlords, place of employment, income source, public or privately owned utilities, current or past creditors, governmental housing agencies, and/or other credit reporting agencies to release any information to Northwest Wisconsin Community Services Agency, Inc. concerning my/our employment/income, past credit, and/or tenant-landlord history. I hereby release any of the above sources, their officers, agents, or employees from any liability for damages of whatsoever kind or nature whether caused by negligence or otherwise which may at any time result to me/us by reason of compliance with the above mentioned inquiry which may include the answering of specific questions and the giving of any information concerning my/our past records.

Your prompt reply will help to determine eligibility for NWCSA's HOME Rental Application.

Signature of Applicant/Date

Social Security Number

Signature of Co-Applicant/Date

Social Security Number



CONFLICT OF INTEREST POLICY



PURPOSE:

The purpose of this Policy is to help manage those situations where Conflicts of Interest arise within the NWCSA Affordable Housing Program governed by the State of Wisconsin. The goal of this policy is to ensure fair and equitable treatment for all program eligible participants.

APPLICATION OF REQUIREMENTS

The Conflict of Interest provisions apply to anyone who participates in the Affordable Housing Program decision-making process or who gains inside information with regard to the program's assisted activities. Such individuals are, but are not necessarily limited to: NWCSA staff, NWCSA Board Members, members of their immediate families, and business associates of those listed above.

The requirements prohibit any such individuals from benefiting from their position personally, financially or through the receipt of special benefits other than payment of their salary and/or appropriate administrative expenses. This does not prevent staff, Board Members, their family members, and/or business associates from receiving housing benefits for which they qualify as low-income individuals, if not in violation of State Laws.

CONFLICT OF INTEREST

A Conflict of Interest may occur when an employee of NWCSA, a Member of the NWCSA Board, or an immediate relative of an employee or Board member is selected to receive assistance through any of the NWCSA housing programs.

DEFINITIONS:

Immediate family: is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents of the employee or his/her spouse, and grandchildren of the employee, or "foster" or "step" situations within these relationships.

HUD APPROVAL:

If the person receiving assistance is of low-income and they qualify for eligibility, admission and occupancy, only public disclosure and HUD notification is required per CFR §1000.30(c). However, HUD approval for an exemption is required when there is a potential conflict of interest that would be in violation of §1000.30(b). An example of a situation requiring HUD approval for an exemption of the Conflict of Interest provision would be housing assistance to a NWCSA staff member who meets the eligibility criteria of the Affordable Housing Program.

PUBLIC DISCLOSURE:

NWCSA shall make public disclosure of the nature of assistance to be provided and the specific basis for selection of that person. A copy of the disclosure shall be provided to the Division of Housing for approval before assistance is provided.

PREVIOUSLY ADMITTED RECIPIENTS:

Recipients should identify any Conflict of Interest for participants previously admitted that have not been properly reported. The necessary action should immediately be taken to make these conflicts of interest public and report them to the State.

REFERENCES:

24 CFR 85.36 (a) (3); 24 CFR 1000.30, 1000.32, 1000.34 and 1000.36

By signing below, I hereby certify that to my knowledge there exists no conflict of interest, as defined above, between myself or anyone in my household and NWCSA.

Signature

Print Name

Date