



**WALWORTH COUNTY HOUSING AUTHORITY**  
*affordable housing is the foundation to build a strong community*

---

20 N. Church Street • Elkhorn, Wisconsin 53121  
Phone: 262-723-6123 • Fax: 262-723-2079

**\*\*\*PLEASE REMOVE THIS PAGE AND KEEP FOR YOUR REFERENCE\*\*\***

---

**Completed applications may be returned to the Housing Authority in the following ways;**

**By Mail:** Walworth County Housing Authority  
20 N. Church Street  
Elkhorn, WI 53121

**By Fax:** 1-262-723-2079

**Email:** [kfriend@wchawi.com](mailto:kfriend@wchawi.com)

**Drop Box:** Completed applications may be placed in the drop box near the front door of the office building that is labeled **“Client Paperwork”**.

If you have questions regarding the application, please contact:

Kim Friend: 262-723-6123 ext. 3 / [kfriend@wchawi.com](mailto:kfriend@wchawi.com) – OR –  
Nancy Zikuda: 262-723-6194 / [nzikuda@wchawi.com](mailto:nzikuda@wchawi.com) – OR –  
Jessica DiRienzo: 262-723-6123 ext. 7 / [jdirienzo@wchawi.com](mailto:jdirienzo@wchawi.com)

**Commonly Asked Questions**

**How long is the waiting list?**

- The length of time your name could remain on the list is based on federal funding and voucher availability. Therefore, we are not able to provide an estimated time your application may remain on the waiting list.

**How do I know if I qualify?**

- This is a pre-application to place your name on the waiting list. Eligibility will be determined at the time your name reaches the top of the waiting list.

**What happens if my mailing address changes?**

- If your mailing address changes, you must contact the office to update your address. Failure to do so may result in removal from the waiting list.

**What happens after my name reaches the top of the waiting list?**

- Once your application reaches the top of the waiting list, you will receive a letter with instructions to complete the eligibility process. You will be required to **provide Social Security Cards and a form of legal identity for all household members during the eligibility process.**



If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, contact our Housing Specialists at 262-723-6123. Advance notice of 14 days is required in order to arrange for interpreter services.

REV. 10/23

# ARE YOU A HOMELESS VETERAN?



## U.S. Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program

HUD-VASH is a collaborative program which pairs HUD's Housing Choice Voucher (HCV) rental assistance with VA case management and supportive services for homeless Veterans. These services are designed to help homeless Veterans and their families find and sustain permanent housing and access the health care, mental health treatment, substance use counseling, and other supports necessary to help them in their recovery process and with their ability to maintain housing in the community.

Eligible homeless veterans and their families referred to a participating Housing Authority will skip the wait list for a Housing Choice Voucher (HCV).

For more information please contact:

|                   |                         |  |
|-------------------|-------------------------|--|
| Katie Lamb        | 414-384-2000 ext. 41703 | Clement J Zablocki VA Medical Center     |
| Cassandra Barnett | 608-556-7909            | William S Middleton Memorial VA Hospital |
| Emily Bredlau     | 608-301-7131            | William S Middleton Memorial VA Hospital |



If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, contact our Housing Specialists at 262-723-6123. Advance notice of 14 days is required in order to arrange for interpreter services.

REV. 10/23



# WALWORTH COUNTY HOUSING AUTHORITY

*affordable housing is the foundation to build a strong community*

20 N. Church Street • Elkhorn, Wisconsin 53121

Phone: 262-723-6123 • Fax: 262-723-2079

## HOUSING CHOICE VOUCHER PROGRAM PRE-APPLICATION

### Head of Household (Please Print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

### APPLICATIONS MUST HAVE A MAILING ADDRESS AND A PHYSICAL ADDRESS LISTED

#### Address where you will receive your mail

\*mailing address is required

#### Physical Address check if same as mailing

If homeless list city/zip-code where you typically stay

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip

City, State, Zip

**\*NOTICE: You are required to notify the Walworth County Housing Authority of any change of address. If we cannot contact you by mail your name will be removed from the waiting list.**

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

### HOUSEHOLD INFORMATION

How many people will live in the unit? \_\_\_\_\_ Total number of adults \_\_\_\_\_ Total number of children \_\_\_\_\_

Total amount of family income. This is income from all sources – fill in one line.

Annual Income \$ \_\_\_\_\_ OR Monthly Income \$ \_\_\_\_\_ OR Weekly Income \$ \_\_\_\_\_

### Hud Statistical Purposes Only

Please identify your race and ethnicity by checking the box in each of the two categories below

#### Check all that apply

- \_\_\_\_\_ White
- \_\_\_\_\_ Black/African American
- \_\_\_\_\_ American Indian/Alaskan Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Native Hawaiian/Other Pacific Islander

#### Check one

\_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

How did you hear about us?

- \_\_\_\_\_ Social Media \_\_\_\_\_ Case Worker
- \_\_\_\_\_ Shelter \_\_\_\_\_ Word of Mouth

Other: \_\_\_\_\_



If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, contact our Housing Specialists at 262-723-6123. Advance notice of 14 days is required in order to arrange for interpreter services.

## WAITING LIST SELECTION

The Walworth County Housing Authority offers two waiting lists for the Housing Choice Voucher Program. Below is a brief description of each waiting list. Please indicate which list you would like to be placed on.

### **Section 8 Waiting List:**

This waiting list is for the Housing Choice Voucher Program and is designed to help individuals and families living on a limited income afford a private housing unit. Once an applicant is determined eligible they will receive a Voucher to begin to look for suitable housing in Walworth County.

This waiting list offers a Homeless Preference and a Displacement Preference.

### **WHEDA Section 8 Waiting List:**

This waiting list is for the Housing Choice Voucher Program and is designed to help individuals and families living on a limited income afford a private housing unit. Once an applicant is determined eligible they will receive a Voucher to begin to look for suitable housing in Walworth County. The policies for this program may differ from the Section 8 Waiting List. This waiting list does **NOT** offer any preferences.

I would like to be placed on the:

**You may choose one or both waiting lists.**

\_\_\_\_\_ Section 8 Waiting List

\_\_\_\_\_ WHEDA Section 8 Waiting List

## APPLICATION CERTIFICATION

I certify that the information given to the Walworth County Housing Authority on this pre-application is accurate and complete to the best of my knowledge and belief. I understand that false statements of information are punishable under Federal Law. I also understand that false statements of information are grounds for denial or termination of housing assistance.

WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States.

I do hereby swear and attest that all the information provided on my application about myself and my household is true and correct.

I declare under penalty of perjury under the laws of the United States of America and the State of Wisconsin that the information contained in this statement of facts is true, correct and complete.

Please sign:

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date



# WALWORTH COUNTY HOUSING AUTHORITY WAITING LIST PREFERENCE REQUEST FORM

**\*\*THIS PAGE SHOULD ONLY BE COMPLETED IF YOU MEET THE DEFINITION OF THE PREFERENCE\*\***

The Walworth County Housing Authority has established two preferences for the Section 8 Housing Choice Voucher Waiting List. The preference will establish the order of placement on the waiting list. All applicants to the Section 8 Waiting List will be given the opportunity to certify that they meet a preference definition.

Please check the preference you are requesting to be considered for on the waiting list:

\_\_\_\_\_ **Homeless Preference (1):** The Walworth County Housing Authority has established a local Homeless Preference.

- The Homeless Preference is defined as any individual or family, who lacks a fixed, regular, and adequate nighttime residence that meets certain, defined criteria. Defined criteria includes: living in a publicly or privately-operated shelter designated to provide temporary living arrangements, is exiting an institution where they have resided for 90 days or less **and** who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution, has a primary nighttime residence that is a public or private place not meant for human habitation or is fleeing, or is attempting to flee, domestic violence; has no other residence **and** lacks the resources or support network to obtain permanent housing.
- **Doubling up, "couch-surfing, or anticipating homelessness is NOT considered as eligible criteria for the homeless preference.**
- During the eligibility determination process, the applicant will be required to certify and provide documentation of being homeless.

\_\_\_\_\_ **Displacement Preference (2):** The Walworth County Housing Authority has established a federal Displacement Preference.

- The Displacement Preference is defined as any individual or family that has been involuntarily displaced, through no fault of their own, **by NATURAL DISASTER (i.e., flood, hurricane, tornado) or GOVERNMENT ACTION.**
- During the eligibility determination process, the applicant will be required to certify and provide documentation of meeting the Displacement Preference.

I am requesting that my application be considered for the Preference marked above. **I understand that I will be required to certify and provide documentation to verify I qualify for this preference during the eligibility process.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Phone Number**

