



ANNUAL RENEWAL APPLICATION

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the Social Security card. All adult members of the household must sign below certifying the information pertaining to them. Please print.

DATE _____ HOME PHONE _____

APPLICANT'S NAME _____ WORK PHONE _____

ADDRESS _____

1. HOUSEHOLD COMPOSITION

NAMES OF HOUSEHOLD MEMBERS (include middle initial)	RELATIONSHIP	SEX	OCCUPATION	PLACE OF BIRTH	DATE OF BIRTH	AGE	SOC SEC #
1.	Head of Household						
2.							
3.							
4.							
5.							
6.							

(Check one) Black White Asian American Indian Hispanic Pacific Islander

2. INCOME

FAMILY MEMBER NO.	EMPLOYER NAME/ADDRESS	MONTHLY WAGE	NO. HOURS PER WEEK	SOCIAL SECURITY/ PENSION I.D. NO.

FAMILY MEMBER NO.	SOCIAL SECURITY	PENSION	SSI	AFDC	CHILD SUPPORT/ALIMONY	SOCIAL SECURITY/ PENSION I.D. NO.



3. ASSETS List all accounts, including checking, savings, IRA's, Certificates of Deposit, stocks, etc., of all household members)

NAME OF FAMILY MEMBER	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER

4. REAL ESTATE Do you own real estate? Yes No
 Have you sold/given away real estate/other assets in the past 2 years? Yes No

5. CHILD CARE Do you pay for child care? Yes No
 Name _____ Address _____

6. ELDERLY ONLY Do you have medical insurance? Yes No (need verification)
 Do you pay for prescriptions? Yes No (need verification)
 Do you pay doctor bills? Yes No (need verification)

7. MEDICAL EXPENSES Attach all medication and health insurance receipts if you are elderly or handicapped only. **If these receipts are on a regular basis, bring in a yearly printout from your pharmacist or monthly average statement.**

8. LIFE INSURANCE If you have life insurance, answer the following:
 Name of Insurance Co. _____
 Agent _____
 Address _____
 Policy Number(s) _____

Any known change of family circumstance that is going to occur within three (3) months of making application has to be reported when application is made.

APPLICANT CERTIFICATION: I/We certify that the information given to the Milwaukee County My Home Housing Program on household composition, income and assets is 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 tenancy. I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to Milwaukee County Rent Assistance in WRITING IMMEDIATELY.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-669-9777 or 1-800-927-9275 (TDD).

Signature of Head _____ Date _____

Signature of Spouse _____ Date _____

