



## Central Wisconsin Community Action Council, Inc. Apartments

Wood Hollow    Kenwood    Kirkwood    Pine Grove  
 Beaver Dam    Holly Heights    John Wenum Family Apts  
 Rolan's Senior Village    WLA    Portage

**Please fill out the attached application and include all of the required documents listed below.**

- A) A copy of all income and asset information, which includes a copy of **2016** Federal Income Tax Form (not W-2s).
- B) If you are self-employed, please include all of your schedules.
- C) Copies of Social Security award letter.
- D) Bank statements (*Account numbers are needed for savings & checking accounts.*)
- Copies of Social Security cards and photo ID.
- A list of references/referrals.
- All information listed above must be submitted. Fill out all the included forms completely.

**You must be able to pass a background check before you will be considered for residency at the Central Wisconsin Community Action Council, Inc. apartments.**

### **Return application to:**

Central Wisconsin Community Action Council, Inc.

Attn: Gina Gray

P.O. Box 430

Wisconsin Dells, WI 53965

Phone: (608) 254-8353, ext. 243

Fax: (608) 254-4327



**Central Wisconsin Community Action Council, Inc.  
1000 Highway 13, P.O. Box 430, Wisconsin Dells, WI 53965**

Apartment Building (Please check one.)

Beaver Dam  Holly Heights  John Wenum Family Apts  Kenwood  Kirkwood  
 Pine Grove  Portage  Rolan's Senior Village  Wood Hollow

**Apartment Rental Application & Income Eligibility Determination**

**Please read item carefully before you answer it. Do not leave any questions unanswered.  
The answers you provide will be used to determine your eligibility.**

Applicant Name: \_\_\_\_\_ Co-applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell/Work Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**List all household members, including yourself:**

Name	Sex	U.S. Citizen?	Disabled?	Birth Date	Relationship to You

Is anyone in your household:  elderly  handicapped (ambulatory)  handicapped (non-ambulatory)



**Please list name and phone number of past landlords and length of tenancy for each.**




### Current Household Expenses

Please list all of your monthly expenses that you currently have to pay.

Expense	Amount Paid Each Month
Rent	
Telephone (Cell and/or Home)	
Car Payment	
Car Insurance	
Cable/Satellite/Internet	
Utilities (Heat & Electric)	
Clothing	
Day Care	
Food	
School Loans	
Credit Cards	
Medical Expenses	
Other	

Complete the following income/asset questionnaire completely.

Income Source	Name of Employee
<p>Wages, salary, overtime pay commissions, fees, tips, bonuses, and/or other compensation.</p> <p><b>Employer:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>Fax Number:</b> _____</p> <p>*****</p>	<p>_____</p> <p>*****</p>
<p><b>Employer:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>Fax Number:</b> _____</p> <p>*****</p>	<p>_____</p> <p>*****</p>
<p><b>Employer:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>Fax Number:</b> _____</p> <p>*****</p>	<p>_____</p> <p>*****</p>
<p><b>Please include a copy of your latest tax return including copies of W-2 forms and all forms submitted with your return.</b></p>	
<p><b>Social Security payments received</b> (including SSI &amp; Disability):</p> <p>Name of Person receiving payment &amp; amount: _____</p> <p>_____</p> <p>Name of Person receiving payment &amp; amount: _____</p> <p>_____</p>	<p>Please provide award letter.</p>



**Income from other sources other than those listed above** (including unemployment compensation, self-employment, V.A. benefits, public assistance, alimony, or child support payments): **List name & amount:** \_\_\_\_\_  
 \_\_\_\_\_

**Asset Information: Identify each asset, its value, and rate of interest currently held by the household.**

Source of Asset	Cash Value
Checking Acct .(Please list name, branch of banking institution, & account #):  1. _____ 2. _____	<b>Please provide statements for past 6 months.</b>
Savings or Certificates of Deposit: (Please list name, branch of banking institution, & account #):  1. _____ 2. _____ 3. _____	<b>Please provide statements for past 6 months.</b>

Source of Asset	Cash Value	Interest or Dividend Rate	Annual Income
Stocks or Bonds			
IRA/Keogh/401(k)			
Trust/Retirement Pension Funds			
Other Retirement			
Equity in Real Estate or Land Contracts			
Life Insurance Policies (excluding term)			
Lump Sum Receipts			
Capital Investments			
Personal Property held as an investment			
Cash on Hand or in Safety Deposit Box			
Assets disposed of for less than Fair Market Value within the past 2 years.			
Other (Please list.)			
<b>I/We do not have any assets at this time.</b>	Please sign here if you do not have any assets at this time. _____		

**Person to be notified in case of emergency:**

Name	Address	Phone #	Relationship to You

Is someone legally empowered to act on your behalf? \_\_\_\_ Yes \_\_\_\_ No



**HONESTY STATEMENT:**

I certify, under penalty of perjury, that the information on this application and given in connection with, is a true and complete statement of facts according to my best knowledge and belief. I certify that I have read and understand the statements on this page and agree to them. I also understand that I may be asked to provide proof of any information given on this application form and that giving false information may subject me to prosecution for fraud.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AFFIRMATIVE ACTION QUESTIONS - COMPLETION OF THIS SECTION IS OPTIONAL.**

However, we ask that you answer these questions to assist us in meeting governmental reporting requirements. The data will be kept in a confidential file.

Applicants are considered for all programs without regard to race, color, religion, sex, ancestry, national origin, age, marital or family status, lawful source of income, handicap, and all legally protected classes.

- |   |  |
|---|--|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Asian & White   |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Black/African American & White                          |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> Hispanic  |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> American Indian/Alaskan Native & White |  |

Marital Status:  Single  Married  Separated  Divorced

Do any family members have physical, mental, or learning disabilities?  Yes  No

If yes, please describe the disability:

\_\_\_\_\_

\_\_\_\_\_

Are you or any member of your family 62 years of age or older?  Yes  No

Number of children in household:  0  1-3  4+



**Release of Information Authorization and Certification**

**Landlord**

I hereby authorize the release of the requested information pertaining to my rental history with my landlord(s). There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent attached to a copy of this consent.

**Credit Check**

I acknowledge that the owner or owner’s agent will request a consumer credit report from the Trans Union Credit Reporting Agency to evaluate my qualifications as a potential tenant.

**Student Status**

I acknowledge that the owner or owner’s agent may request verification of my or any one in my household’s student status with educational institution I attend. This includes verification of full-time or part-time status.

**Income and Assets**

In order to comply with federal regulations requesting verification on all income, including unemployment compensation benefits, assets, and allowances for residents of tax credit and affordable housing program, please complete the attached information and return to the above address. I/We hereby authorize release of any information requested by Central Wisconsin Community Action Council, Inc., their subsidiaries, or managing agents regarding my/our income, assets, allowances, credit history, and rental history. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

**Certification**

I/We certify that the information given on household composition, income, net family assets, and allowance and deductions, as well as other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/We also understand that false statements or information are grounds for termination of housing termination of tenancy, and/or retroactive rent increases.

I/We acknowledge that by providing Central WI Community Action Council, Inc. my/our emergency contact information, CWCAC, Inc. is allowed to discuss my/our tenancy status with those I/we have listed.

**Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement. All of the information contained herein will be verified. A background check, credit check, and third-party verifications with financial institutions and/or other organizations or businesses including Unemployment Compensation noted in this application or any material provided by you will be completed to verify the information. Previous landlords may be contacted to verify your tenancy. To facilitate these verifications, by signing below you hereby give your permission to complete said verifications. This permission will expire 13 months from the date of the signature below.**

**Applicant Signatures:**

<b>X</b>	<b>Date</b>	<b>Social Security Number</b>
<b>X</b>	<b>Date</b>	<b>Social Security Number</b>

The above named organization, its subsidiaries or managing agents may obtain information regarding my income, assets expenses, prior housing, and household status for purposes of determining my eligibility for participation in the following affordable housing programs: Low Income Housing Tax Credit Program-Section 42; HUD Housing Assistance Payments Program-Section 8; RECD Rental Assistance Program-Section 515; WHEDA-HOME Program; USDA-Housing. The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope. This release of information will expire thirteen (13) months from the date of signature.

CENTRAL WI COMMUNITY ACTION COUNCIL, INC. DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAPPED STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS FEDERALLY ASSISTED PROGRAMS AND ACTIVITIES.