

Central Wisconsin Community Action Council, Inc.

549 W North St  
Adams WI 53910



Ph: 608-474-4190  
Fax: 608-254-4327  
Email – [monica@cwac.org](mailto:monica@cwac.org)

**KENWOOD APARTMENTS**

*Kenwood Apartments is an 8-unit one-story apartment building serving individuals with disabilities.*

**Return Application to:**

Central Wisconsin Community Action Council Inc  
549 W North St  
Adams WI 53910

**Required Documents:**

1. Copy of Social Security Benefit letter
2. One bank statement
3. Letter for any pension or VA benefits
4. List of previous landlords (on page 3)

You must pass a background check before you can be considered for residency at Kenwood.

**Primary Applicant Name:** \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Other names by which I have been known: \_\_\_\_\_

**Spouse/Co-tenant Name:** \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow

Other names by which I have been known: \_\_\_\_\_

**Other members that will live in the unit:**

Name	Age	Sex	Relationship

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Administrative Office  
1000 Hwy 13  
PO Box 430  
Wis Dells WI 53965  
608-254-8353



COLUMBIA COUNTY  
203 DeWitt Street  
Portage, WI 53901  
(608) 742-3320

DODGE COUNTY  
134 S. Spring St  
Beaver Dam, WI 53916  
(920) 885-9559

JUNEAU COUNTY  
534B La Crosse St  
PO Box 253  
Mauston, WI 53948  
(608) 847-1124

SAUK COUNTY  
Job Center, 2<sup>nd</sup> Floor  
505 Broadway St  
Baraboo, WI 53913  
(608) 355-4812

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**Emergency Contact:** (The person to be notified in case of emergency.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Is someone legally empowered to act on your behalf?**  YES  NO

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Guardian or Power of Attorney

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

**To be eligible for residency at Kenwood Apartments you must have a disability.**

Are you disabled?  Yes  No

Persons that meet the definition of disabled or handicapped qualify for a \$525 deduction to their annual income when determining rent contribution and certain other deductions.

**Please list the name and address of a physician or therapist who will be able to provide verification of your disability eligibility.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Income sources for all household members including:**

- |                    |                  |            |
|--------------------|------------------|------------|
| 1. Social Security | 4. Pensions      | 7. W-2     |
| 2. SSI Disability  | 5. Child Support | 8. Alimony |
| 3. VA Benefits     | 6. Worker's Comp | 9. Wages   |

Household member	Type of Income	Monthly Amount

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**Asset Information:**

List all Assets for all household members.

**Checking Account**

Bank:	Current Balance:
Bank:	Current Balance

**Savings Account**

Bank:	Current Balance:
Bank:	Current Balance

**Stocks, Bonds, IRAs, CDs, Money Markets**

Type	Bank or Company	Value

**Former Landlords within the past 10 years**

Rental Address	Landlord Name & Phone Number	Dates Rented

**Medical Expenses: (not covered by insurance)**

These are medical expenses you paid out-of-pocket for, such as:

- |                  |                           |   |
|------------------|---------------------------|---|
| 1. Dental        | 4. Eye glasses            | 7. Medical insurance premiums               |
| 2. Prescriptions | 5. Chiropractor           | 8. Cost of live-in resident assistant       |
| 3. Eye exams     | 6. Hearing aids/batteries | 9. Monthly payments on major medical bills. |

Medical Expense	Amount you paid

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**Additional Questions:**

1. Are you or any household member subject to a lifetime sex offender registration:  **YES**  **NO**
2. Have you ever been evicted from a rental unit?  **YES**  **NO**
3. Do you need any specific housing requirements, such as handicap accessible?  **YES**  **NO**

Requested requirements: \_\_\_\_\_

4. Do you have a service animal?  **YES**  **NO** If "yes", what type: \_\_\_\_\_

5. Do you certify that this unit will be your permanent residence and that you do not maintain a separate subsidized unit in a different location:  **YES**  **NO**

6. Do you or anyone else in your household smoke cigarettes or cigars? \_\_\_Yes \_\_\_No

**7. All of our apartments are non-smoking units. You must go outside to smoke. If you do not agree to this, your application will be denied. Do you agree to this smoking policy? \_\_\_Yes \_\_\_No**

8. Other states you have resided in the past 7 years: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Co-tenant Date

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## Release of Information Authorization and Certification

I hereby authorize the release of the requested information pertaining to my rental history with my landlord(s).

**Credit Check:** I acknowledge that the owner or owner's agent will request a consumer credit report from an authorized Credit Reporting Agency to evaluate my qualifications as a potential tenant.

**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 cred and affordable housing programs, please complete the attached information and return to the above address. I hereby authorize release of any information requested by Central WI Community Action Council Inc.(CWCAC) regarding my/our income, assets, allowances, credit history, and rental history. I understand and agree that photocopies of this authorization may be used for the purpose stated above.

**Certification:** I certify that the information given on household composition, income, net family assets, and allowance and deductions, as well as all other information provided is accurate and complete to the best of my knowledge and belief. I understand that false statements of information are grounds for termination of housing termination of tenancy and/or retroactive rent increases.

I acknowledge that by providing CWCAC, Inc. with my emergency contact information, CWCAC, Inc. is allowed to discuss my tenancy status with those I have listed.

Under penalties of perjury, I certify that the information present on this form is true and accurate to the best of my 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 business 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.

**Applicant Signature(s):**

	Date	Social Security Number
	Date	Social Security Number

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.

**CWCAC, 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.**

**Power of Attorney:** If you have given power of attorney to someone to represent you in financial matters, have them sign below and attach a copy of the Financial Power of Attorney document to this form. If the person is only a health power of attorney, do not sign below and do not include a copy of the Power of Attorney document.

**Name of Power of Attorney (printed):** \_\_\_\_\_

**Power of Attorney Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### AN EQUAL OPPORTUNITY PROVIDER

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PO Box 430  
Wis Dells WI 53965  
608-254-8353



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203 DeWitt Street  
Portage, WI 53901  
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134 S. Spring St  
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## Disposal of Asset Certification

(Examples: sold home, sold stocks, closed accounts)

\_\_\_\_\_ I hereby certify that I **HAVE NOT** sold or disposed of any assets during the previous two year period preceding the effective date of my certification.

\_\_\_\_\_ I **HAVE** disposed of more than \$1000 in assets within the two year period preceding the effective date of my certification.

Asset Type	Fair Market Value	Divestiture Costs	Date Asset Disposed

**\*Divestiture Costs** are the reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

- Penalties for withdrawing funds before maturity
- Broker/legal fees for the sale or conversion of assets
- Settlement costs for real estate transactions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the US 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 Government or any owner, may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of the United States Government or the owner responsible for the unauthorized disclosure or improper use.

## DECLARATION OF SECTION 214 STATUS

**Notice to applicants and tenants:** Section 214 of the Housing & Community Development Act of 1980, as amended, limits eligibility for Section 8 assistance to U.S. citizens, nationals, and certain categories of eligible noncitizens. Please read the Declaration statement carefully and sign and return it to the Section 8 office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury\*\*, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- Box #1**  I am a citizen by birth, a naturalized citizen or a national of the United States; or
- Box #2**  I am a citizen of the Federated States of Micronesia, the Republic of Palau, or the Republic of Marshall Islands and is now a lawful resident in the United States and its territories; or
- Box #3**  I have eligible immigration status, and have reached the age of 62. Attach proof of age; or
- Box #4**  I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form. (See reverse side for listing of ACCEPTABLE INS DOCUMENTS.)
- Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), or resident card (temporary form I-SSI)
  - Permanent residence under §249 of INA; or
  - Refugee, asylum or conditional entry status under §§207, 208, or 203 the INA; or
  - Parole status under §§212(d)(5) of the INA; or
  - Threat to life or freedom under §243(h) or the INA; or
  - Amnesty under §245A of the INA
- Box #5**  I do not have eligible immigration status; or
- Box #6**  I do not wish to declare my citizenship/immigration status. If this box is chosen, please call our office for an NON-CONTENDING FAMILY MEMBER FORM.

\_\_\_\_\_  
(Signature of Family Member) (Date)

*Responsible Adult to sign for minor*

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the

jurisdiction of any department or agency of United States, shall be fined not more than \$10,000.00, imprisoned for not more than five years, or both.

**ACCEPTABLE INS DOCUMENTS:** The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with **INS**:

- 1) Form I-51, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). For I-151 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.
- 2) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 3) Form I-94, Arrival-Departure Record, with one of the following annotations:
  - a) "Admitted as Refugee Pursuant to Section 207";
  - b) "Section 208" or "Asylum";
  - c) "Section 243(h)" or "Deportation stayed by Attorney General";
  - d) "Paroled Pursuant to Section 212(d)(5) of the INA";
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - a) A final court decision granting asylum (but only if no appeal is taken);
  - b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) *or* from an INS district director granting asylum (if application filed before October 1, 1990);
  - c) A court decision granting withholding or deportation; or
  - d) A letter from an asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).
- 5) Form I-688B, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
- 6) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12";
- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.





## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reasons for your end of participation or any negative status (i.e. abandoned unit, fraud, lease Violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<b>This Notice was provided by the below-listed PHA:</b>	<b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b>	
	<b>Signature</b>	<b>Date</b>
	<b>Printed Name</b>	