

Central Wisconsin Community Action Council, Inc.

549 W North St  
Adams WI 53910



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

**KIRKWOOD APARTMENTS**

*Kirkwood Apartments is a 6-unit two-story affordable housing building*

**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 Kirkwood.

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

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

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

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

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

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 household members that will live in the unit:**

Name	Age	Sex	Relationship

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



**AN EQUAL OPPORTUNITY PROVIDER**

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: \_\_\_\_\_

**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

**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, Life Insurance**

Type	Bank or Company	Value

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**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

**Additional Questions:**

- Are you or any household member subject to a lifetime sex offender registration:  YES  NO
- Have you ever been evicted from a rental unit?  YES  NO
- 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 or anyone else in your household smoke cigarettes or cigars? \_\_\_Yes \_\_\_No

**6. 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**

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

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**Divestiture of Assets**

Has your household sold or given away any assets over the last two years in excess of \$1,000?     Yes     No

	Cash Value
Have you ever owned a home or real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you <b><u>sold the property within the last two years</u></b> , provide the closing statement & property tax bill	
If you <b><u>still own the property</u></b> , provide the property tax bill.	

I hereby certify that during the two year (24 month) period preceding the effective date of my certification or recertification of eligibility for tax credit housing participation, **I have OR have not (circle one)** disposed of any of the following asset(s) as identified below, **(i.e., sold home, closed accounts, sold stock)**

A ASSET	B CASH VALUE*	C DATE DISPOSED	D ACTUAL AMOUNT RECEIVED

\*CASH VALUE is the market value of asset minus reasonable costs incurred in selling or converting the asset to cash.

**If you state in column D that you received money, where is the money now? (Provide receipts if possible)**

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I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

\_\_\_\_\_  
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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**EMPLOYMENT VERIFICATION**  
(Fill out if you are employed, otherwise ignore)

**TO BE COMPLETED BY EMPLOYER**

The individual listed is a Tenant applying for a CWCAC apartment. In order to process their re-certification eligibility, please enter the information requested and return via email [monica@cwcac.org](mailto:monica@cwcac.org) or fax 608-254-4327..

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

HR department phone: \_\_\_\_\_

Date employment began: \_\_\_\_\_

Is this job considered temporary:     Yes     No

**Average hours worked per week:** \_\_\_\_\_    **Hourly rate: \$** \_\_\_\_\_

Overtime hourly rate: \$ \_\_\_\_\_    Average hours of overtime: \_\_\_\_\_

Commissions, bonuses, tips other: \$ \_\_\_\_\_ monthly or yearly

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Thank you.



## **PLEASE READ!**

### **ALL INCOME MUST HAVE A LETTER VERIFYING THE AMOUNT YOU RECEIVE.**

- 1.** **Social Security** payments must have the Benefit Verification letter you get each December. You can also get a copy by going to SSA.gov and go to your account or create an account.
- 2.** Send **one** month recent bank statement. All **checking accounts, savings accounts, CDs and Money Markets** must be noted in the application as to what financial institution the accounts are at.
- 3.** **Pensions, retirement payments, and annuities** must have a letter from the company with the annual or monthly amount paid to you.
- 4.** **Insurance policies** must have a letter from the insurance company stating the cash value of the policy.
- 5.** **VA benefits** must have a VA benefit letter.
- 6.** **Any funeral trust** must be noted as to what funeral home or bank the trust is with.