

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

PINE GROVE APARTMENTS

Pine Grove Apartments is an 8-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 Pine Grove.

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

AN EQUAL OPPORTUNITY PROVIDER

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, 2nd 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:

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 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 resided 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 sold the property within the last two years , provide the closing statement & property tax bill	
If you still own the property , 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)

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.(CWAC) 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 CWAC, Inc. with my emergency contact information, CWAC, 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.

CWAC, 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:** _____

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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 CWAC apartment. In order to process their re-certification eligibility, please enter the information requested and return via email monica@cwac.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.