

Central Wisconsin Community Action Council, Inc.

Administrative Office
1000 Hwy 13
P. O. Box 430
Wisconsin Dells, WI 53965



Phone: 608.254.8353
Ext. 243
Fax: 608.254.4327
Email: gina@cwac.org

KENWOOD APARTMENTS

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



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

✓	Required Documents
	A copy of ALL income and asset information, which includes current Federal Income Tax Form (NOT W-2's), copies of Social Security Award Letter, Bank Statements, etc. If you are self-employed make sure to include all of your schedules.
	Copies of your Social Security Card and Photo I.D.
	A list of references / referrals.
	You must turn in all of the required information listed above; Complete, sign and date all the included forms; Pass a Background Check before you can be considered for residency at Kenwood Apts.

Return Applications to:

Central Wisconsin Community Action Council, Inc.

Attn: Gina Gray

PO Box 430

Wisconsin Dells WI 53965

AN EQUAL OPPORTUNITY PROVIDER

ADAMS COUNTY
1874 Hwy 13
PO Box 647
Friendship, WI 53934
(608) 339-4900
FAX: (608) 339-9400



COLUMBIA COUNTY
203 DeWitt Street
Portage, WI 53901
(608) 742-3320
FAX: (608) 742-0984

DODGE COUNTY
134 South Spring Street
Beaver Dam, WI 53916
(920) 885-9559
FAX: (920) 885-9589

JUNEAU COUNTY
534B La Crosse St
PO Box 253
Mauston, WI 53948
(608) 847-1124
FAX: (608) 847-3009

SAUK COUNTY
Job Center, 2nd Floor
505 Broadway St
Baraboo, WI 53913
(608) 355-4812
FAX: (608) 355-4816

Person to be notified in case of emergency:

Name	Relationship	Address
Phone:		

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

Name and Title (ex. Guardian, Power of Attorney)	Address
Business Phone: _____	
Home 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 \$400 deduction to their annual income when determining rent contribution and certain other deductions.

If you feel that you qualify and would like to request this adjustment to your income, please check here.

If you have indicated your desire to request this adjustment, then we will need sufficient information (documentation) to confirm your qualification for this status.

Failure to provide this information may result in denial of these deductions.

Please list the name and address of a qualified neutral third party who will be able to provide verification of your eligibility (ex. physician, therapist, etc.)

Name and Title	Address
Business Phone: _____	
Fax: _____	

Do you have any specific housing requirements, such as a special handicapped accessible unit? Yes No

Requested requirements: _____

What is your present living arrangement? _____

Are you without or about to be without housing? Yes No

Living in sub-standard housing? Yes No Do you hold a Letter of Priority Entitlement? Yes No

Issued by FmHA? Yes No Are you paying more than 50% of income for rent? Yes No

Will you require an on premise vehicle parking space? Yes No

Do you certify that this unit will be your permanent residence and that you do not/will not maintain a separate subsidized unit in a different location? Yes No

Your signature on the back of this application authorizes the owner/manager of the project in which you are applying for occupancy to contact your prior landlords for information regarding your prior tenancies, to check personal and credit references, and to obtain credit, employment and court records.

Complete all applicable information for Applicant, Spouse or Co-Applicant on following pages. Attach an additional sheet if more space is needed. (Include names and addresses.)

INCOME AND EXPENSE INFORMATION

1. Salary / Wages: List gross amounts (before deductions) of wages and salaries, overtime pay, commissions, fees, tips, and bonuses. Indicate source.	
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
2. Net Income from Business / Professional / Rental / Real / Personal Property.	
\$ _____	Annually from _____
\$ _____	Annually from _____
3. Social Security / SSI Payments.	
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
4. Pensions, Annuities, Retirement Funds, IRA Accounts, Interests.	
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
5. All other income: such as Unemployment, Disability Compensation, Worker’s Compensation, Severance Pay, Alimony, Child Support, Regular recurring contributions or gifts of money, Educational Grants, Scholarships, VA Benefits, Regular Pay, Special Pay and Allowances for Head of Household in Armed Services, Public Assistance, AFDC, Welfare, or any other source.	
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
6. Child Care Expense: List amount paid by family for the care of minor children under the age of 13 years when such care is necessary to enable a family member to further education or to be gainfully employed.	
\$ _____	Annually from _____

7. Medical Expenses: (To be completed for households with persons who are handicapped, disabled or over the age of 62) – include total expenses to be incurred over next twelve-month period **not covered by insurance**. May include expenses for dental, prescriptions, medical insurance premiums, eyeglasses, hearing aids/batteries, cost of live-in resident assistant, monthly payments required on accumulated major medical bills, including that portion of spouse’s or child’s nursing home care paid from family income (list full name & address of agency). **Must provide documentation of medical expenses.**

\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____

ASSET INFORMATION

List all information for Applicant, Spouse or Co-Applicant.

1. Cash on hand – Amount on hand at present time:		\$ _____
2. Checking Accounts: Previous 6 months’ statements are needed.		
Account # _____	Bank _____	Current Balance \$ _____
Account # _____	Bank _____	Current Balance \$ _____
Account # _____	Bank _____	Current Balance \$ _____
3. Savings Accounts: Previous 6 months’ statements are needed.		
Account # _____	Bank _____	Current Balance \$ _____
Account # _____	Bank _____	Current Balance \$ _____
Account # _____	Bank _____	Current Balance \$ _____
4. Stocks and/or Bonds: Documentation of Verification required.		
Type _____	# Owned _____	Value \$ _____
Type _____	# Owned _____	Value \$ _____
Type _____	# Owned _____	Value \$ _____
5. Real Estate Owned at Present or Sold within the last 2 years.		
Present: _____	Market Value: \$ _____	
Sold: _____	Market Value: \$ _____	
6. Property sold under land contract.		
Original Amount: \$ _____	Outstanding Balance: \$ _____	
Terms: \$ _____	<input type="checkbox"/> Per Month or <input type="checkbox"/> Per Year	

7. List All Other Assets Owned:

Type: _____	Value: \$ _____
Type: _____	Value: \$ _____
Type: _____	Value: \$ _____
Type: _____	Value: \$ _____

Please list below any former rental addresses, along with associated landlord name and address within the past 10 years, starting with the present (if currently renting).

Rental Address	Landlord's Name, Address & Phone #	Dates Rented
1)		From: _____
		To: _____
2)		From: _____
		To: _____
3)		From: _____
		To: _____
4)		From: _____
		To: _____
5)		From: _____
		To: _____

References: list personal and credit references; names, addresses and phone number.

Name	Address	Phone #

Do you have a service animal? Yes No If "Yes", what type? _____

Please list your name and names of other household members who have resided in other states along with the name of the state and the time period in which you or other household members resided there.

Name of Applicant or Household Member	State in which you or household member resided.	Years in which you or household member resided in this state.

Where did you hear of the housing program? _____

Are you or family members subject to a lifetime state sex offender registration? Yes No

Applicant's Signature

Date

Spouse/Co-Tenant's Signature

Date

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants based on visual observation or surname."

Applicant

Spouse/Co-Tenant

Race/National Origin

Race/National Origin

- White Black
- Hispanic Asian or Pacific Islander
- American Native/Alaskan Native
- Other (Specify) _____

- White Black
- Hispanic Asian or Pacific Islander
- American Native/Alaskan Native
- Other (Specify) _____

Sex

Sex

- Male Female

- Male Female

STATEMENT REQUIRED BY THE PRIVACY ACT

The Farmers Home Administration (FmHA) is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C.1471et. Seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that is unlawful for FmHA to deny eligibility because of the refusal to disclose the Social Security Account Number.

The principal purposes to collecting the requested information are to determine eligibility for occupancy in the FmHA financed rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal, or regulatory proceedings.

The information provided above is true and accurate. _____

Signature

Date

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Application Supplement – Personal References

Name	Address	Phone
1)		
2)		
3)		
4)		

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AUTHORIZATION FOR RELEASE OF INFORMATION

Consent:

I authorize any Federal, State, or Local Agency, organization, business, or individual to release to CWCAC any information or materials needed to complete and verify any application for participation, and/ or maintain my continued assistance under Section 8, Section 202, Section 811, FHA 515, or IRS Section 42, housing programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Wisconsin Housing Economic Development Association (WHEDA), Rural Development (RD), and/ or The Office of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

Information Covered:

I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | |
|--------------------------------------|-----------------------------------|
| State Unemployment Agencies | Wisconsin State SSI Office |
| Social Security Administration | Courts & Post Offices |
| Schools & Colleges | Medical & Child Care Expenses |
| Veterans Administration | Past & Present Employers |
| Retirement Systems | Welfare Agencies |
| Banks & Other Financial Institutions | Child Support & Alimony Providers |
| Credit Providers & Credit Bureaus | Utility Companies |

Computer Matching Notice and Consent:

I understand and agree that WHEDA, RD, or HUD may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. WHEDA, RD, or HUD may, in the course of its duties, exchange such automated information with other Federal, State, or Local Agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personal Management, the US Postal Services, the Social Security Administration, and State welfare and food stamp agencies.

Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for one year from the date signed.

Head of Household:

Print Name

Signature

Date

Spouse or Co-Tenant:

Print Name

Signature

Date

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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.