

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

CENTRAL WISCONSIN COMMUNITY ACTION COUNCIL, INC. APARTMENTS

SELECT (✓) WHICH APARTMENT COMPLEX YOU ARE APPLYING FOR:					
	BEAVER DAM		CHARLIE KRUPA SCHOOLVIEW SR APTS		FAIT FAMILY APARTMENTS
	HOLLY HEIGHTS		JOHN WENUM FAMILY APTS		KIRKWOOD
	PINE GROVE		PORTAGE		ROLAN'S SENIOR VILLAGE
	WOOD HOLLOW				



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



✓	Required Documents
	Current Federal Income Tax Form (not W-2's)
	Copies of current Social Security Award Letter
	6 months of bank statements for your Checking Account
	Current bank statement for your Savings Account
	Copies of your Social Security Card and Photo I.D. or Driver's License
	If currently working please fill out attached form to be completed by employer or work supervisor
	You must turn in all of the required information listed above. Complete, sign and date all the included forms.

**You must be able to pass a Background Check before you can be considered for residency
at any Central Wisconsin Community Action Council Apartments.**

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

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SELECT (✓) WHICH APARTMENT COMPLEX YOU ARE RE-CERTIFYING FOR:					
	BEAVER DAM		CHARLIE KRUPA SCHOOLVIEW SR APTS		FAIT FAMILY APARTMENTS
	HOLLY HEIGHTS		JOHN WENUM FAMILY APTS		KIRKWOOD
	PINE GROVE		PORTAGE		ROLAN'S SENIOR VILLAGE
	WOOD HOLLOW				

APARTMENT RE-CERTIFICATION & INCOME ELIGIBILITY DETERMINATION

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

Title: ☐ Mr. ☐ Mrs. ☐ Ms. Age: _____ Phone Number: _____

Applicant's Full Name: _____

Present Address: _____
Mailing Address City/Town State Zip

Cell/Work Phone: _____ Email Address: _____

Spouse/Co-Tenant: _____ Age: _____

List all Members of Household that will live in unit:

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

Is anyone in your household: ☐ Elderly ☐ Handicapped (ambulatory) ☐ Handicapped (non-ambulatory)

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: _____	

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

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	\$
Total:	\$

Your signature on the back of this application authorizes the owner/manager of the project in which you are re-certifying for 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.)

Complete the following income/asset questionnaire completely.

Income Source		Name of Employee (Household Member)	
Wages, Salary, Overtime Pay Commissions, Fees, Tips, Bonuses, and/or other Compensation.			
Employer:			
Phone Number:			
Fax Number:			
Employer:			
Phone Number:			
Fax Number:			
Employer:			
Phone Number:			
Fax Number:			
Please include a copy of your latest tax return.			
Social Security payments received (including SSI & Disability): (Award letters are required.)			
Recipient:		Amt Received:	Award Letters for each Recipient must be submitted.
Recipient:		Amt Received:	
Recipient:		Amt Received:	
Recipient:		Amt Received:	
Income from other sources other than those above. (including unemployment compensation, self-employment, V.A. benefits, public assistance, alimony, or child support payments) (Verification is required.) List name & amount:			
Name		Income Type	Amount Received

This page must be completely filled out. Do not leave any blank sections.

If an Asset does NOT apply to you mark it N/A.

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

Source of Asset – Checking Acc.

Name	Branch of Banking Institution	Account Number	Documents
1.			Please provide statements for past 6 months.
2.			
3.			

Source of Asset – Savings Acc. Or Certificate of Deposit

Name	Branch of Banking Institution	Account Number	Documents
1.			Please provide statements for past 6 months.
2.			
3.			

This page must be completely filled out. Do not leave any blank sections.

If an Asset does NOT apply to you mark it N/A.

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.)			
Other (Please list.)			
Other (Please list.)			
I/We do not have any assets at this time.	Please sign here if you do not have any assets at this time. ➔		

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

Spouse/Co-Tenant's Signature

Date



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:

X	Date	Social Security Number
X	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. 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.

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TO BE COMPLETED BY EMPLOYER OR WORK SUPERVISOR

The individual listed below is a Tenant occupying a CWCAC apartment.
In order for us to process their re-certification eligibility, we are requesting the following information.

Employee: _____
Employer: _____
Employer Address: _____
Employer Phone #: () _____
Date employment started or is expected to start: _____
Do you consider this job to be temporary? ____ Yes ____ No
If temporary, how long is job expected to continue? _____
Estimated number of hours per week: _____
Hourly rate \$ _____ Shift differential? ____ Yes ____ No
If employee receives shift differential, how much is it? _____
Day of week paid: _____
Date 1st check will be received by employee: _____. How often paid? _____
Do you consider this person self-employed? ____ Yes ____ No
Form completed on _____ by _____
(Date) (Printed name of person completing form)
Signature: _____ Title: _____

I, _____ authorize and request *Central Wisconsin Community Action Council, Inc.*, to obtain this information from my employer.
(Name of Client)

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