

# Central Wisconsin Community Action Council, Inc.

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



PHONE: (608) 254-8353  
FAX: (608) 254-4327  
Email - [susan@cwac.org](mailto:susan@cwac.org)



## Rental Housing Pre-Application Form

### Applicant 1

Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth: \_\_\_\_\_

### Applicant 2

Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Email: \_\_\_\_\_ Are there any additional household members?  Yes  No

Telephone: \_\_\_\_\_ If yes, list their names & dates of birth on back of this sheet.

List all income for each adult (18+) household member applying for rental housing. Attach additional pages, if necessary.

Income Recipient <small>(Applicant 1 or 2)</small>	Income Source	Type of Income <small>(Social Security, pension, annuity, etc.)</small>	Amount	Frequency <small>(weekly, monthly, annually)</small>

List all assets owned by each adult (18+) household member applying for rental housing. Attach additional pages, if necessary.

Asset Owner <small>(Applicant 1 or 2)</small>	Type of Asset <small>(Real estate, stocks, checking, savings accts.)</small>	Amount of Income from Asset <small>(Interest rate, etc.)</small>	Value of Asset

Do you own a home?  Yes  No If yes, what is the fair market value? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant 2

\_\_\_\_\_  
Date