Central Wisconsin Community Action Council, Inc.

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

CWCAC is WORKING

Phone: 608.254.8353
Ext. 243
Fax: 608.254.4327
Email: susan@cwcac.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				

EQUAL HOUSING OPPORTUNITY

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

EQUAL HOUSING OPPORTUNITY

✓	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.
☐	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.

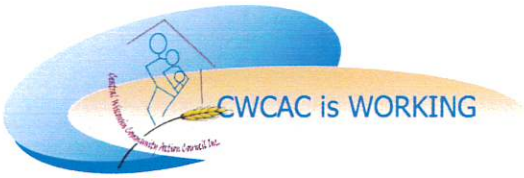
Return Applications to:

Central Wisconsin Community Action Council, Inc.
Attn: Susan Kelso
PO Box 430
Wisconsin Dells WI 53965

AN EQUAL OPPORTUNITY PROVIDER

Central Wisconsin Community Action Council, Inc.

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



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APARTMENT RENTAL APPLICATION & 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 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:	

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:

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? _____

Where did you hear of this rental property? _____

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

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 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.)

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

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.			
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.			

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.)			
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 _____

AFFIRMATIVE ACTION QUESTIONS - COMPLETION OF THIS SECTION IS OPTIONAL.

"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

Race/National Origin

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

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Spouse/Co-Tenant

Race/National Origin

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

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Do any family members have physical, mental, or learning disabilities? ☐ Yes ☐ No
If yes, please describe the disability: _____

Are you or any member of your family 62 years of age or older? ☐ Yes ☐ No

Number of children in household: ☐ 0 ☐ 1-3 ☐ 4+

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.

Rental Housing Application