

**Central Wisconsin Community Action Council Inc**

Box 576, Adams WI 53910 608-474-4190

**Application Wisdom & Grace Village for Seniors Apartments**

Two bedroom units offering low income housing for over 55 years old

\*\*\*\*\*

**Primary Applicant: Name:** \_\_\_\_\_  Male  Female  Other

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status:  Single (Never married)  Engaged  Married  Divorced  Separated  Widowed, date: \_\_\_\_\_

Other name(s) by which I have been known: \_\_\_\_\_

Other state(s) in which I have resided during the last 7 years (e.g. Michigan 2015-2019): \_\_\_\_\_

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**Secondary Applicant: : Name:** \_\_\_\_\_  Male  Female  Other

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status:  Single (Never married)  Engaged  Married  Divorced  Separated  Widowed, date: \_\_\_\_\_

Other name(s) by which I have been known: \_\_\_\_\_

Other state(s) in which I have resided during the last 7 years (e.g. Michigan 2015-2019): \_\_\_\_\_

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**Telephone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Current Physical Address:** \_\_\_\_\_  
Street Address City State Zip

Do you own this property?  Yes  No  
If no, list name, address, & telephone of Owner or Manager: \_\_\_\_\_

**Mailing Address** (if different): \_\_\_\_\_  
Street Address City State Zip

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**Former Addresses:** List below any former rental addresses within the past 10 years. Attach an additional sheet, if necessary.

Rental Addresses: \_\_\_\_\_ Name, Address, & Telephone of Owner or Manager: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Household Members** (Attach an additional sheet, if necessary.)

Gender Circle one.	Last Name	First Name & Middle Initial	Relation to Head of Household	Date of Birth	Social Security or Alien Reg. #	Marital Status
M F O						
M F O						
M F O						
M F O						
M F O						
M F O						

Do you expect any changes to the household in the next 6 12 months?  Yes  No

If yes, what changes? \_\_\_\_\_

Will you have 50% or more physical custody of any minor members of the household?  Yes  NO

.....  
**Emergency Contact:** (The person to be notified in case of emergency.)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address City State Zip

**Relationship:** \_\_\_\_\_ **Password:** \_\_\_\_\_  
Create a password to share with your emergency contact.

May we contact this person regarding financial and rental issues?  Yes  No

Do you require any special accommodations?  Yes  No If yes, please explain: \_\_\_\_\_

**Additional Questions:** All questions below must be answered "Yes" or "No", with additional details provided if needed.

Have you or anyone else in your household ever been convicted of a felony?  Yes  No

If yes, for what? \_\_\_\_\_

Have you or anyone else in your household ever been evicted?  Yes  No

If yes, when: \_\_\_\_\_

Do you or anyone else in your household smoke cigarettes or cigars?  Yes  No

**All of our apartments are non-smoking units. You must go off-site to smoke. If you do not agree to this, your application will be denied.**

Do you agree to this smoking policy?  Yes  No

**Income Information:** Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months. **Answer all 24 items by checking Yes or No.**

Yes or No		Source	Monthly Gross Income or Benefit Amount
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employment:</b> receiving wages, salary, overtime pay, commissions, fees, tip, bonuses, and/or other compensations. <b>Name of Employer(s):</b> _____ _____	\$ _____ \$ _____
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Self-employment:</b> Attach Schedule C, Form 1040 and most current tax returns. <b>List nature(s) of self-employment:</b> _____ _____	\$ _____ \$ _____
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Social Security payments:</b> including Social Security benefits, Supplemental Security Income (SSI), Disability benefits, Death benefits, and unearned income from family members ages 17 & under. <b>List recipients(s) and source(s):</b> _____ _____ _____	\$ _____ \$ _____ \$ _____
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefits and/or Worker's Compensation	\$ _____
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Administration, GI Bill, or National Guard/Military Benefits/Income	\$ _____
6	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payments from trusts, annuities, inheritance, retirement funds, pensions, insurance policies, and/or lottery winnings. <b>List sources:</b> _____ _____	\$ _____ \$ _____
7	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal maintenance payments.	\$ _____
8	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property.	\$ _____
9	<input type="checkbox"/> Yes <input type="checkbox"/> No	I am entitled to receive Child Support payments. <b>If yes, attach a copy of the Child Support Order and answer the following:</b> <b>Child Support Court Order #:</b> _____ <b>County &amp; State order was filed:</b> _____	\$ _____
10	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Public Assistance</b> (Examples: TANF, AFDC, W2, Section 8 voucher) <b>If yes, List Sources:</b> _____ _____	\$ _____ \$ _____
11	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash contributions of gifts on an ongoing basis from persons not living in the unit, including rent or utility payments.	\$ _____
12	<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from a source other than those listed above. <b>If yes, list source(s):</b> _____	\$ _____

**Asset Information:** Identify each asset, its value, and interest rate currently held by the household. Answer every question "Yes" or No" and provide the additional information, noting "Unsure" if you do not know the additional details. Attach an additional sheet, if necessary.

Check Y or N for each item		Monthly Gross Income or Benefit Amount
13	<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s): If yes, list bank(s): _____ _____ \$ _____ \$ _____
14	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account(s): IF yes, list bank(s): _____ _____ \$ _____ \$ _____
15	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit (CD) or Money Market account(s) If yes, list source(s)/bank(s): _____ _____ \$ _____ \$ _____
16	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Lump Sum Pension/Retirement/Keogh/401(K) accounts(s), etc. If yes, list source(s)/bank(s): _____ _____ \$ _____ \$ _____
17	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life insurance policy. If yes, how many: _____ List source(s)/bank(s): _____ _____ \$ _____ \$ _____
18	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable, irrevocable and/or Funeral Trust(s) _____ _____ \$ _____ \$ _____
19	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks. If yes, list source(s)/bank(s): _____ _____ \$ _____
20	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bonds and/or treasury bills. Attach a copy of each bond/treasury bill. If yes, list source(s)/bank(s): _____ \$ _____
21	<input type="checkbox"/> Yes <input type="checkbox"/> No	More than \$1,000 cash on hand (that cannot be verified through a financial institution) _____ \$ _____
22	<input type="checkbox"/> Yes <input type="checkbox"/> No	Items held as an investment (e.g. antique car, coin collection, safe deposit box contents, etc.) If yes, list source(s)/bank(s) _____ _____ \$ _____ _____

**Divestiture of Assets**

Has your household disposed of any assets (sold and/or given away) over the last two years in excess of \$1,000?

Check Y or N for each item		Cash Value/ Balance	Interest Rate
23	_____	\$ _____	
	_____		
	_____		

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

**If you state in column D that you received money, where is the money now? (Please provide receipts if possible)**

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\*CASH VALUE is the market value of asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties for withdrawing funds before maturity
2. Broker/legal fees for the sale or conversion of assets
3. Settlement costs for real estate transaction

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/Resident

Date

**ALL INCOME MUST HAVE A LETTER VERIFYING THE AMOUNT YOU RECEIVE.**

The verifying letter must have a phone number or mailing address of the source of income.

**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.

All **checking accounts, savings accounts, CDs and Money Markets** must be noted as to what financial institution the accounts are at.

**VA benefits** must have a VA benefit letter.

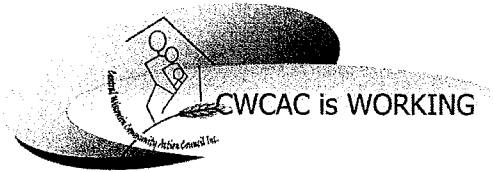
**Pensions, retirements payments, and annuities** must have a letter from the company with the annual or monthly amount paid to you.

**Insurance policies** must have a letter from the insurance company stating the cash value of the policy.

Any **funeral trust** must be noted as to what funeral home or bank the trust is with.

# Central Wisconsin Community Action Council, Inc.

549 W North St  
 P.O. Box 576  
 Adams, WI 53910



Ph: 608-474-4190  
 Fax: 608-254-4327  
 Email – [monica@cwcac.org](mailto:monica@cwcac.org)

## Release of Information Authorization and Certification

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.

**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/We hereby authorize release of any information requested by CWCAC, 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 all other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are grounds for termination of housing termination of tenancy and/or retroactive rent increases.

I/We acknowledge that by providing CWCAC, 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 present 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 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):**

<b>X</b>	Date	Social Security Number
<b>X</b>	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.

**CWCAC, 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.**

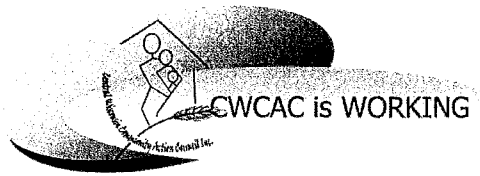
.....  
**Power of Attorney:** If you have given power of attorney to someone to represent you in financial matters, have them sign below and attach a copy of the Financial Power of Attorney document to this form. If the person is only a health power of attorney, do not sign below and do not include a copy of the Power of Attorney document.

**Name of Power of Attorney (printed):** \_\_\_\_\_

**Power of Attorney Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## STUDENT STATUS AFFIDAVIT

This rental community has received funding from a program that does not generally allow occupancy by households comprised entirely of full-time students. The following information is requested as part of the household qualification process. Please mark the applicable item(s).

**If you check "A", no further information is needed. Sign and date below.**

- A.  Household contains at least one occupant **who is not a student** and has not been a student for five months or more out of the current and/or upcoming calendar year.
- B.  I anticipate enrolling as a student in the upcoming certification year.
- C.  I am a part-time student and will remain a part-time student in the upcoming certification year.
- D.  I am a full-time student and offer the following explanation for eligibility consideration:
- 1)  I am married and filing a joint federal tax return with my spouse.
  - 2)  I am a single parent with a minor child (ren) and I am not dependent of someone else NOR is my child/children a dependent of someone other than his/her parent.
  - 3)  I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act (W2, MFIP, etc).
  - 4)  I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar federal, state or local program.
  - 5)  I or another student household member was previously under foster care within 5 years of the effective date of this income certification.
  - 6)  There is a non-full time student living in the household including infants and children not yet school age.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that proving false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I will provide proof of credit hours or other documentation that may require for each school term during my occupancy of a unit at this rental community.

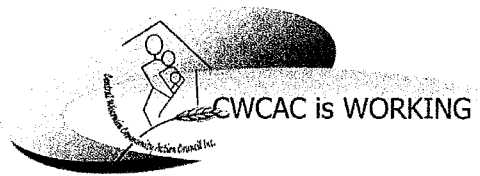
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Non-Employment Affidavit

Our apartment community provides affordable housing under Section 42 of the Internal Revenue Code. Households are required to disclose their employment status and future intentions for purposes of determining income eligibility.

### Check Statement 1, Statement 2, OR Statement 3:

\_\_\_\_\_ 1. I am permanently retired.

\_\_\_\_\_ 2. I am currently unemployed and I do not intend to become employed in the next 12 months\*, due to:

**\*If you checked Statement 2, check either a, b, or c below:**

\_\_\_\_\_ a. I am currently receiving unemployment benefits.

\_\_\_\_\_ b. I am currently receiving, but do not anticipate receiving, unemployment benefits.

\_\_\_\_\_ c. I am not currently receiving, and do not anticipate receiving, unemployment benefits.

\_\_\_\_\_ 3. I am not currently employed but I am seeking to be employed within the next 12 months.

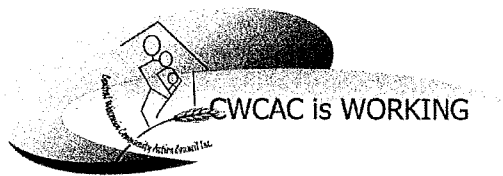
By signing below, I certify the above representations to be true as of the date show below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move in, I will notify management of any changes to these circumstances.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Conflict of Interest Policy

**Purpose:** The purpose of this policy is to help manage those situations where Conflicts of Interest arise within the HOME housing program governed by the State of Wisconsin. The goal of this policy is to ensure fair and equitable treatment for all program eligible participants.

**Application Requirements:** The Conflict of Interest provisions apply to anyone who participates in the rental housing decision-making process or who gains inside information with regard to housing activities. Such individuals are, but not necessarily limited to: rental staff, CWCAC Board Members, members of their immediate families, and business associates of those listed above.

The requirements prohibit any such individuals from benefiting from their position personally, financially or through the receipt of special benefits other than payment of their salary and/or appropriate administrative expenses. This does not prevent staff, Board Members their family members, and/or business associates from receiving housing benefits for which they qualify as low-income individuals, if not in violation of State Laws.

**Conflict of Interest:** A Conflict of Interest may occur when an employee of CWCAC, a member of the CWCAC's Board of Directors, or an immediate relative of an employee or Board Member is selected to receive assistance through CWCAC's rental HOME programs.

**"Immediate family** is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, grandparents of the employee or his/her spouse, and grandchildren of the employee, or "foster" or "step" situations within these relationships.

**HUD Approval:** If the person receiving assistance is of low-income and they qualify for eligibility, admission and occupancy, only public disclosure and HUD notification is required per CFR 1000.30(b). An example of a situation requiring HUD approval for an exemption of the Conflict of Interest provision would be a housing assistance to a CWCAC staff member who meets the eligibility criteria of HOME.

**Public Disclosure:** CWCAC shall make public disclosure of the nature of assistance to be provided and the specific bases for selection of that person. A copy of the disclosure shall be provided to the Division of Housing for approval before assistance is provided.

**Previously Admitted Recipients:** Recipients should identify any Conflict of Interest for participants previously admitted that have not been properly reported. The necessary action should immediately be taken to make these conflicts of interest public and report them to the State.

**By signing this document, I hereby certify that to my knowledge there exists no conflict of interest, as defined above, between myself or anyone in my household and CWCAC.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Wisdom and Grace Village for Seniors

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
Central WI Community Action Council, Inc.		Section 42-LIHTC
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>

<b>Name of Head of Household</b>	<b>Name of Household Member</b>
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Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.