Central Wisconsin Community Action Council, Inc.

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Rental Housing Pre-Application Form

Applicant 1 Name: First Name		Middle	e Initial	Last Name			
Applicant 2							
First Name		Middl	e Initial	Last Name			
Date of Birth:							
Current Mailing Address:	Street Address	City		State	Zip		
Email:					·	⊐No	
Telephone:		If yes,	list their name	s & dates of birth on b	ack of thi	s sheet.	
List all income for each adult (1	8+) household member apply	ing for rental	housing. Attach a	dditional pages, if necessa	ry.		
Income Recipient (Applicant 1 or 2)	Income Source	Type (Social S	of Income ecurity, pension, nuity, etc.)	Amount		Frequency (weekly, monthly, annually)	
List all assats owned by each a	dult (18±) household member	annlying for	rental housing. At	tach additional nages if ne	ocecary		
Asset Owner (Applicant 1 or 2)	Type of Ass (Real estate, stocks, cl savings accts.)	et hecking,	for rental housing. Attach additional pages, if necessary Amount of Income from Asset (Interest rate, etc.)			Value of Asset	
Do you own a home? □ Ye	es □ No If yes, what is	the fair ma	rket value?				
Do you own a home? □ Ye	es □ No If yes, what is	the fair ma	rket value?				