







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.)

**INCOME AND EXPENSE INFORMATION**

1. Salary / Wages: List gross amounts (before deductions) of wages and salaries, overtime pay, commissions, fees, tips, and bonuses. Indicate source.	
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
2. Net Income from Business / Professional / Rental / Real / Personal Property.	
\$ _____	Annually from _____
\$ _____	Annually from _____
3. Social Security / SSI Payments.	
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
4. Pensions, Annuities, Retirement Funds, IRA Accounts, Interests, Money Markets, CDs.	
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
5. All other income: such as Unemployment, Disability Compensation, Worker’s Compensation, Severance Pay, Alimony, Child Support, Regular recurring contributions or gifts of money, Educational Grants, Scholarships, VA Benefits, Regular Pay, Special Pay and Allowances for Head of Household in Armed Services, Public Assistance, AFDC, Welfare, or any other source.	
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
6. Child Care Expense: List amount paid by family for the care of minor children under the age of 13 years when such care is necessary to enable a family member to further education or to be gainfully employed.	
\$ _____	Annually from _____

7. Medical Expenses: (To be completed for households with persons who are handicapped, disabled or over the age of 62) – include total expenses to be incurred over next twelve month period **not covered by insurance**. May include expenses for dental, prescriptions, medical insurance premiums, eyeglasses, hearing aids/batteries, cost of live-in resident assistant, monthly payments required on accumulated major medical bills, including that portion of spouse’s or child’s nursing home care paid from family income (list full name & address of agency). **Must provide documentation of medical expenses.**

\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____
\$ _____	Annually from _____

**ASSET INFORMATION**

List all information for Applicant, Spouse or Co-Applicant.

1. Cash on hand – Amount on hand at present time:		\$ _____
2. <input type="checkbox"/> Checking Accounts: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> needed.		
Account # _____	Bank _____	Current Balance \$ _____
Account # _____	Bank _____	Current Balance \$ _____
Account # _____	Bank _____	Current Balance \$ _____
3. Savings Accounts: One month statement is needed.		
Account # _____	Bank _____	Current Balance \$ _____
Account # _____	Bank _____	Current Balance \$ _____
Account # _____	Bank _____	Current Balance \$ _____
4. Stocks and/or Bonds: Documentation of Verification required.		
Type _____	# Owned _____	Value \$ _____
Type _____	# Owned _____	Value \$ _____
Type _____	# Owned _____	Value \$ _____
5. Real Estate Owned at Present or Sold within the last 2 years.		
Present: _____	Market Value: \$ _____	
Sold: _____	Market Value: \$ _____	
6. Property sold under land contract.		
Original Amount: \$ _____	Outstanding Balance: \$ _____	
Terms: \$ _____	<input type="checkbox"/> Per Month or <input type="checkbox"/> Per Year	

7. List All Other Assets Owned:

Type: _____	Value: \$ _____
Type: _____	Value: \$ _____
Type: _____	Value: \$ _____
Type: _____	Value: \$ _____

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:
4)		From:
		To:
5)		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? \_\_\_\_\_

Please list your name and names of other household members who have resided in other states along with the name of the state and the time period in which you or other household members resided there.

Name of Applicant or Household Member	State in which you or household member resided.	Years in which you or household member resided in this state.

Where did you hear of the housing program? \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Tenant's Signature

\_\_\_\_\_  
Date

*"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**

**Spouse/Co-Tenant**

Race/National Origin

Race/National Origin

- White  Black
- Hispanic  Asian or Pacific Islander
- American Native/Alaskan Native
- Other (Specify) \_\_\_\_\_

- White  Black
- Hispanic  Asian or Pacific Islander
- American Native/Alaskan Native
- Other (Specify) \_\_\_\_\_

Sex

Sex

- Male  Female

- Male  Female

**STATEMENT REQUIRED BY THE PRIVACY ACT**

The Farmers Home Administration (FmHA) is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C.1471et. Seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may result in a delay in the processing of your eligibility or rejection, except that is unlawful for FmHA to deny eligibility because of the refusal to disclose the Social Security Account Number.

The principal purposes to collecting the requested information are to determine eligibility for occupancy in the FmHA financed rental project and to determine the amount of tenant contribution for rent. The information collected on this form may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal, or regulatory proceedings.

The information provided above is true and accurate. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Central Wisconsin Community Action Council, Inc.

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



Phone: 608.254.8353  
 Fax: 608.254.4327  
 Email:  
 lynette@cwac.org

## WYONA LAKES APARTMENTS



### Application Supplement – Personal References

Name	Address	Phone
1)		
2)		
3)		
4)		

AN EQUAL OPPORTUNITY PROVIDER

ADAMS COUNTY  
 1874 Hwy 13  
 PO Box 647  
 Friendship, WI 53934  
 (608) 393-2641



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  
 948 Herriot Drive  
 PO Box 253  
 Mauston, WI 53948  
 (608) 847-1124  
 FAX: (608) 847-3009

SAUK COUNTY  
 Job Center, Suite B30  
 505 Broadway St  
 Baraboo, WI 53913  
 (608) 355-4812  
 FAX: (608) 355-4816



# Central Wisconsin Community Action Council, Inc.

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



Phone: 608.254.8353  
Fax: 608.254.4327  
Email:  
lynette@cwac.org

## AUTHORIZATION FOR RELEASE OF INFORMATION

### Consent:

I authorize any Federal, State, or Local Agency, organization, business, or individual to release to CWAC any information or materials needed to complete and verify any application for participation, and/ or maintain my continued assistance under Section 8, Section 202, Section 811, FHA 515, or IRS Section 42, housing programs. I understand and agree that this authorization of the information obtained with its use may be given to and used by the Wisconsin Housing Economic Development Association (WHEDA), Rural Development (RD), and/ or The Office of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

### Information Covered:

I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| State Unemployment Agencies          | Wisconsin State SSI Office        |
| Social Security Administration       | Courts & Post Offices             |
| Schools & Colleges                   | Medical & Child Care Expenses     |
| Veterans Administration              | Past & Present Employers          |
| Retirement Systems                   | Welfare Agencies                  |
| Banks & Other Financial Institutions | Child Support & Alimony Providers |
| Credit Providers & Credit Bureaus    | Utility Companies                 |

### Computer Matching Notice and Consent:

I understand and agree that WHEDA, RD, or HUD may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. WHEDA, RD, or HUD may, in the course of its duties, exchange such automated information with other Federal, State, or Local Agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personal Management, the US Postal Services, the Social Security Administration, and State welfare and food stamp agencies.

### Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for one year from the date signed.

### Head of Household:

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Print Name	Signature	Date
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### Spouse or Co-Tenant:

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Print Name	Signature	Date
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AN EQUAL OPPORTUNITY PROVIDER

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(608) 393-2641



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(608) 742-3320  
FAX: (608) 742-0984

DODGE COUNTY  
134 South Spring Street  
Beaver Dam, WI 53916  
(920) 885-9559  
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948 Herriot Drive  
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