

Central Wisconsin Community Action Council, Inc.

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



Phone: 608.432.4508
Fax: 608.254.4327
Email:
MichelleD@cwac.org

WYONA LAKE APARTMENTS



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

✓	Required Documents
	Copies of your Social Security Card and Photo I.D.
	A copy of ALL income and asset information, copies of Social Security Award Letter, Bank Statements (checking, savings, money markets & CDs), Annuities/Pensions & Life Insurance, etc. If you are self-employed include 2 recent consecutive check stubs.
	Current Federal Income Tax Form (NOT W-2's) and any Tax Refunds
	A list of references / referrals.
	You must turn in all of the required information listed above; Complete, sign and date all the included forms; and Pass a Background Check before you can be considered for residency at Wyona Lakes Apartments.

Return Applications to:

Central Wisconsin Community Action Council, Inc.
Attn: Michelle DuVall
PO Box 430
Wisconsin Dells WI 53965
AN EQUAL OPPORTUNITY PROVIDER

ADAMS COUNTY
1874 Hwy 13
PO Box 657
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
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APPLICATION FOR OCCUPANCY

WYONA LAKE APARTMENTS

Title (optional): ☐ Mr. ☐ Mrs. ☐ Ms. Age: _____ Phone number: _____

Applicant's Full Name: _____

Present Address: _____
Mailing Address City/Town State Zip

Social Security #: _____ Sex (optional): _____ Date of Birth: _____

Spouse/Co-Tenant: _____ Age: _____

Social Security #: _____ Sex (optional): _____ Date of Birth: _____

Other Members of Household that will live in unit:

Name	Sex (optional)	Age	SSN#	Relationship

Please list children or other close relatives or friends:

Name	Relationship	Address
Phone:		
Name	Relationship	Address
Phone:		

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: _____	

Persons that meet the definition of disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions.

If you feel that you qualify and would like to request this adjustment to your income, please check here. ☐

If you have indicated your desire to request this adjustment, then we will need sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in denial of these deductions.

Please list the name and address of a qualified neutral third party who will be able to provide verification of your eligibility (ex. physician, therapist, etc.)

Name and Title	Address
Business Phone: _____	
Fax: _____	

Do you have any specific housing requirements, such as a special handicapped accessible unit? ☐ Yes ☐ No

Requested requirements: _____

What is your present living arrangement? _____

Are you without or about to be without housing? ☐ Yes ☐ No

Living in sub-standard housing? ☐ Yes ☐ No Do you hold a Letter of Priority Entitlement? ☐ Yes ☐ No

Issued by FmHA? ☐ Yes ☐ No Are you paying more than 50% of income for rent? ☐ Yes ☐ No

Will you require an on premise vehicle parking space? ☐ Yes ☐ No

Do you certify that this unit will be your permanent residence and that you do not/will not maintain a separate subsidized unit in a different location? ☐ Yes ☐ No

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. Checking Accounts: One month statement is 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

Race/National Origin

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

Spouse/Co-Tenant

Race/National Origin

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

Sex (optional):

- ☐ Male ☐ Female

Sex (optional):

- ☐ 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

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Application Supplement – Personal References

Name	Address	Phone
1)		
2)		
3)		
4)		

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AUTHORIZATION FOR RELEASE OF INFORMATION

Consent:

I authorize any Federal, State, or Local Agency, organization, business, or individual to release to CWCAC 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:

Print Name	Signature	Date
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Spouse or Co-Tenant:

Print Name	Signature	Date
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