



RESIDENCY APPLICATION



Property Name:	The Centennial	Telephone:	414-762-7762
Address:	400 E. Centennial Drive	Fax:	414-285-2205
Address 2:	Oak Creek, WI 53154	Email	CentennialSenior@wimmercommunities.com
Property Web Site	https://www.wimmercommunities.com/seniorliving		

For Office Use Only:			
Date received:	Time received :	By (Initials) _____	HOH Name:
Unit Number:	<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification		
# of Bedrooms:			

Please return this application to the above address.
If submitting electronically, be sure the documents are encrypted using an NIST compliant solution and password protected.

HOUSEHOLD COMPOSITION AND STATUS: 1 Bed = Max 2 People / 2 Bed = Max 4 People					
Household Member's Full Name (First, Middle, Last) <u>PRINT BELOW</u> ↓ Household Member #:	Relationship to Head of Household: C = Co-Head S = Spouse L = Live in Attendant M = Minor Child F = Foster/Adult Child U = Unborn Child	<u>Date of Birth</u> <u>PRINT BELOW</u> ↓	Sex: M = Male F = Female P = Prefer not to disclose ↓	Marital Status: M = Married D = Divorced S = Single W = Widowed SP = Separated ↓	<u>Social Security Number:</u> <u>PRINT BELOW</u> ↓
#1:	HEAD OF HOUSEHOLD				
#2:					
#3:					
#4:					

Member #1 (HEAD OF HOUSEHOLD)			
Current Address			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email address	

Member #2			
Current Address			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email address	

**If there is a Member #3 and/or #4, please print and complete 2nd copy of this form.*

Is any Household Member currently receiving rent assistance (Section 8 Voucher) from a Housing Authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which Housing Authority?		If Yes, which Household Member?

STUDENT STATUS:			
Is any Household Member a student enrolled in an institute of higher education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, which Member?	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
If yes, do you receive financial assistance (<i>grants, scholarships, etc.</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, list all forms of financial assistance being received (<i>Federal Pell Grant, Teach Grant, Work Study, Federal Perkins loans, Tribal Grants, monies from business entities, or the college university/tech school itself</i>)			

Is any Household Member currently using marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do all Household Members acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? <i>This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all Household Members agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all Household Members understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed bankruptcy? If yes, which Household Member # _____ please list date(s): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any Household Member ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which Household Member # _____ Indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any Household Member been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime? If yes, which Member # _____ and when? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RENTAL HISTORY:

Please indicate each state where you have lived: *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

Member #1

AK AL AR AZ CA CO CT DE FL GA HI IA ID IL IN
 KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH
 NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA
 VT WA WV WI WY Washington, D.C.

Member #2

AK AL AR AZ CA CO CT DE FL GA HI IA ID IL IN
 KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH
 NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VA
 VT WA WV WI WY Washington, D.C.

Present Landlord -	Member #1	Member #2
Address		
Address		
City, State, Zip		
Landlord Name & Phone # (if known)	Name: Phone:	Name: Phone:
How long have you lived at this address		
Reason for leaving		
Has any Household Member ever been asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any Household Members currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have Household Members given landlord proper notice to vacate current residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any Household Members been evicted or is landlord attempting to evict you or others living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord -	Member #1	Member #2
Address		
Address		
City, State, Zip		
Landlord Name & Phone # (if known)	Name: Phone:	Name: Phone:
How long have you lived at this address		
Reason for leaving		
Has any Household Member ever been asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do any Household Members currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have Household Members given landlord proper notice to vacate current residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any Household Members been evicted or is landlord attempting to evict you or others living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PETS & ASSISTANCE/COMPANION ANIMALS: Presence of any animal must be approved **before** housing the animal in the unit. Please review the property Pet/Assistance Animal Rules. These Rules are available upon request. Residents are responsible for any pet related fees/deposit if applicable. *Current vaccination records are required at move in.

Do you plan to have an animal in the unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<u>ANIMAL TYPE</u> (I.E. DOG, CAT.)	<u>WEIGHT</u>	<u>BREED</u> (IF APPLICABLE)	<u>GENDER</u>	<u>NAME</u>	<u>SPAYED OR NEUTERED</u> (YES OR NO)

INCOME CERTIFICATION

To determine income eligibility, please provide the following information.

EMPLOYMENT INFORMATION:			
Are any Household Members employed? If yes, which Member # _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer			
Address			
Address 2			
City, State, Zip			
Contact		Email	
Phone		Web address	
How much employment income did you receive in the last 12 months?		\$	<input type="checkbox"/> NA
How much employment income do you expect to receive in the next 12 months?		\$	<input type="checkbox"/> NA
Do you currently have more than one employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NA

If multiple Household Members are employed, or Household Member has more than 1 employer, please print a 2nd copy of this page, complete and include with this application. Please be sure to note the Household Member number for each employment information submitted.

FIXED INCOME:	Yes	No	Frequency	Payment Type	Income
Social Security			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
SSI			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Social Security Dual Entitlement			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Social Security for someone else (e.g., Representative Payee).			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
SSI for someone else (e.g., Representative Payee).			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Name of beneficiary			<input type="checkbox"/> NA or		
Income for someone living in the unit paid directly to someone who does not live in the unit (e.g., Representative Payee).			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$

FIXED INCOME CONTINUED ON NEXT PAGE

FIXED INCOME:	Yes	No	Frequency	Payment Type	Income
Retirement Benefits including RMD (IRA, Roth IRA, 401K, 403(b))			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Pension - Regular Periodic Payments			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> C check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Amount Retirement Benefits received in the last 12 months					\$
Annuity - Regular Periodic Payments			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Amount Annuity Payments received in the last 12 months					\$
VA Benefits			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
VA Aid & Attendance			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Workers Compensation			# of Weeks:	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Unemployment Benefits – Regular (Weekly)			# of Weeks:	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Public Assistance			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Amount Public Assistance Received in the last 12 months					\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Amount of Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits received in the last 12 months					\$
Assistance with Utilities (Other than HUD, HHS or a Solar Credit)			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card	\$
Amount Assistance with Utilities received in the last 12 months					\$

INCOME THAT IS NOT FIXED INCOME:	Yes	No	Frequency	Payment Type	Income
Income from Gig Income Source (Lyft, Door Dash, etc.)			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$
Amount received from Gig Source in the last 12 months					\$
Child Support			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$
Amount Child Support received in the last 12 months					\$
Alimony			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$
Amount Alimony received in the last 12 months					\$
Contributions from organizations			<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$
Amount Contributions received in the last 12 months					\$
Contributions from family, friends or other organization for rent, childcare, other bills.			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$
Amount Contributions received in the last 12 months					\$

INCOME THAT IS <u>NOT</u> FIXED INCOME:	Yes	No	Frequency	Payment Type	Income
Student Financial Assistance			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$
Amount Student Financial Assistance received in the last 12 months					\$
Contributions to Your Crowdfunding Account (GoFundMe, Kickstarter, CaringBridge, Etc.)			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$
Amount received in the last 12 months					\$
Contributions FROM a Crowdfunding Account			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$
Amount Contributions received in the last 12 months					\$
Life Insurance Dividends Paid Directly to You			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$
Asset Income Dividends Paid Directly to You			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$
Other Income?			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit/ Debit Card <input type="checkbox"/> Other:	\$
Amount received in the last 12 months					\$

True False **I understand that all Household Members must report changes to income within 30 calendar days.**

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

By signing this document, I certify that the information provided is true and complete.

HOH Member #1 Applicant Name (please print)

Signature

Date

Member #2 Applicant Name (please print)

Signature

Date

ASSET CERTIFICATION

<p>*FOR SITE STAFF ONLY*</p> <p>Streamlined Verification of Assets & Income From Assets?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Certification Contains Information for Year _____ <input type="checkbox"/> 1 st year cert (Traditional Verification) Asset Threshold = \$ _____ <input type="checkbox"/> 2 (Self-Certification) Asset Threshold = \$ _____ <input type="checkbox"/> 3 (Self-Certification) Asset Threshold = \$ _____
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An asset, as defined by HUD, is cash or something that you own that can be converted to cash. Personal property, such as clothes, wedding rings, personal vehicles, etc. are not counted as assets. ***Cash value** is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. Basically, how much money would you receive if you converted the asset to cash. If you do not know, please leave this field blank and we will assist you in deriving the cash value of your assets.

I/we do not have any assets at this time.

My/our assets include: *Do not include assets owned by Live-in Aides or Foster Children/Adults. Residents are required to provide the most current statement, provided by the appropriate financial institution, for any of the assets listed below. The statement must show the current balance, any income from the asset and the rate of earnings, as appropriate. When the asset is not a financial account, residents should provide documentation showing the value of the asset.*

Non-Necessary Personal Property:							
Type of Asset	Yes	No	Owned by	Balance/ Value	*Cash Value	Interest %	Annual Income
Checking Bank Name:				\$	\$	%\$	<input type="checkbox"/> Unknown
Checking Bank Name:				\$	\$	%\$	<input type="checkbox"/> Unknown
Savings Bank Name:				\$	\$	%\$	<input type="checkbox"/> Unknown
Savings Bank Name:				\$	\$	%\$	<input type="checkbox"/> Unknown
Money Market Bank Name:				\$	\$	%\$	<input type="checkbox"/> Unknown
Peer-to-peer Payment Account (<input type="checkbox"/> Venmo, <input type="checkbox"/> PayPal, <input type="checkbox"/> Apple Pay, <input type="checkbox"/> Zelle <input type="checkbox"/> Other)				\$	\$	%\$	<input type="checkbox"/> Unknown
Debit Card including Direct Express Card or Other Benefit Card				\$	\$	%\$	<input type="checkbox"/> Unknown
Cash				\$	\$	\$	<input type="checkbox"/> Unknown
Deed of Trust/Loan (you have loaned someone money and they are paying you back with or without interest)				\$	\$	%\$	<input type="checkbox"/> Unknown
Other				\$	\$	%\$	<input type="checkbox"/> Unknown

Non-Necessary Personal Property - Investment Accounts:							
<i>Do Not Include Any Asset That is Part of An Irrevocable Trust or a Revocable Trust Controlled by Someone Who Is Not Listed as a Family Member</i>							
Type of Asset	Yes	No	Owned by	Balance/ Value	*Cash Value	Interest %	Annual Income
Annuity				\$	\$	%\$	<input type="checkbox"/> Unknown
Retirement Account (IRA, Roth IRA, 401K, 403(b))				\$	\$	%\$	<input type="checkbox"/> Unknown

Non-Necessary Personal Property - Investment Accounts:

Do Not Include Any Asset That is Part of An Irrevocable Trust or a Revocable Trust Controlled by Someone Who Is Not Listed as a Family Member

Type of Asset	Yes	No	Owned by	Balance/ Value	*Cash Value	Interest %	Annual Income
Certificate of Deposit (CD's)				\$	\$	%	\$ <input type="checkbox"/> Unknown
Crowd Funding Account (e.g., GoFundMe, Kickstarter, etc.);				\$	\$	\$	\$ <input type="checkbox"/> Unknown
Life Insurance (whole life or universal)				\$	\$	%	\$ <input type="checkbox"/> Unknown
Debit Card including Direct Express Card or Other Benefit Card				\$	\$	%	\$ <input type="checkbox"/> Unknown
Crypto Currency (e.g., Bitcoin, Altcoins, Crypto coins, etc.)				\$	\$	%	\$ <input type="checkbox"/> Unknown
Investment Accounts (e.g. mutual funds, stocks, bonds, and other like investments)				\$	\$	%	\$ <input type="checkbox"/> Unknown
Investments in Precious Metals including Gold, Silver, Copper, etc.				\$	\$	%	\$ <input type="checkbox"/> Unknown
Vehicle (additional car, ATV, boat, RV or other like vehicle.)				\$	\$	\$	\$ <input type="checkbox"/> Unknown
Collection, hobby or other like Non-necessary Personal Property (coin, stamp, etc.)				\$	\$	\$	\$ <input type="checkbox"/> Unknown
Revocable Trust controlled by a member of the family				\$	\$	%	\$ <input type="checkbox"/> Unknown
Special Needs Trust controlled by a member of the family				\$	\$	%	\$ <input type="checkbox"/> Unknown
Bonds (not Baby Bonds)				\$	\$	%	\$ <input type="checkbox"/> Unknown
Other				\$	\$	%	\$ <input type="checkbox"/> Unknown

Are you expecting to receive any payments from inheritance, insurance settlements for health or accident, or lottery winnings?

Yes No If yes, state anticipated date of receipt _____ Amount Expected \$ _____

REAL PROPERTY:

Does Any Household Member Own...	Yes	No	For Sale?	Market Value	Cost to Sell	*Cash Value
A Home or dwelling where a member has present ownership interest in and the effective legal authority to sell.			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
Rental Property - Home or dwelling where a member has present ownership interest in and the effective legal authority to sell.			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
Rental Income	\$		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> NA		Annual Expenses \$	
Real Property that is not used for a business that a household member has legal authority to sell. (ex. Land)			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
Real Property used for a business that a household member has legal authority to sell.			<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$

Federal Tax Refund/Tax Credit:	
Member #1 Name (Head of Household)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you received a federal tax refund or tax credit in the last year? If Yes, total amount.	
	\$

Federal Tax Refund/Tax Credit:	
Member Name #2	
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you received a federal tax refund or tax credit in the last year? If Yes, total amount.	
	\$

If any member has received a federal tax refund/credit, please provide Income tax returns with corresponding official tax forms and schedules attached and including third-party receipt of transmission for income tax return filed (i.e., tax preparer's transmittal receipt, summary of transmittal from online source, etc.) as third-party verification.

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE: (choose one)	
Member #1 Name (Head of Household)	
<input type="checkbox"/> I have <u>NOT</u> disposed of any assets for less than fair market value. OR	
<input type="checkbox"/> During the previous two-year (24-month) period I have disposed of assets for less than fair market value as indicated:	\$

Member Name #2	
<input type="checkbox"/> I have <u>NOT</u> disposed of any assets for less than fair market value. OR	
<input type="checkbox"/> During the previous two-year (24-month) period I have disposed of assets for less than fair market value as indicated:	\$

**All members of the household will be required to sign an affidavit during the application process.*

EMERGENCY CONTACT			
Name	Relationship	Phone Number	Email

POWER OF ATTORNEY				
	Name	Relationship	Phone Number	Email
Finance				
Health				

VEHICLE INFORMATION				
Do you currently own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, fill in the below information</i>				
Year	Make	Model	Color	License Plate #
Do you currently have a State of WI Handicap Parking Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Yes No Do you give permission for the owner/agent to contact you via email?
(Please provide email address on Page 1)

Would you like to request a complete copy of the owner/agent's tenant selection criteria?

Yes No If yes, which option do you prefer? Paper copy Email copy

APPLICANT CERTIFICATION OF ACCURACY AND COMPLETENESS:

By signing this document I/We certify that if application is approved, the unit I/We occupy will be my/our only residence. I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks, and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents, or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

Under penalty of perjury, I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

HOH Member #1 Applicant Name (please print)

Signature

Date

Member #2 Applicant Name (please print)

Signature

Date

The owner/agent does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Dave Wimmer
Address: 5300 S. 108th St. #1
City: Hales Corners State : WI Zip: 53130
Telephone – (414) 529-3900

If you have trouble understanding this document, please contact the management office.

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 請聯絡管理辦公室，如果你需要幫助理解這份文件。(Chinese)
- もしこの文書を理解しているための助けを必要とすれば、経営オフィスと連絡を取ってください (Japanese)

FOR OFFICE USE ONLY:

6/11/2025	HOTMA Updates