



RESIDENCY APPLICATION

APPLICATION FOR LOW INCOME HOUSING TAX CREDIT APARTMENT HOME

All co-applicants, age 18 or older, including spouse, should complete a separate application.

Date Received: _____ Time: _____ am / pm Proposed Effective Date: _____

We are pleased to consider you as a future resident(s) of our rental community. The information you provide below will assist in determining your eligibility. All information will be kept confidential. Failure to provide required information will prevent us from considering your application. Misrepresentation of information is punishable by law. Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any question blank or unanswered. Thank you.

PROPERTY INFORMATION (For Office Use Only):	
Unit Address: <u>2451 Silvernail Road</u>	_____ Initial Certification
Unit Number: _____	_____ Recertification
# of Bedrooms: _____	_____ Other _____

HOUSEHOLD COMPOSITION AND STATUS:
<i>List the Head of Household (applicant) and all other persons who will be living in your unit. State the relationship of each family member to the Head. Choose only one member to be the Head of Household. List all members you anticipate to live with you at least 50% of the time in the next 12 months including anyone who is not currently a household member but is anticipated to become one in the next 12 months. Include any temporarily absent family members.</i>

Household Member's Full Name (First and Last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster/Adult Child U=Unborn Child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If "yes" Parttime (PT) or Fulltime (FT)*

*A household member should be considered a full-time (FT) or part-time (PT) student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. Please include all school-age children, even if home-schooled as FT students.

CONTACT INFORMATION:	
Name:	
Home Phone:	
Cell Phone:	
Email Address (if applicable):	

COMPLETE QUESTIONS 1a – 1e ONLY IF ALL HOUSEHOLD MEMBERS ARE FULL-TIME STUDENTS.

1. Student Status:
- a. Is at least one student receiving assistance under Title IV of the Social Security Act? (AFDC/TANF) Yes or No
 - b. Does at least one student participate in a program receiving assistance under the Training Act, Workforce Investment Act or under other similar federal, state, or local laws? Yes or No
 - c. Are the full-time students married and entitled to file a joint tax return? Yes or No
 - d. Is the household comprised entirely of a single parent with child(ren) and the parent is not a dependent of another individual and the child(ren) are not dependents of someone other than a parent? Yes or No
 - e. Was at least one student previously under the care and placement responsibility of the State agency responsible for administering foster care? Yes or No

2. If you are divorced or separated, please provide the date effective: _____
(If divorced, please provide a full copy of the divorce decree.)
3. Do you expect any changes in the household in the next 12 months? Yes or No
If yes, please describe: _____
When will this occur? _____
(If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members under the age of 18 claiming emancipation (yourself included)? Yes or No
If yes, please provide documentation to validate emancipation.

EMPLOYMENT INFORMATION

CURRENT EMPLOYMENT INFORMATION:

Company Name: _____ Title: _____
Address: _____ Date of Hire: _____
City/State/Zip: _____ Monthly Gross Wage: _____
Phone: _____ Fax: _____ Supervisor: _____

ADDITIONAL CURRENT EMPLOYMENT INFORMATION: (complete if you currently have more than one job)

Company Name: _____ Title: _____
Address: _____ Date of Hire: _____
City/State/Zip: _____ Monthly Gross Wage: _____
Phone: _____ Fax: _____ Supervisor: _____

PREVIOUS EMPLOYMENT INFORMATION:

Company Name: _____ Title: _____
Address: _____ Date Left: _____
City/State/Zip: _____ Monthly Gross Wage: _____
Phone: _____ Fax: _____ Supervisor: _____

OTHER INCOME INFORMATION:

Identify each source of income currently received or anticipated to be received in the next 12 months.	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Adoption Assistance	Yes OR No	\$ _____
2. Disability/Worker's Compensation/Severance Pay	Yes OR No	\$ _____
3. Lottery Winnings Paid Periodically	Yes OR No	\$ _____
4. Military Pay or VA Benefits	Yes OR No	\$ _____
5. Pension/Annuity	Yes OR No	\$ _____
6. Educational Financial Assistance	Yes OR No	\$ _____
7. Recurring Gift/Contribution	Yes OR No	\$ _____
8. Child Support/Alimony/Family Maintenance	Yes OR No	\$ _____
9. Rental Income	Yes OR No	\$ _____
10. Self-Employment	Yes OR No	\$ _____
11. Not Employed	Yes OR No	\$ _____
12. Zero Income (No income from any source)	Yes OR No	\$ _____
13. Social Security/SSI Benefits (Disability)	Yes OR No	\$ _____
14. Trust Income	Yes OR No	\$ _____
15. Unemployment Compensation	Yes OR No	\$ _____
16. IRA/401K/Annuity (Receiving required/Systematic distributions)	Yes OR No	\$ _____
17. Public Assistance (AFDC/TANF/W-2) / Welfare	Yes OR No	\$ _____
18. Other Income (Not listed above)	Yes OR No	\$ _____

Other Income could include, but is not limited to: Income from a person permanently confined to a hospital or nursing home, income from a temporarily absent family member who intends to return, inheritance, insurance policies, etc.

ASSET INFORMATION: List all assets for this household member. Complete one for every household member.

	Name of Financial Institution(s)	Circle Yes or No for each item listed	Amount
1. 401K (Accounts not receiving any payments from)	_____	Yes OR No	\$ _____ \$ _____
2. Bonds	_____	Yes OR No	\$ _____ \$ _____
3. CD/Money Markets	_____	Yes OR No	\$ _____ \$ _____
4. Treasury Bill	_____	Yes OR No	\$ _____ \$ _____
5. Checking	_____	Yes OR No	\$ _____ \$ _____
6. Savings	_____	Yes OR No	\$ _____ \$ _____
7. IRA/KEOGH (Accounts not receiving any payments from)	_____	Yes OR No	\$ _____ \$ _____
8. Land Contract/Deed of Trust	_____	Yes OR No	\$ _____ \$ _____
9. Lottery Winnings (Lump Sum)	_____	Yes OR No	\$ _____
10. Pension/Annuity (Accounts not receiving any payments from)	_____	Yes OR No	\$ _____ \$ _____
11. Real Estate	_____	Yes OR No	\$ _____ \$ _____
12. Cash on Hand	_____	Yes OR No	\$ _____
13. Safety Deposit Box	_____	Yes OR No	\$ _____ \$ _____
14. Personal Property Held as an Investment	_____	Yes OR No	\$ _____
15. Stocks/Mutual Funds	_____	Yes OR No	\$ _____ \$ _____
16. Trusts	_____	Yes OR No	\$ _____ \$ _____
17. Universal Life Insurance	_____	Yes OR No	\$ _____ \$ _____
18. Whole Life Insurance	_____	Yes OR No	\$ _____ \$ _____
19. Other Assets (not listed above)	_____	Yes OR No	\$ _____ \$ _____

Other assets could include deferred periodic payments from social security, inheritance, capital gains, lottery winnings, cash from sale of assets, settlements on insurance claims, etc.

1. Do all combined assets of the entire household exceed \$5000? Yes or No

2. In the past two (2) years, have you sold or given away any assets listed in the chart above for more than \$1,000 less than the Fair Market Value? Yes or No

If yes, please complete the following:

Asset Disposed: _____ Date Disposed: _____ Amount Disposed: _____

Was the disposal of this asset due to: (circle one) Bankruptcy Foreclosure Marital Separation Divorce Other: _____

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

If yes, please complete the following:

Gifted To: _____ Date Gifted: _____ Amount Gifted: _____

RESIDENTIAL HISTORY: *Please provide three (3) years of housing history.*

CURRENT ADDRESS: _____ Own Rent Other _____
City/State/Zip: _____ Date Moved In: _____
Landlord Name/Mortgage Company: _____ Monthly Rent/Mortgage: _____
Phone: _____ Reason for Leaving: _____

PREVIOUS ADDRESS: _____ Own Rent Other _____
City/State/Zip: _____ Date Moved In: _____
Landlord Name/Mortgage Company: _____ Monthly Rent/Mortgage: _____
Phone: _____ Reason for Leaving: _____

PREVIOUS ADDRESS: _____ Own Rent Other _____
City/State/Zip: _____ Date Moved In: _____
Landlord Name/Mortgage Company: _____ Monthly Rent/Mortgage: _____
Phone: _____ Reason for Leaving: _____

1. Have you ever been evicted from tenancy? Yes or No
If yes, please list date: _____
2. Have you ever filed for bankruptcy? Yes or No
If yes, please list date: _____
3. Have you ever been convicted of a felony? Yes or No
If yes, please list what for: _____
4. Will this be your only place of residence? Yes or No
If no, please explain: _____
5. Will you have 50% or more physical custody of all minor members in household? Yes or No
If no, please explain: _____
6. Will you be receiving rental assistance while living at this community? Yes or No
If yes, please list source of assistance: _____
 - a. Has your rental assistance ever been terminated for fraud, nonpayment of rent, or failure to recertify? Yes or No
If yes, please explain: _____
7. Do you own any pets that would be moving with you into the Community? Yes or No
If yes, please list types: _____

EMERGENCY INFORMATION: *In case of an emergency, notify...*

Name: _____ Relationship: _____
Address: _____ Home Phone: _____
City/State/Zip: _____ Cell Phone: _____

Name of your durable Power of Attorney, Legal Guardianship, Conservatorship, or Power to Manager your FINANCES.
Please include a copy of the above documentation with this application.

Name: _____ Relationship: _____
Address: _____ Home Phone: _____
City/State/Zip: _____ Cell Phone: _____

Has this been activated? No Yes

Have you executed a marital property agreement? No Yes (If yes, include a copy with this application)

Name of your durable Power of Attorney, Legal Guardianship, Conservatorship, or Power to Manager your HEALTH CARE.
Please include a copy of the above documentation with this application.

Name: _____ Relationship: _____
Address: _____ Home Phone: _____
City/State/Zip: _____ Cell Phone: _____

Has this been activated? No Yes

Have you designated a funeral home? No Yes

If yes, provide name of funeral home and phone number: _____

Please Supply Copies of These Cards

Social Security Number: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Pets

Do you have any pets? Yes No If yes, please complete information below.

Pet Type (Dog, Cat, etc.)	Weight (lbs)	Age	Color	Breed	Name	Gender	Spayed/ Neutered

PLEASE PROVIDE CURRENT VACCINATION RECORDS.

Vehicles

Do you currently own an automobile? No Yes If yes, Year: _____ Make: _____
Model: _____ Color: _____

Do you currently possess a State of WI Handicapped Parking Permit? Yes No If yes, Expiration Date: _____

Number of vehicles to be parked on the premises by Applicant and persons who will reside with Applicant? _____

CERTIFICATION OF ACCURACY AND COMPLETENESS:

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.

Applicant's Signature

Date