Grace Apartments

"Equal Housing Opportunity"

Locations in Wisconsin Rapids, Mauston, & Poy Sippi

Mauston, WI 53948

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Application for Occupancy

Circle which location(s) Mauston Wisconsin Rapids Poy Sippi

SECTION A - APPLICANT

Applicant's Name: _____

Present Address: _____ Apt. No.:_____

City: _____ State: _____ Zip Code: _____

Phone: _____ Is this a Cell Phone: Yes or No

Email Address: _____

SECTION B – HOUSEHOLD COMPOSITION

List the head of household and all other persons who will be living in the unit. Give the relationship of each family member to the Head of household.

Member's Full Name	Soc Sec Number	Date of Birth	Relationship	Student Y / N
			HEAD	

** Do you or any other adult in your household qualify for housing because of a disability? __ Yes, or __ No

SECTION C – HOUSING HISTORY

List the completed housing information for the last **3 years** for **all** adult household members (if more space is needed, please attach additional pages**). Begin with your current housing** and remember to list **all** of the places you and other adult members of your household have resided within the last **3 years** or your application may be sent back as incomplete.

DATES OCCPIED	RESIDENCE INFORMATION	CONTACT INFORMATION FOR WHO CAN VERIFY (LANDLORD, HOMEOWNER, SHELTER STAFF ETC.)
From: To: CURRENT	Resident Name: ______________________ Address: ___________________________ ________________________________ Reason for leaving: ___________________	Name: __________________________ Address: _______________________ ____________________________ Phone: __________________________
From: To:	Resident Name: ______________________ Address: ___________________________ ________________________________ Reason for leaving: ___________________	Name: __________________________ Address: _______________________ ____________________________ Phone: __________________________
From: To:	Resident Name: ______________________ Address: ___________________________ ________________________________ Reason for leaving: ___________________	Name: __________________________ Address: _______________________ ____________________________ Phone: __________________________
From: To:	Resident Name: ______________________ Address: ___________________________ ________________________________ Reason for leaving: ___________________	Name: __________________________ Address: _______________________ ____________________________ Phone: __________________________
From: To:	Resident Name: ______________________ Address: ___________________________ ________________________________ Reason for leaving: ___________________	Name: __________________________ Address: _______________________ ____________________________ Phone: __________________________
From: To:	Resident Name: ______________________ Address: ___________________________ ________________________________ Reason for leaving: ___________________	Name: __________________________ Address: _______________________ ____________________________ Phone: __________________________

SECTION D – INCOME

List your **household's ANNUAL GROSS INCOME**, (this is the amount before any taxes or deductions have been taken off). This could income, but not limited to the following sources: employment, Social Security, SSI, Child Support, workman's comp, VA benefits, pensions or annuities, retirement benefits, W-2, regular cash, or non-cash contributions.

ANNUAL HOUSEHOLD GROSS INCOME: $_____

SECTION E – GENERAL

1.) Why do you wish to move from your present residence? _____

2.) When would you be available to move? _____

3.) Does anyone live with you now who is not listed in your household composition under SECTION – B? if yes, please explain: _____

   a. Will anyone else live in the unit on either a full or part time basis? If yes, please explain:

   _____

4.) Do you have sole legal and physical custody of your children? __ Yes or __ No, if No please explain:

   _____

5.) What size unit are you applying for __ 1 Bedroom __2 Bedroom __3 Bedroom

6.) Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing, or visual impairments? __ Yes or __ No

7.) Are you now living or have lived in a government subsidized development / Section 8 / Voucher Program? __ Yes or __ No, if Yes, When: _____

   a. Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with house rules? __ Yes or __ No If yes, please explain: _____

   _____

   b. Has an eviction ever been granted on you within the last 3 years? __ Yes or __ No If yes, please explain: _____

   c. Do you have a pet? __ Yes or __ No, if Yes what kind? _____

8.) Have you ever been required to register as a sex offender? __ Yes or __ No

   a. List all states where you have resided: _____

9.) Do you pay more than 50% of your income for rent? __ Yes or __ No

SECTION F- DISCLOSURES

READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:

Criminal background Check – I understand that a background check will be conducted. Rejection of the application may occur for: 1. Damage to property or vandalism convictions; 2. Drug-related convictions; 3. Violence to person convictions (battery, assault, murder, attempted murder, involuntary manslaughter, assault with a deadly weapon); 4. Theft or burglary convictions; 5. Multiple disorderly conduct conviction; or 6 Sexual crimes or status as a lifetime registered sex offender.

MEGAN's LAW – You may obtain information about the sex offender registry and persons registered with the registry by visiting https://www.nsopw.gov/ or by contacting your local law enforcement agency

RELEASE OF INFORMATION: Each adult household member who is making application for or is currently living in an assisted housing development sign HUD Forms 9887 and 9887A (or its equivalent). Failure to sign constitutes grounds for denying housing.

I/We Certify that I/we have received a copy of the HUD FORM 1141 and HUD Section 8 Fact Sheet.

I/We understand the information in this application will be used to determine eligibility for housing assistance and that this information will be verified.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading, or incomplete, management may decline our application, or, if move-in has occurred, terminate our lease agreement.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current housing providers or other sources for credit and certification information which may be released to appropriate federal, state, or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed on this application will occupy the unit, **that it will be my/our only residence**, and that there are not other persons for whom I/we have, or expect to have responsibility to provide housing.

I/We agree to notify management regarding any changes in household address, telephone number, income, and household composition.

NOTE: once you are approved and offered a unit, if you wish to review the physical damages that were withheld from the previous tenant's security deposit, please request this in writing before you pay your security deposit.

All household members age 18 or older must sign below:

1. _____
   Applicant's Signature Date

2. _____
   Applicant's Signature Date

WARNING: Section 1001 of title 18 of the united states code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining of federal funds.