



300 Wilson Ave W • Menomonie, WI 54751

Phone: (715) 233-2081 Fax: (715) 233-2082

AHTC APPLICATION FOR RESIDENCY

This application is to be returned to the Resident Manager.

NOTE: Your employment, income, assets and credit history, as well as other information, will be verified. Please make arrangements with your employer to make this information available. No application will be approved without complete verifications.

All assets of all household members, regardless of age, must be included on the application.

All income and employment sources of household members 17 years of age or older must be included on the application.

Please be sure to completely and neatly fill in ALL blanks. **PLEASE DO NOT USE WHITE-OUT.**

Please initial any cross-out corrections

Answer all Yes or No questions.

Be sure to include the names, dates of birth and social security numbers of all the people who will be living with you. All co-applicants over the age of 18 must complete their own application, unless husband and wife.

Attached to your application you will find a Policy Statement for acceptance to this apartment complex.



**WE SUBSCRIBE TO ALL FEDERAL, STATE AND LOCAL
FAIR-HOUSING LAWS.**

The Federal Fair Housing Law prohibits discrimination based on race, color, sex (gender), disability, religion, national origin (ancestry), or familial status. The state of Wisconsin includes all the federal prohibitions plus sexual orientation, marital status, lawful source of income, and age. The state of Minnesota includes all the federal prohibitions plus creed, sexual orientation, marital status, and lawful source of income.

**RESIDENTS, OTHERS IN THEIR HOUSEHOLDS, AND PEOPLE WITHIN THEIR CONTROL
MUST NOT TAKE PART IN ILLEGAL DRUG ACTIVITY ON OR NEAR THEIR RENTAL
AREA . . . OR RESIDENT MAY FACE LEASE TERMINATION OR EVICTION.**



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POLICY STATEMENT

All Applicants will be accepted or rejected for residency. No person(s) will be denied occupancy based on membership in any protected class, according to local, state and federal fair housing laws.

1. Applicants whose rent would exceed 40% of their monthly income may be required to obtain a co-signer. A co-signer, if required, must guarantee rental payments by signature, in person or in the presence of a notary, on the lease. Co-signer shall qualify by virtue of credit reference and record of timely payment of debts. In exceptional circumstances, such as no other debts, payments, credit record of prompt payment of all debts, 50% of monthly income for rent may be considered.
2. An applicant's credit report shall reflect a habit of prompt payment of debts and no unsatisfied judgments. A co-signer guarantor may be requested in the absence of required credit report.
3. A positive past housing reference will be required. If applicant has no prior rental history, a co-signer may be required. Past housing reference shall include:
 - A) Record of timely payment of rent;
 - B) Record of abiding by management rules;
 - C) Record of not disturbing other residents; and
 - D) Record of respect of property.
4. All information on the application form must be completed; any falsification of information on the application shall be grounds for rejection.
5. No more than two (2) persons per bedroom shall occupy a unit. This policy shall be applied to ALL qualified applicants, regardless of their membership in any protected class.
6. Delinquent tenants will not be tolerated. Failure to pay rent and/or excessive damage to units or common areas is grounds for eviction. Eviction policies for failure to pay rent will be strictly enforced.
7. Manufacture, distribution or use of a controlled substance on premise may be grounds for lease termination or eviction.
8. No pets are allowed, with the exception to service animals as required by the Americans with Disabilities Act or in a select designated pet unit with a signed pet policy.



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Section 42 Property Name _____ Unit Number _____ Today's Date ____/____/____ Projected Move-in Date ____/____/____

This application is NOT a rental agreement, contract, or lease. No applicant will be judged on the basis of race, color, religion, sex, handicap, familial status, national origin, sexual orientation, marital status, legal source of income, age, or ancestry. All applications are subject to the approval of Management.

Please Fill Out This Application Completely and Neatly. Please do not use whiteout and initial all cross-out corrections. Every Question Must Be Answered.

Applicant's Full Name _____ Age _____

Present Address _____
Mailing Address City State Zip Code

Social Security Number _____ - _____ - _____ Sex _____ Date of Birth ____/____/____

Telephone Number (____) _____ - _____ Marital Status _____
(Married, Single, Separated, Divorced)

Driver's License Number and State _____

Spouse/Co-Tenant Full Name _____ Age _____

Present Address (if different) _____
Mailing Address City State Zip Code

Social Security Number _____ - _____ - _____ Sex _____ Date of Birth ____/____/____

Telephone Number (____) _____ - _____ Marital Status _____
(Married, Single, Separated, Divorced)

Driver's License Number and State _____

Other Members of Household Who Will Be Living with the Applicant and Co-Applicant:

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Relationship</u>

Do you have a pet? () Yes () No If yes, how many? _____ Type of Pet _____
Have you ever been evicted? () Yes () No
Have you ever willfully refused to pay rent when due? () Yes () No
Have you ever filed bankruptcy? () Yes () No If yes, when _____

Emergency Contacts: Please List the Two Closest Relatives Living Nearest to You.

Name _____ Phone (____) _____ - _____

Address _____ Relationship _____
Address City State Zip Code

Name _____ Phone (____) _____ - _____

Address _____ Relationship _____
Address City State Zip Code

References: Please List Personal References=Names, Addresses & Telephone Numbers:

References: Please List Credit References=Names, Addresses & Telephone Numbers:

Please List Any Former Rental Addresses for the Past 10 Years, Begin with the PRESENT:

PRESENT Address: _____
Number & Street City State Zip

PRESENT Landlord _____ Phone (____) _____ - _____

Landlord Address _____

Dates at That Address: From ____/____/____ to ____/____/____

PREVIOUS Address: _____
Number & Street City State Zip

PREVIOUS Landlord _____ Phone (____) _____ - _____

Landlord Address _____

Dates at That Address: From ____/____/____ to ____/____/____

PREVIOUS Address: _____
Number & Street City State Zip

PREVIOUS Landlord _____ Phone (____) _____ - _____

Landlord Address _____

Dates at That Address: From ____/____/____ to ____/____/____

Please complete all applicable information for Applicant, Spouse/Co-Applicant and household members who are or will be 18 years or older within the next 12 months on this page and the following pages. Attach an additional sheet if more space is needed.

1. Are you married?

Yes _____ No _____

If yes, will your spouse reside in your household?

Yes _____ No _____ If no, Form 5 is required.

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2. Are you or any member of your household a Student?

Yes _____ No _____

2a. Does any member of your household anticipate becoming a student in the next 12 months?

Yes _____ No _____

If yes, list all household members who are or will be enrolled in an educational institution.

<u>Students Attending</u>	<u>Age</u>	<u>Institution Attending</u>	<u>No of Credit</u>	<u>Dates</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Form 10 must be filled out for all Applicants listed above who are or will be 18 or older within the next 12 months.

INCOME INFORMATION.

3. Is any member of your household self-employed? Yes _____ No _____

3a. Does any member of your household anticipate self-employment income in the next 12 months? Yes _____ No _____

If yes, does this member of your household receive income from a business, or from professional services? Yes _____ No _____ 20

\$ _____ Weekly/Monthly/Annually. (Circle one) Which Applicant: _____
 Source: _____
 Address: _____
 Address: _____
 Phone: (____) _____ - _____

If yes, does this member of your household receive non-corporate income, such as child care, or sales commissions from Avon or Amway, etc.? Yes _____ No _____

\$ _____ Weekly/Monthly/Annually. *(Circle one)* Which Applicant: _____
 Source: _____ 25
 Address: _____
 Address: _____
 Phone: (_____) _____ - _____

\$ _____ Weekly/Monthly/Annually. *(Circle one)* Which Applicant: _____
 Source: _____ 25
 Address: _____
 Address: _____
 Phone: (_____) _____ - _____

4. Is any member of your household currently employed? Yes _____ No _____

If yes, please list the gross amount (before deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses. Please circle whether you are paid per hour or per week or per month, as appropriate. Indicate source.

\$ _____ Per Hour/Week/Month Which Applicant: _____ 30
 _____ Hours/Week Position/Title: _____
 Source: _____
 Address: _____
 Phone: (_____) _____ - _____

\$ _____ Per Hour/Week/Month Which Applicant: _____ 30
 _____ Hours/Week Position/Title: _____
 Source: _____
 Address: _____
 Phone: (_____) _____ - _____

\$ _____ Per Hour/Week/Month Which Applicant: _____ 30
 _____ Hours/Week Position/Title: _____
 Source: _____
 Address: _____
 Phone: (_____) _____ - _____

4a. Does any member of your household anticipate becoming employed in the next 12 months? 100
 Yes _____ No _____

5. Does any member of your household receive income from the rental of real or personal property? Yes _____ No _____

5a. Does any member of your household anticipate receiving income from the rental of real or personal property in the next 12 months? Yes _____ No _____

If yes, list the type of property and the amount of income received from this property.

\$ _____ Weekly/Monthly/Annually. (Circle one) Which Applicant: _____ Source: _____ Address: _____ Address: _____ Phone: (_____) _____ - _____

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6. Does any member of your household receive income from Social Security or Medicare or SSI payments? Yes _____ No _____

6a. Does any member of your household anticipate receiving income from Social Security or Medicare or SSI payments in the next 12 months? Yes _____ No _____

If yes, please list the amount of money received from this source. The Social Security number for the beneficiary must be listed on page 3 of this application.

\$ _____ Monthly/Annually. (Circle one) Which Applicant: _____ Source: _____ For: _____ (Name of Person for Whom Benefits are Received)

SS*

\$ _____ Monthly/Annually. (Circle one) Which Applicant: _____ Source: _____ For: _____ (Name of Person for Whom Benefits are Received)

SS*

SS* Applicant should provide a copy of the most recent award letter or current print-out from the Social Security Administration as verification. In Wisconsin, state SSI benefits must be verified through the State SSI Unit in Madison

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7. Does any member of your household receive income from a pension, an annuity, or a retirement fund? Yes _____ No _____

7a. Does any member of your household anticipate receiving income from a pension, an annuity, or retirement fund in the next 12 months? Yes _____ No _____

If yes, please list the source, the type of account, the frequency of payment, and the amount of money received from this source.

\$ _____ Monthly/Annually. Which Applicant: _____
(Circle one) From: _____ 60
Address: _____
Address: _____
Phone: (_____) _____ - _____
Type of Fund (i.e., pension, annuity, retirement, etc.): _____
Account/Claim #: _____

\$ _____ Monthly/Annually. Which Applicant: _____
(Circle one) From: _____ 60
Address: _____
Address: _____
Phone: (_____) _____ - _____
Type of Fund (i.e., pension, annuity, retirement, etc.): _____
Account/Claim #: _____

8. Does any member of your household receive income from public assistance? Yes _____ No _____

8a. Does any member of your household anticipate receiving income from public assistance in the next 12 months? Yes _____ No _____

If yes, please list the source, the frequency of payment, and the amount of money received from this source.

\$ _____ Weekly/Monthly/Annually. Which Applicant: _____
(Circle one) From: _____ 70
Address: _____
Address: _____
Phone: (_____) _____ - _____

\$ _____ Weekly/Monthly/Annually. Which Applicant: _____
(Circle one) From: _____ 70
Address: _____
Address: _____
Phone: (_____) _____ - _____

9. Does any member of your household have a court order to receive child support or alimony?

Yes _____ No _____

How many court orders in your household? _____

Which Applicant? _____

What is the ordered amount? \$ _____ (Weekly/Monthly/Annually)
(Circle one)

Do you receive the ordered amount? Yes _____ No _____

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Please provide county, state, and address where the order was established? _____

Which Applicant? _____

What is the ordered amount? \$ _____ (Weekly/Monthly/Annually)
(Circle one)

Do you receive the ordered amount? Yes _____ No _____

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Please provide county, state, and address where the order was established? _____

9a. Does any member of your household receive child support or alimony that is NOT court-ordered?

Yes _____ No _____

If yes, please supply the following information.

\$ _____ Weekly/Monthly/Annually.
(Circle one)

Which Applicant: _____
From: _____
Address: _____
Address: _____
Phone: (_____) _____ - _____

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\$ _____ Weekly/Monthly/Annually.
(Circle one)

Which Applicant: _____
From: _____
Address: _____
Address: _____
Phone: (_____) _____ - _____

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9b. Does any member of your household anticipate receiving child support within the next 12 months? Yes _____ No _____

Please explain: _____

If applicant answered **no** to questions 9, 9a, and 9b, and at least one child will reside in your household, then applicant will need to fill out Form 88. **88**

10. Does any member of your household receive or anticipate receiving income from any of the following in the next 12 months?

- | | | | |
|---|-----------|----------|-----------|
| <i>Unemployment, Disability Compensation,</i> | Yes _____ | No _____ | 90 |
| <i>Workman's Compensation, or Severance Pay</i> | Yes _____ | No _____ | 92 |
| <i>Regular Recurring Contributions of Gifts of Money</i> | Yes _____ | No _____ | 92 |
| <i>Special Pay and Allowances for Head of Household in Armed Forces</i> | Yes _____ | No _____ | 94 |
| <i>Any Other Source</i> | Yes _____ | No _____ | 96 |

\$ _____ Weekly/Monthly/Annually. (Circle one) Which applicant: _____
 From: _____
 Address: _____
 Address: _____
 Phone: (_____) _____ - _____

\$ _____ Weekly/Monthly/Annually. (Circle one) Which applicant: _____
 From: _____
 Address: _____
 Address: _____
 Phone: (_____) _____ - _____

11. Does your household have zero income? Yes _____ No _____

If you or any household member answered no to questions #3 through #10, they have indicated that they have zero income.

Which applicant: _____

If yes, please sign the Self Affidavit of Zero Income at Move-In. **100**

12. Does any member of your household receive Housing Assistance or Rent Assistance? Yes _____ No _____

If yes, please list source(s): _____

ASSET INFORMATION. List all information for each household member, including household members under 18 years of age.

1. Does anyone in your household have cash on hand? Yes _____ No _____

If yes, please list the amount of cash on hand at present time.

Applicant \$ _____ Co-Applicant \$ _____
Other \$ _____

2. Does anyone in your household have a checking account? Yes _____ No _____

If yes, please indicate the current balance, and name and address of the bank for each checking account held by the applicant and the co-applicant.

Which Applicant: _____
Name of Bank: _____ Phone _____ 200
Address: _____ Account # _____
Current Balance: \$ _____

Which Applicant: _____
Name of Bank: _____ Phone _____ 200
Address: _____ Account # _____
Current Balance: \$ _____

3. Does anyone in your household have a deposit account? Yes _____ No _____

*"Deposit accounts" include but are not limited to: Savings, IRAs, CDs, Mutual funds, and Money Market Accounts.

If yes, please indicate the type of account, the current balance, and the name and address of the savings institution for each deposit account held by any household member.

Which Applicant: _____
Name of Bank: _____ 200
Address: _____
Current Balance: \$ _____ Account #: _____

Please circle type of account: Savings Account, IRA, Certificate of Deposit, Mutual Fund, or Money Market

Which Applicant: _____
Name of Bank: _____ 200
Address: _____
Current Balance: \$ _____ Account #: _____

Please circle type of account: Savings Account, IRA, Certificate of Deposit, Mutual Fund, or Money Market

4. Does anyone in your household have a 401k account? Yes _____ No _____

Which applicant: _____ 201
If yes, please provide name, address, and phone # of Company & Broker.
Name of Company: _____
Name of Broker: _____
Address & Phone Number: _____

5. Does anyone in your household have a cash value whole or universal life insurance policy (do not include term life policies). Yes _____ No _____

Which applicant: _____ 202
If yes, please provide name, address, and phone # of Company & Agent.
Name of Company: _____
Name of Agent: _____
Address & Phone Number: _____

6. Does anyone in your household own stocks or bonds? Yes _____ No _____

If yes, please list any stocks or bonds owned by any household member.

Which Applicant: _____
Name of Broker: _____ Phone: _____ 210
Address: _____
Number of Shares/Bonds: _____ Value per share/Bond: _____

Which Applicant: _____
Name of Broker: _____ Phone: _____ 210
Address: _____
Number of Shares/Bonds: _____ Value per Share/Bond: _____

7. Does anyone in your household currently own real estate? Yes _____ No _____ 220

Which Applicant: _____

If yes, please state the following information: Fair Market Value of property. \$ _____

Is there a mortgage on this property?

No _____ Amount: \$ _____ 215

If yes, please provide name and address of mortgage holder:

Did anyone in your household own real estate within the last two years?

Yes _____ No _____ 220

If yes, please state the following information:

Which Applicant: _____

Have you disposed of (sold) real estate in the past two (2) years? Yes _____ No _____

If yes, please list amount sold for: \$ _____

Was the property sold under land contract? Yes _____ No _____

If yes, please list the current principle balance: \$ _____

8. Does anyone in your household own personal property as an investment? Yes _____ No _____

Please list all other personal property held as an investment, which may include, but is not limited to: antique vehicles, stamp, gem or coin collections, art collections, etc. DO NOT include necessary personal property such as household furniture, automobiles, or clothing.

Which Applicant: _____
 Type of Asset: _____ Value: \$ _____
 Type of Asset: _____ Value: \$ _____
 Type of Asset: _____ Value: \$ _____

9. Does your household have \$0 total assets? Yes _____ No _____ 230
 If total assets are \$0 (do not include cash on hand) at move-in, then an Asset Certification Form 230 must ALSO be completed.

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. Add an explanation below to each YES answer.

Will any household member live in the unit on a less than full time basis? Yes _____ No _____ 240

Do you anticipate any change in household composition during the next twelve months? Yes _____ No _____

HOW DID YOU HEAR ABOUT US?

- _____ Newspaper
- _____ Phone Book
- _____ Referral
- _____ Tenant Referral, Who _____
- _____ Radio/TV
- _____ Flyer
- _____ Internet
- _____ Other _____



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Applicant acknowledges that the apartment complex they are applying for is operating under Section 42 of the Internal Revenue Code and that the rental benefits are conditional upon the gross annual income and family size of each household.

HOUSEHOLD INCOME AND ASSET VERIFICATION MUST ACCOMPANY THIS APPLICATION TO COMPLETE SCREENING.

YOUR SIGNATURE ON THIS APPLICATION AUTHORIZES THE OWNER/MANAGER OF PROJECT FOR WHICH YOU ARE APPLYING FOR OCCUPANCY TO CONTACT YOUR PRIOR LANDLORDS FOR INFORMATION REGARDING YOUR PRIOR TENANCIES, TO CHECK PERSONAL REFERENCES AND TO OBTAIN CREDIT, EMPLOYMENT AND COURT RECORDS.

THE INFORMATION SUBMITTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE VERIFICATION OF ALL INFORMATION GIVEN.

Applicant's Signature

_____/_____/_____
Date

Spouse/Co-Applicant's Signature

_____/_____/_____
Date

Household Member 18 Years or Older

_____/_____/_____
Date

PLEASE RETURN COMPLETED APPLICATION TO:

MANAGER/DIRECTOR



300 Wilson Ave W • Menomonie, WI 54751

Phone: (715) 233-2081 Fax: (715) 233-2082

Dear Sir or Madam:

We are required to verify the incomes and/or assets for all family members who are applicants or tenants of the Section 42 units under our management. The information is used only to determine eligibility status and rent of the family.

In order to comply with these regulations your assistance is needed in completing the attached form. A prompt response to this request will be appreciated. Should there be any questions, please do not hesitate to contact us.

Sincerely,

LSI Property Management

I Hereby Authorize the Release of the Requested Information to LSI Property Management.

I FURTHER AGREE THAT A PHOTOCOP OR FACSIMILE COPY OF THIS AUTHORIZATION MAY BE SUPPLIED TO THIRD PARTIES FOR VERIFICATION PURPOSES. THIS DOCUMENT AUTHORIZES LSI PROPERTY MANAGEMENT TO VERIFY THE REQUESTED INFORMATION FOR THE DURATION OF MY TENANCY.

Applicants or Tenant Signature

Date

Applicants or Tenant Signature

Date

Applicants or Tenant Signature

Date

Applicants or Tenant Signature

Date



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INCOME QUESTIONNAIRE

Name and Address of Head of Household: _____

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items that the government counts as income in determining eligibility for federal housing assistance. Circle "Yes" for a particular type of income if any household member receives it. We'll get the details from you later. Circle "No" only if no member of your household receives that particular type of income.

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to willfully make false statements or misrepresentations of any material fact involving the use or obtaining of federal funds.

1. Employment Income
(This does not include employment income of children younger than 18 or live-in aides.)

- | | | |
|---|-----|----|
| Wages | Yes | No |
| Salaries | Yes | No |
| Overtime Pay | Yes | No |
| Commissions | Yes | No |
| Fees | Yes | No |
| Tips | Yes | No |
| Bonuses | Yes | No |
| Any other amounts adult household members earn from working for other people or from their own business | Yes | No |

4. Alimony and/or Child Support
(This includes adoption assistance payments.)

Yes No

5. Interest, Dividends, and Other Income from Household Assets

- | | | |
|--|-----|----|
| Interest from bank accounts or bonds | Yes | No |
| Dividends from stocks or mutual funds | Yes | No |
| Income distributed from trust funds | Yes | No |
| Money from renting household assets | Yes | No |
| 401-K Assets | Yes | No |
| Whole or Universal Life Insurance Policies | Yes | No |
| Any other interest, dividends, or rent | Yes | No |

6. Lottery Winnings Paid in Periodic Payments

Yes No

2. Benefit Payments
(This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Security Income.)

- | | | |
|---|-----|----|
| Social Security | Yes | No |
| Supplemental Security Income (SSI) | Yes | No |
| Worker's Compensation | Yes | No |
| Disability Pay or Benefits | Yes | No |
| Unemployment Benefits | Yes | No |
| Severance Pay | Yes | No |
| Annuities | Yes | No |
| Insurance Policy Payments | Yes | No |
| Pensions | Yes | No |
| Retirement Fund Benefits | Yes | No |
| Death Benefits | Yes | No |
| Any other benefit payments (i.e., veteran's disability, black lung sick benefits, dependent indemnity compensation) | Yes | No |

7. Money or Gifts Regularly Given by Persons Not Living in the Unit

- (This includes rent or utility payments regularly paid directly to a childcare provider, gifts of groceries, utility rebates paid to senior citizens, payments received for the care of foster children, or gifts received on a non-recurring basis.)*
- Yes No

8. Any Other Source of Income?

Yes No

If "Yes," Please Specify: _____

3. Welfare Assistance
(This includes payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.)

Yes No

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Head of Household

Date