

Grand River Station

315 S. Third St.- Office
La Crosse, Wisconsin 54601
(608) 784-0088

72 unit tax credit section

For Office Use Only

Date Rec'd _____ Time Rec'd _____

Date Completed _____

Reservation Y/N _____ Unit # _____

Please Check One: Interested in:

_____ 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom

How did you find out about the development? _____

APPLICATION FOR TENANCY – TAX CREDIT

As part of this application you must provide a State issued ID and or Passport for all adults, a birth certificate for all minors and a social security card for all members of the household. These items must be submitted for the application to be considered complete.

Full Legal Name (first, middle, and last)	Social Security #	Date of Birth	Applicant Sex
Street Address, Apt. #	City/State/Zip	Home Phone #	Work Phone #
Emergency Contact (Name/Address/Phone Number)			Relationship

HOUSEHOLD INFORMATION

List all other persons beside yourself who will occupy the apartment at time of move-in.

<u>Full Legal Name (first, middle, and last)</u>	<u>Relationship</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Sex</u>

Answer either YES or NO to each question.

YES	NO	1.	Do you expect any additions to the household within the next twelve months?
			Name & Relationship: _____
			Explanation: _____
YES	NO	2.	Is there anyone living with you now who will not be living with you at this property?
			Name & Relationship: _____
			Explanation: _____
YES	NO	3.	Do you have full custody of your child/children?
			Explanation of custody arrangements: _____
YES	NO	4.	Are there any absent household members who under normal conditions would live with you?
			(For example, a household member away in the military.)
			Explanation: _____

YES NO 5. Does your household have or anticipate having any pets other than service animals?
Type: _____ Weight: _____

YES NO 6. Will you or anyone in your household require a live-in care attendant?
(Attach verification from Doctor)
Name of Live-in Care Attendant: _____ Relationship (if any) _____

HOUSING STATUS

Provide at least your last three years of rental history.

Present Landlord

Address of Landlord: Street City State Zip Phone #

Monthly Rent Average Utility Bills per Month Is your current rent based on your income? Y or N # of Bedrooms

Move-in Date Why do you wish to move from your current address?

Previous Address Landlord Name/Address/Phone #

Reason for Moving Move-in date Move-out date

Previous Address Landlord Name/Address/Phone #

Reason for Moving Move-in date Move-out date

PERSONAL REFERENCES

List at least three personal references (not including relatives) that you have known for at least one year.

Name Address Phone # Relationship Known how long?

Name Address Phone # Relationship Known how long?

Name Address Phone # Relationship Known how long?

Please list the states in which you have resided in the last 10 years: _____

Answer either YES or NO to each question.

YES NO 1. Have you or anyone else on this application filed for bankruptcy? If yes, who: _____
Explanation: _____

YES NO 2. Have you or anyone else named on this application been convicted of a felony? If yes, who: _____
Explanation: _____

- YES NO 3. **Have you or anyone else named on this application been convicted of dealing or manufacturing illegal drugs?**
Explanation: _____
- YES NO 4. **Do you or anyone listed on this application currently use illegal drugs?**
Explanation: _____
- YES NO 5. **Have you or anyone else named on this application been convicted of property damage?**
Explanation: _____
- YES NO 6. **Have you ever been evicted from tenancy?**
Explanation: _____
- YES NO 7. **Do you or anyone else name on this application use alcohol to the point that it interferes with other's health, safety and right to peaceful enjoyment?**
Explanation: _____
- YES NO 8. **Do you have any specific housing requirements, such as a handicapped accessible unit?**
Explanation: _____

INCOME INFORMATION

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as grant or benefit, it is counted for all household members including minors. Include the dollar (\$) amount in the space provided.

**Include all income anticipated for the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:**

- YES NO 1. **Employment wages or salaries** (Include overtime, tips, bonuses, commissions and payments received in cash)

<u>Name/Address/Phone# of Company</u>	<u>Household Member</u>	<u>Amount</u>
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- YES NO 2. **Self-employment** (Attach Federal Tax Return or Profit and Loss Statements)

<u>Type of Business</u>	<u>Household Member</u>	<u>Amount</u>
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- YES NO 3. **Regular pay as a member of the Armed Forces**

<u>Base and Branch</u>	<u>Household Member</u>	<u>Amount</u>
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- YES NO 4. **Unemployment benefits or workman's compensation**

<u>Contact Person/Address/Phone #</u>	<u>Household Member</u>	<u>Amount</u>
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- YES NO 5. **Regular payments from any type of Settlements** (Such as insurance settlements)

<u>Source</u>	<u>Household Member</u>	<u>Amount</u>
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YES	NO	6.	Severance payments		
			<u>Source of Benefit</u>	<u>Household Member</u>	<u>Amount</u>
<hr/>					
YES	NO	7.	Social Security, SSI or any other payments from the Social Security Administration		
			<u>SSA Office</u>	<u>Household Member</u>	<u>Amount</u>
<hr/>					
<p style="text-align: center;">PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY AWARD LETTER</p>					
YES	NO	8.	Veteran's benefits, pensions, retirement benefits or annuities		
			<u>Source of Benefit</u>	<u>Household Member</u>	<u>Amount</u>
<hr/>					
YES	NO	9.	Disability, death benefits or life insurance dividends		
			<u>Company/Phone number/Address</u>	<u>Household Member</u>	<u>Amount</u>
<hr/>					
YES	NO	10.	Public Assistance, General Relief, Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF)		
			<u>Contact Person/Phone #</u>	<u>Household Member</u>	<u>Amount</u>
<hr/>					
YES	NO	11a.	Child support or alimony (Any AWARDED amounts collected or uncollected. You will need to supply us with a copy of the court order. We must count court-ordered support whether or not it is being received unless legal action has been taken to remedy. We must also count support that is not court-ordered but received directly from payer.)		
			<u>Payer</u>	<u>Household Member</u>	<u>Amount</u>
<hr/>					
		11b.	How is the support being received (Check all that apply)		
			<input type="checkbox"/> Child Support Enforcement Agency	Name of Agency: _____	
			<input type="checkbox"/> Court of Law	Name of Court: _____	
			<input type="checkbox"/> Directly from Individual	Name of Person: _____	
			<input type="checkbox"/> Other	Explain: _____	
YES	NO	11c.	If money is not actually received, are you taking legal action to remedy (If yes, obtain court papers)		
<hr/>					
Explanation: _____					
YES	NO	12.	Regular gifts or payments from anyone outside of the household (This includes anyone supplementing your income or paying any of your bills)		
			<u>Source/Phone #</u>	<u>Household Member</u>	<u>Amount</u>
<hr/>					

- YES NO 13. Educational grants, scholarships, or other student benefits
- | <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| | | |
-
- YES NO 14. Lottery winnings or inheritances
- | <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| | | |
-
- YES NO 15. Payments from rental property, land contracts or other forms of real estate
- | <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| | | |
-
- YES NO 16. Any other income sources or types not listed. (adoption assistance, resident service stipend, income from Permanently confined to a hospital or nursing home, income from temporarily absent member of Household, etc.)
- | <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| | | |
-
- YES NO 17. Do you or any other household members expect any changes to your income in the next 12 months?
Explanation: _____
- YES NO 18. I filed tax returns last year. Attach a copy of last year's tax return, or a self affidavit of no file.

Zero Income Verification:

- YES NO 1. Are YOU or is ANY OTHER **ADULT** member of your household claiming zero income?
Household Member(s) _____

Student Information:

- YES NO 1. Are YOU or is ANYONE in your household (INCLUDING MINORS) currently a full or part-time student, If yes, please list whom where & status:
Name: _____ School: _____ Status (full or part-time) _____
Name: _____ School: _____ Status (full or part-time) _____
- YES NO 2. Do you plan to become a student in the next 12 months.

Section 8 Rental Assistance:

- YES NO 1. Will your household be receiving Section 8 rental assistance at time of move-in?
Name of Agency: _____ Contact Person Name: _____
- YES NO 2. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
Explanation: _____ Name of Agency: _____

ASSET INFORMATION

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

Do YOU or ANYONE in your household have any of the following assets:

Include ALL assets held by ALL household members **including minors.**

YES	NO	1.	Checking or savings accounts				
			<u>Source/address/phone #</u>	<u>Household Member</u>		<u>Amount</u>	<u>Account #</u>
<hr/>							
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YES	NO	2.	CD's, money market accounts or treasury bills				
			<u>Source/address/phone #</u>	<u>Household Member</u>		<u>Amount</u>	<u>Account #</u>
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YES	NO	3.	Stocks, bonds or securities				
			<u>Source/address/phone #</u>	<u>Household Member</u>		<u>Amount</u>	<u>Account #</u>
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YES	NO	4.	Trust funds				
			<u>Source/address/phone #</u>	<u>Household Member</u>		<u>Amount</u>	<u>Account #</u>
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YES	NO	5.	Pensions, IRAs, KEOGH or other retirement accounts				
			<u>Source/address/phone #</u>	<u>Household Member</u>		<u>Amount</u>	<u>Account #</u>
<hr/>							

YES	NO	6.	Cash on hand (Monies not currently held in bank accounts)				
			Household Member: _____			Amount: _____	

YES	NO	7.	Cash in Safe Deposit Box				
			Household Member: _____			Amount: _____	

YES NO 8. **Real estate, rental property, land contracts / contract for deeds or other real estate holdings**
Include your personal residence, mobile homes, vacant land, farms, vacation homes, etc.
Type Household Member Value

YES NO 9. **Personal property as an investment** (Attach appraisal)
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques)
Type Household Member Value

YES NO 10. **Life Insurance?**
Type Household Member Value Source/address/phone #

YES NO 11. **Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**
Household Member: _____ Amount: _____
Explanation: _____

All questions that were answered YES will be verified through the appropriate third-party source.

I/We declare that the statements and information contained in this application are true and complete to the best of my/our knowledge. I/We understand that the willful submission of false or misleading information may be the sole reason for rejection of this application or termination of tenancy. It is further understood that the completion of this application does NOT constitute an acceptance for occupancy.

I certify that if my application is accepted and I enter into a lease that my unit will serve as the household's primary residence.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Signature Date

Signature Date

Signature Date

Application Received by: _____

Vehicle: Make _____ Model _____ Year _____ License Plate # _____

Vehicle: Make _____ Model _____ Year _____ License Plate # _____

“The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure to 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 individual applicants on the basis of visual observation or surname.”

APPLICANT INFORMATION

Gender Male Female

Ethnicity Hispanic or Latino Non Hispanic or Latino

Race American Native/Alaskan Native Asian White

(Mark one or more) Black or African American Native Hawaiian or Other Pacific Islander

Other (Specify) _____

Management Services by:
HORIZON MANAGEMENT GROUP, INC.
P.O. BOX 2829
LA CROSSE, WI 54602-2829
(608) 784-2935 / (800) 944-4866
Equal Opportunity Housing

RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

The Individual(s) indicated below are participant(s) and/or have applied for subsidized housing. Horizon Management is the management agent of the housing development in which this individual(s) is residing or applying for residency

Horizon Management is required by law to confidentially verify information provided by applicants/participants. The applicants/participants indicated your Agency's/Institution's name as a source of information. Verification of applicant/participant statements are not limited to those shown in the following authorization.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

- | | |
|-----------------------|--|
| Family Composition | AFDC/General Assistance |
| Employment Income | Social Security/SSI |
| Unemployment Income | Educational Scholarships, Stipends, Expenses |
| Alimony/Maintenance | Assets (Checking, Savings, IRAs, Trusts, |
| Child Support | Stocks/Bonds, Mutual Funds, Etc.) |
| Pensions/VA/Annuities | |
| Rental History | |

**I/We hereby authorize Horizon Management Group to make any inquiries necessary or advisable in verifying the above information and to make any inquiries necessary in verifying income and asset information.

**I/We agree that photocopies and facsimiles of this authorization may be used for the purposes stated above.

**If I or any adult member of my family fails to sign this authorization, without disclosing all financial information relating to the certification, I/We understand that this action may constitute grounds for denial of eligibility or termination of assistance.

_____	_____	_____
Printed Name	Printed Name	Printed Name
_____	_____	_____
Signature	Signature	Signature
_____	_____	_____
SS #	SS #	SS #

This authorization is effective for 15 months from the date hereof: Dated: _____