



Management Use Only	Project # _____	Apt. # _____	Exp. Date _____
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PLEASE PRINT CLEARLY

	Legal Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>	Full Time Student Yes or No
1		HEAD				
2						
3						
4						
5						

Please indicate for each household member listed above (see codes below):

Member 1:	Race _____	Ethnicity _____	Disabled: Yes or No _____
Member 2:	Race _____	Ethnicity _____	Disabled: Yes or No _____
Member 3:	Race _____	Ethnicity _____	Disabled: Yes or No _____
Member 4:	Race _____	Ethnicity _____	Disabled: Yes or No _____
Member 5:	Race _____	Ethnicity _____	Disabled: Yes or No _____

Race Codes

- W White
- H Native Hawaiian or Other Pacific Islander
- B Black or African American
- A Asian
- I American Indian or Native Alaskan

Ethnicity Codes

- 1 Hispanic/Latino
- 2 Non Hispanic/Latino

The information regarding race, ethnicity, and sex designation solicited on this application is required in order to assure the Federal Government, acting through Rural Development Housing Service and/or HUD that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish the 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, ethnicity, and sex of individual applicants on the basis of visual observance or surname.

Contact Information

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email Address: _____

Emergency Contact: Name _____ Phone: (____) _____



Wisconsin Management Company is an equal opportunity employer and provider.



Madison Area
2040 South Park Street
Madison, WI 53713
Phone 608-258-2080
Toll Free 800-480-2080
Fax 608-258-2090
WisconsinManagement.com

Residential Commercial Condominiums Resorts Affordable Housing		Maintenance Construction Compliance Investment Development
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Milwaukee Area
1234 East Juneau Avenue
Milwaukee, WI 53202
Phone 414-342-2100
Toll Free 866-937-7368
Fax 414-937-7360
WisconsinManagement.com

Housing References: (REQUIRED for initial tenants only. Current tenants do not need to fill out.)

List the present and past housing references for the past **two** years. (If additional space is required, use the back of this page.)

	<u>Current Address</u>	<u>Landlord Name/Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	_____ to Present
	_____	_____	Rent <input type="checkbox"/>	
	_____	_____	Monthly Rent \$	_____
		Phone: (_____) _____		

	<u>Previous Address</u>	<u>Landlord Name/Address</u>	<u>Own/Rent</u>	<u>Dates</u>
2.	_____	_____	Own <input type="checkbox"/>	_____
	_____	_____	Rent <input type="checkbox"/>	
	_____	_____	Monthly Rent \$	_____
		Phone: (_____) _____		

ALL QUESTIONS ON THE REMAINING PAGES MUST BE COMPLETED
(Please circle YES or NO for each item)

Yes No Have you ever been convicted of a crime (excluding traffic offenses) or are you a registered sex offender?

Explain: _____

Yes No Have you ever been evicted from an apartment? If so when and for what reason?

Explain: _____

Yes No Do you have a pet? Type and/or Breed _____

Yes No Do you require a service animal? Type and/or Breed _____

Yes No Do you require a handicap accessible unit or special accommodations (i.e., first floor unit, grab bars, etc.) Specify: _____

Yes No Will your household be receiving Section 8 Rental Assistance at the time of move-in or recertification?

Name of Agency: _____

Name of Caseworker: _____

Yes No I certify this will be my primary place of residence. **REQUIRED**

(Circle Y or N)		<u>Income Sources</u>		Monthly Gross Income
Yes	No			
Y	N	Employment:		
		Member Name	<u>Employer(s) Name & Address or Phone #</u>	\$ _____
		_____	_____	
		_____	_____	
		Member Name	<u>Employer(s) Name & Address or Phone #</u>	\$ _____
		_____	_____	
		_____	_____	

(Circle Y or N) Yes No		<u>Income Sources</u>	Monthly Gross Income
Y	N	Self Employed (Attach last two years tax returns) _____ _____	\$ _____
Y	N	Unemployment Benefits State where benefits are paid: _____	\$ _____
Y	N	Worker's Compensation Benefits <u>Company Name & Address</u> _____ _____ _____	\$ _____
Y	N	Periodic payments from pensions, retirement funds, annuities, inheritance, insurance policies or lottery winnings Member Name _____ <u>Source Name & Address or Phone #</u> _____ _____ _____ Policy Number: _____ Member Name _____ <u>Source Name & Address or Phone #</u> _____ _____ _____ Policy Number: _____	\$ _____
Y	N	Veteran's Administration, GI Bill, National Guard or Military benefits/income	\$ _____
Y	N	Social Security payments – Attach most recent benefit letter(s) Member Name _____ SSN _____ Member Name _____ SSN _____	\$ _____ \$ _____
Y	N	Supplemental Security Income (SSI)– Attach most recent benefit letter(s) Member Name _____ SSN _____ Member Name _____ SSN _____	\$ _____ \$ _____
Y	N	<u>Unearned</u> income from family members age 17 or under (example: Social Security, SSI, Trust Fund disbursements, etc.) – Attach most recent benefit letter or appropriate documentation	\$ _____
Y	N	Disability or death benefits other than Social Security or SSI <u>Company Name & Address or Phone #</u> _____ _____ _____ Policy Number: _____	\$ _____
Y	N	Public Assistance (examples: TANF, AFDC, W2) – Do not include Food Stamps	\$ _____
Y	N	Educational grants, scholarships or other benefits <u>Name & Address</u> _____ _____ _____	\$ _____

(Circle Y or N) Yes No		<u>Income Sources</u>	Monthly Gross Income
Y	N	Maintenance, spousal support or alimony <u>Name & Address</u> _____ _____ _____	\$ _____
Y	N	Do you have a current court order for child support payments? If yes, circle a or b below: a. I am currently receiving child support payments b. I am not receiving any child support payments but it is court ordered that I do Circle one: 1. I am not pursuing the payments for the following reason: _____ _____ 2. I am making efforts to collect the child support owed to me List efforts being made: _____ _____	\$ _____
Y	N	Income from rental of real estate or personal property – Attach a copy of most recent Federal Income Tax Schedule C or lease	\$ _____
Y	N	Cash contributions from persons not living with me, including rent or utility payments others pay <u>Name & Address</u> _____ _____ _____	\$ _____
Y	N	Income from a source other than those listed above <u>Source Name & Address or Phone #</u> _____ _____ _____	\$ _____

(Circle Y or N) Yes No		<u>ASSETS</u>	Cash Value/ Balance	Interest Rate Income
Y	N	DO YOU HAVE: Checking and/or Savings accounts <u>Bank Name & Address or Phone #</u> _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____	_____% _____% _____% _____%
Y	N	CDs, Money Market, IRAs or other non-checking accounts <u>Bank Name & Address or Phone #</u> _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____	_____% _____% _____% _____%

(Circle Y or N)		ASSETS		Cash Value/ Balance	Interest Rate Income
Yes	No	DO YOU HAVE:			
Y	N	Whole Life <u>Company Name & Address or Phone #</u> _____ _____ _____ Policy Number: _____		\$ _____	
Y	N	US Savings Bonds – Attach a copy of each bond (only required on initial application) If yes, have you bought or sold any in the past 12 months Explain: _____ _____ _____		\$ _____	
Y	N	Stock, Bonds or other investment accounts <u>Financial Institution/Brokerage Firm Name & Address or Phone #</u> _____ _____ _____		\$ _____	
Y	N	Own Real Estate or a Mobile Home – Attach a copy of most recent tax bill		\$ _____	
Y	N	Land Contract – Attach a copy of the land contract and amortization schedule (only required on initial application)		\$ _____	
Y	N	Personal property held for investment purposes (this includes gems, jewelry, coin/stamp collections, etc.)		\$ _____	
Y	N	Any other assets not listed above Asset Type: _____		\$ _____	
Y	N	Have you sold, given away or transferred ownership of assets within the last two years for less than fair market value ? Asset Type: _____		\$ _____	

(Circle Y or N)		DEDUCTIONS		Amount Per Month
Yes	No	DO YOU PAY:		
Y	N	Childcare expenses for children under the age of 13 Reason (Check one): For me to work <input type="checkbox"/> For me to go to school <input type="checkbox"/> <u>Provider Name & Address or Phone #</u> _____ _____ _____		\$ _____

THE FOLLOWING SECTION ONLY APPLIES IF YOU ARE ELDERLY, HANDICAPPED OR DISABLED

(Circle Y or N)		DEDUCTIONS		Amount Per Month or Year
Yes	No	DO YOU PAY:		
Y	N	Medicare premiums deducted from Social Security Check		\$ _____ / Mo or Yr

Y	N	Periodic health insurance premiums (including Medicare Supplement, Medical Insurance, Dental Insurance, Medicare Part D, etc.) <u>Insurance Company Name & Address or Phone #</u> _____ _____ _____ Policy Number: _____	\$_____/_____ Mo or Yr
(Circle Y or N) Yes No		HAVE YOU PAID:	Amount Per Month or Year
Y	N	Prescription expenses in the past 12 months: <u>Pharmacy Name & Address or Phone #</u> _____ _____ _____	\$_____/_____ Mo or Yr
Y	N	Dental/Optical expenses in the past 12 months: <u>Provider Name(s) & Address or Phone #</u> _____ _____ _____	\$_____/_____ Mo or Yr
Y	N	Physician co-pays in the past 12 months: <u>Provider Name & Address or Phone #</u> _____ _____ _____	\$_____/_____ Mo or Yr
Y	N	Clinic/Hospital co-pays in the past 12 months: <u>Provider Name & Address or Phone #</u> _____ _____ _____	\$_____/_____ Mo or Yr
List any additional providers on a separate page			

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT. I AUTHORIZE THE BORROWER/MANAGING AGENT TO INVESTIGATE ANY REFERENCES OR PERFORM ANY CREDIT/CRIMINAL/SEX OFFENDER CHECKS.

Each adult member of the household (18 years or older) must sign this checklist.

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date



WISCONSIN
MANAGEMENT
COMPANY

RELEASE OF INFORMATION CONSENT

I/We hereby authorize WISCONSIN MANAGEMENT COMPANY, INC. to obtain INCOME, ASSET, MEDICAL, CHILDCARE AND HANDICAPPED CARE EXPENSE information from current and previous entities (including but not limited to employers, financial institutions, brokerage companies, insurance companies, pension plans and administrators, medical providers, clinics, hospitals, pharmacies, daycare centers, social service agencies, governmental agencies, etc.) and/or persons that I/we have indicated on my/our current or previous certification(s)/application(s) as being the contact for providing such information. I/We understand this information will be used for the purpose of determining eligibility and/or calculating a level of benefits. I/We understand that my/our refusal to sign this consent form may result in the denial of benefits to which I/we may otherwise be eligible and may result in loss of my/our housing benefits. Some recipient(s) may not be subject to federal data privacy regulations and the information disclosed may be used or re-disclosed without those legal protections. I/We understand that I/we have a right to revoke this consent by written request to the address above, except to the extent that the disclosing party has taken action in reliance upon this consent. I/We understand that I/we am/are entitled to a copy of this consent and authorize Wisconsin Management Company, Inc. to make multiple copies of this consent to facilitate the collection of needed information.

PRINTED TENANT/APPLICANT NAME: _____

SOCIAL SECURITY #: _____ BIRTHDATE: _____

TENANT SIGNATURE: _____ DATE: _____

PRINTED CO-TENANT/CO-APPLICANT NAME: _____

SOCIAL SECURITY #: _____ BIRTHDATE: _____

CO-TENANT SIGNATURE: _____ DATE: _____

This authorization is valid for 13 months from the date of this authorization.

TENANT/APPLICANT CURRENT ADDRESS: _____

PENALTIES FOR MISUSING THIS CONSENT:

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).** Violations of these provisions are cited as violations of 42 USC **408 (a) (6), (7) and (8).**



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