**APPLICATION FOR HOUSING**

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| --- | --- |
| This is an application for housing at: | **Project:** NewCap Duplexes |
| **Address:**  |
|  |
|  |
| Please complete this application and return to: | **Name:** *LSS of Wisconsin and UP Michigan* |
| **Address:** *6737 W. Washington St. Suite 2275* |
| *Attn: Housing Services* |
| *West Allis, WI 53214* |

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of an application.

**A. GENERAL INFORMATION**

Applicant Name(s):

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt. # City State Zip

Daytime Phone: Evening Phone:

No. of Bedrooms in

current unit: Do you Rent Own (check one)

Amount of current monthly rental or mortgage payment: $

If owned, do you receive monthly rental income from property?

Yes

No (check one)

Check utilities paid by you**:**

Heat

Electricity

Gas

Other:

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): $

Bedroom size requested:

One BR

Two BR

 Three BR

|  |
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| **B. HOUSEHOLD COMPOSITION** |
|  | **Name** | **Relationship to Head** | **Birth Date** | **SS#****(last 4 digits)** | **Student****Y/N** |
| Head |  | Self |  |  |  |
| Co-H |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |

Will all listed minors be living in the unit at least 50% of the time? Yes No

|  |  |  |
| --- | --- | --- |
| Have there been any changes in household composition in the last twelve months? | Yes | No |
| ***If yes, explain:*** |
| Do you anticipate any changes in household composition in the next twelve months? | Yes | No |
| ***If yes, explain:*** |
| Is there someone not listed above who would normally be living with the household? | Yes | No |
| ***If yes, explain:*** |

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

***IF YES, ANSWER THE FOLLOWING QUESTIONS:***

|  |  |  |
| --- | --- | --- |
| Are any full-time student(s) married and filing a joint tax return? | Yes | No |
| Are any student(s) enrolled in a job-training program receiving assistance under theJob Training Partnership Act? | Yes | No |
| Are any full-time student(s) a TANF or a title IV recipient? | Yes | No |
| Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another’s tax return and whose children are not dependents of anyone other than a parent? | Yes | No |
| Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? | Yes | No |

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| **C. INCOME**List ALL sources of income as requested below. If a section doesn’t apply, cross out or write NA. |
| **Household Member Name** | **Source of Income** | **Gross Monthly****Amount** |
|  | Social Security | $ |
|  | Social Security | $ |
|  | SSI Benefits | $ |
|  | SSI Benefits | $ |
|  | Disability | $ |
|  | Disability | $ |
|  | Pension (list source) | $ |
|  | Pension (list source) | $ |
|  |  |  |
|  | Net Income from Business | $ |
|  | Net Income from Business | $ |
|  | Veteran’s Benefits (list claim #) | $ |
|  | Veteran’s Benefits (list claim #) | $ |
|  | Military Pay | $ |
|  | Military Pay | $ |
|  |  |  |
|  | Unemployment Compensation | $ |
|  | Unemployment Compensation | $ |
|  | Workman’s Comp | $ |
|  | Workman’s Comp | $ |
|  | Public Assistance (Title IV/TANF etc.) | $ |
|  | Public Assistance (Title IV/TANF etc.) | $ |
|  |  |  |
|  | Contributions to the Household (monetary or not) | $ |
|  |  |  |
|  | Full-Time Student Income (18 & Over Only) | $ |
|  | Financial Aid (excluding loans) | $ |
|  |  |  |
|  | Annuities (list sources) | $ |
|  |  |  |
|  | Long Term Medical Care Insurance Payments inexcess of $180/day | $ |
|  |  |  |
|  | Scheduled Payments from Investments | $ |

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| --- | --- | --- |
| **Household Member Name** | **Source of Income** | **Monthly Amount** |
|  | **Employment amount** | $ |
| Employer: |
| Position Held |
| How long employed: |
|  |
|  | **Employment amount** | $ |
| Employer: |
| Position Held |
| How long employed: |
|  |
|  | **Employment amount** | $ |
| Employer: |
| Position Held |
| How long employed: |
|  |
|  | **Employment amount** | $ |
| Employer: |
| Position Held |
| How long employed: |
|  |
|  | **Alimony** |  |
| Are you ***legally entitled*** to receive alimony? | Yes | No |
| If yes, list the amount you are ***entitled*** to receive. | $ |
| Do you receive alimony? | Yes | No |
| If yes list amount you receive. | $ |
|  |
|  | **Child Support** |  |
| Are you ***legally entitled*** to receive child support? | Yes | No |
| If yes list the amount you are ***entitled*** to receive. | $ |
| Do you receive child support? | Yes | No |
| If yes, list the amount you receive. | $ |
|  |
|  | **Other Income** | Monthly Amount |
|  |  | $ |
|  |  | $ |
|  |
| ***TOTAL GROSS ANNUAL INCOME*** (Based on the monthly amounts listed above x 12) | $ |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | $ |
| Do you anticipate any changes in this income in the next 12 months? | Yes | No |
| Is any member of the household legally entitled to receive income assistance? | Yes | No |
| Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2 etc)? | Yes | No |
| ***If yes to any of the above, explain:*** |
|  |
| Is the income received? | Yes | No |

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| **D. ASSETS**If your assets are too numerous to list here, please request an additional form.If a section doesn’t apply, cross out or write NA. |
|  | Account No. | Bank | Balance |
| Checking Accounts |  |  | $ |
|  |  | $ |
|  |  | $ |
| Savings Accounts |  |  | $ |
|  |  | $ |
|  |  | $ |
| Trust Account |  |  | $ |
| Direct Deposit Cards For SS, SSI, SSP,TANF, Child Support, Work |  |  | $ |
| Certificates of Deposit |  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| Money Market Accounts |  |  | $ |
|  |  | $ |
| Savings Bonds | Account No. | Maturity Date | Value |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| Life Insurance Policy | # |  | Cash Value $ |
| Life Insurance Policy | # |  | Cash Value $ |
| Mutual Funds | Name: | #Shares | Interest or Dividend | Value |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
| Stocks | Name | #Shares | Dividend Paid | Value |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
| Bonds | Name | #Shares | Interest or Dividend | Value |
|  |  | $ | $ |
|  |  | $ | $ |
| Investment Property |  | Appraised Value $ |

|  |  |
| --- | --- |
| Real Estate Property: ***Do you own any property?*** | Yes No |
| ***If yes, Type of property*** |
| Location of property |
| Appraised Market Value | $ |
| Mortgage or outstanding loans balance due | $ |
| Amount of annual insurance premium | $ |
| Amount of most recent tax bill | $ |

|  |  |
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| Does any member of the household have an asset(s) owned jointly with a person who isNOT a member of the household as listed on Page 2? | Yes No |
| ***If yes, describe:*** |
|  |
|  |
| Do they have access to the asset(s)? | Yes No |

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| --- | --- |
| Have you sold/disposed of any property in the last 2 years? | Yes No |
| ***If yes, Type of property:*** |
| Market value when sold/disposed | $ |
| Amount sold/disposed for | $ |
| Date of transaction: |

|  |  |
| --- | --- |
| Have you disposed of any other assets in the last 2 years (Example: Given away moneyto relatives, set up Irrevocable Trust Accounts)? | Yes No |
| ***If yes, describe the asset:*** |
| Date of disposition: |
| Amount disposed | $ |

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| --- | --- |
| Do you have any other assets not listed above (excluding personal property)? | Yes No |
| ***If yes, please list:*** |
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| **E. ADDITIONAL INFORMATION** |
| Are you or any member of your family currently using an illegal substance? | Yes | No |
| Have you or any member of your family ever been convicted of a felony? | Yes | No |
| ***If yes, describe:*** |
|  |
| Have you or any member of your family ever been evicted from any housing? | Yes | No |
| ***If yes, describe:*** |
|  |

|  |  |  |
| --- | --- | --- |
| Have you ever filed for bankruptcy? | Yes | No |
| ***If yes, describe:*** |
| Will you take an apartment when one is available? | Yes | No |
| ***Briefly describe your reasons for applying:*** |
|  |

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| **F. HOUSING REFERENCE INFORMATION**Please list addresses for the previous 3 years |
| Current Landlord | Name: |  |
| Address: |  |
| Phone: |  |
| Reason to move? |  |
| How Long? | From: To: |
| Prior Landlord | Name: |  |
| Address: |  |
|  Phone: |  |
| Reason to move? |  |
| How Long? | From: To: |
| Prior Landlord | Name: |  |
| Address: |  |
| Phone: |  |
| Reason to move? |  |
| How Long? | From: To: |
| Prior Landlord | Name: |  |
| Address: |  |
| Phone: |  |
| Reason to move? |  |
| How Long? | From: To: |
| Prior Landlord | Name: |  |
| Address: |  |
| Phone: |  |
| Reason to move? |  |
| How Long? | From: To: |

|  |
| --- |
| In case of emergency notify: |
| Address: |
| Relationship: | Phone #: |

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| **G. PET INFORMATION** (if applicable) |
| Do you own any pets? | Yes | No |
| ***If yes,*** describe: |
|  |

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further I/We hereby certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

**CERTIFICATION**

SIGNATURE(S):

(Signature of Tenant) Date

(Signature of Co-Tenant) Date

(Signature of Co-Tenant) Date

(Signature of Co-Tenant) Date