



MANAGEMENT GROUP, INC.
Waupaca County Apartments

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RENTAL APPLICATION – Section 8/RD

Date/Time: _____ Current Address: _____
Phone #: _____ City, State Zip: _____
Move-in date: _____ Email Address: _____

of Bedrooms: _____ Building / Unit #: _____

APPLICANT AND FAMILY IMPORTANT: Each adult applicant must complete a separate application form starting on page 2.
List ALL household members who will live in the apartment. Include temporarily absent family members, such as military/student family members who will be returning to the household, unborn children, live-in attendant, and/or foster children/adults.

#	FULL NAME (list ALL occupants) Last, First, MI	Relationship to Head-of- Household	Date of Birth (mm/dd/yyyy)	Social Security Number*	Veteran Y/N	Gender OPT out if you choose not to answer
1.						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OPT Out
2.						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OPT Out
3.						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OPT Out
4.						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OPT Out
5.						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OPT Out
6.						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OPT Out
7.						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OPT Out
8.						<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OPT Out

*Required for all member of the applicant’s household except: Those household members who do not contend eligible immigration status

Do you or any members of the applicant household not have a SSN but you were: 62 or older as of January 31,2010 and receiving HUD rental assistance at another location on January 31,201? YES NO

Does your household need an accessible unit? YES NO

Do you expect any changes to your household within the next 12 months? YES NO

If yes, Explain: _____

Do you plan to house an animal in the unit? YES NO

If yes, what kind? _____

Each adult applicant must complete a separate application form starting on page 2.

A “Child Asset” Verification Attachment (Page 6) must be completed for each minor family member listed above.



Print Applicant Name: _____ **Contact Info (phone #/email):** _____

STUDENT STATUS

Is this applicant currently a student or intending to become a student in the next twelve (12) months? YES NO

MARITAL STATUS: Single Married Divorced Separated Widowed

INCOME: *Please indicate each source of income that you receive or anticipate receiving in the next twelve (12) months*

TYPE OF INCOME	Receiving?	# of sources	Source Name	Estimated Gross Monthly Amount
Employment- Yes use form #b100- No use form #b104	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Prior Employment (if less than 3 months at current job) #b102	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Severance Pay #b102	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Unemployment #b103	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Zero Income Certification #b105	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Worker's Compensation #b107	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Disability Compensation (other than SSI) #b108 or current letter	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Social Security (use current SS Benefit Letter)	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
SSI #b120	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
VA Benefits #b110 or current benefit letter	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Military Benefits #b111 or current benefit letter	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Pension / Annuities Income (required distribution) #b112 or current letter	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Child Support / Family Maintenance #b113- If No use form #b116-	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Alimony #b114	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Kinship Care #b115	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Educational Assistance #b117	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Public Assistance / TANF #b118	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Trust Account Income #b119	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Net Business or Self-Employment Income #b120	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Rental Income #b122	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Recurring Gifts / Contributions Notarized #b123	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Lottery Payments (Periodic) #b124	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Adoption Assistance #b125	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Any other income expected in the next 12 months not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$



Print Applicant Name: _____

ASSETS: Please indicate the assets you currently have and/or expect to establish in the next twelve (12) months

DESCRIPTION	Receiving?	# of sources	Source Name	Estimated Balance/Value
Checking Account #b200- 6 Month Avg	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Savings Account #b200- Current Balance	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Other Online Accounts (Venmo, PayPal, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Direct Deposit Debit Card – will need current ATM receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Cash kept on Hand #b201	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Cash kept at Home/ Safety Deposit Box #b201	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
CD / Money Market Accounts #b200 or #b202	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Stocks/Bonds #b203	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Mutual Funds #b203	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Trust Account #b119	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Treasury Bills #b202	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
IRA #b202 or current statement	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Keogh #b202 or current statement	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
401K #b202 or current statement	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Pension / Annuities #b204	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Life Insurance (Whole or Universal) Current statement	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Land Contract / Purchase Money Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Real Estate Property and Mortgage Assets #b205	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Lottery Winnings (Lump Sum) #b209	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Personal Property Held as an Investment (such as gems, jewelry, antique cars, stamp collections, etc.) # b207	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Have you sold any assets in the past two (2) years for MORE than \$1,000.00 LESS than Fair Market Value?	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Do you expect to receive any Insurance Claim Settlements, Inheritance, Lottery Winnings, or Capital Gains. Or any other asset in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Is the value of your total household assets at or above \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

ALLOWANCES

ELDERLY AND HANDICAP/DISABLED ONLY

Please indicate any out-of-pocket expense related to the following, which you expect to continue over the next (12) months

DESCRIPTION	Out-of-pocket Expense?	# of sources	Source Name
Health Insurance b301	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prescriptions b302	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Medical Expense b300	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CHILD AND HANDICAP CARE

Please indicate any out-of-pocket care expense that allows you to work, look for work, or go to school

Name of Dependent Receiving Care	Name of Provider



Print Applicant Name: _____

RESIDENCE HISTORY

A minimum of two (2) years of housing history is required.

CURRENT ADDRESS	
Street Address: _____	Rent <input type="checkbox"/> Own <input type="checkbox"/> Monthly Payment: _____
City, State Zip: _____	Landlord Name: _____
Move-in Date (mm/yy) : _____	Landlord Phone #: _____
Reason for leaving: _____	

PREVIOUS ADDRESS	
Street Address: _____	Rent <input type="checkbox"/> Own <input type="checkbox"/> Monthly Payment: _____
City, State Zip: _____	Landlord Name: _____
Dates (mm/yy) from: _____ Through: _____	Landlord Phone: _____
Reason for leaving: _____	

RENTAL ASSISTANCE

Are you currently receiving Rent Assistance? Yes No

Has Rent Assistance ever been terminated? Yes No If yes, please explain: _____

OTHER INFORMATION

Driver's license/S # _____ State: _____ Expires: _____

VEHICLE INFORMATION

AUTOMOBILE # 1	AUTOMOBILE # 2
License #: _____	License #: _____
State: _____	State: _____
Year: _____	Year: _____
Make: _____	Make: _____
Model: _____	Model: _____
Color: _____	Color: _____

How did you hear about this apartment? _____

Have you or any member of your application's household ever lived in any state other than Wisconsin? YES NO
If yes, which State(s) _____

Will this unit be your only place of residence? YES NO

Will a business be run out of your home? YES NO

Have you ever declared bankruptcy? YES NO If yes, date discharged: _____

Have you ever been evicted from tenancy? YES NO If yes, was it federally assisted housing YES NO
If yes, when and explain circumstances: _____



Print Applicant Name: _____

Have you ever willfully or intentionally refused to pay rent when due? YES NO

If yes, please explain: _____

Are you or any member of your household a current alcohol or drug abuser? YES NO

If yes, please explain: _____

Are you or any member of your application's household subject to State lifetime sex offender registration in any state?

YES NO If yes, please explain: _____

Have you or any member of your household ever been convicted of a felony? YES NO

If yes, please explain _____

Has any member of the household been convicted of or is under indictment for a violent or drug-related crime? YES NO If yes, explain: _____

Has your tenancy ever been terminated based on:

Fraud? Yes No

Failure to cooperate with recertification procedures for subsidized housing?

Yes No

Nonpayment of rent? Yes No

If you answered "Yes" to any of the above, please explain: _____

EMERGENCY CONTACT

List the closest relative not living with you, who we may contact in case of emergency.

Name (First and Last)	Relationship	Phone #

READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:

DRUG FREE COMMUNITY – It is a violation of your lease agreement to possess, sell, or distribute illegal drugs on the property. You will be evicted from your apartment if you, your occupants, or guests violate these rules.

MEGAN'S LAW – You may obtain information about the sex offender registry and persons registered with the registry by contacting the Department of Corrections or contact your local law enforcement agency.

RELEASE OF INFORMATION – Each adult household member who is making application for or is currently living in either a Section 8 or Section 42 Development must sign HUD Forms 9887 and 9887A (or its equivalent). Failure to sign constitutes grounds for denying housing.

I certify that I have received a copy of the Fact Sheet for HUD Assisted Residents, Project-Based Section 8, "How Your Rent is Determined" the EIV and You Brochure, and HUD form 5380 and HUD form 5382 regarding the Violence Against Women Act.

I understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I understand that any false information may make me ineligible for a unit. I authorize management go 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 pervious and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state, or local agencies.

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

I agree to notify management in writing regarding changes in household address, phone numbers, income, assets, and household composition, within 10-days. If I do not notify Management of the above changes, my application may be rejected for incomplete/inaccurate information.

I hereby apply to lease the premises according to the terms and conditions set forth above. I understand and agree to inquires related to credit, employment, rental, and criminal records. I further agree that verification of all information and references, including all sources of income and assets may be conducted and I release all parties for any liability for disclosing factual information obtained by the landlord.

I warrant that all statements set forth above are true and correct to the best of my knowledge. I understand that deliberately submitting false information or withholding information constitutes fraud for which federal law specifies fines up to \$10,000 and prison term for up to five years and my application will be rejected. Should any statements made above in any way misrepresent or be an untrue statement of facts, the entire deposit will be retained by the landlord to offset the agent's cost, time and effort in processing my application.

Applicant Signature	Printed Name	Date
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Community Manager Signature	Printed Name	Date Accepted
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CERTIFICATION APPLICATION



Applicant Name: _____

SSN/Alien Reg. #: _____

Minor's Name: _____

Date of Birth: _____

CHILD ASSET VERIFICATION ATTACHMENT

Per Section 8 and 42 guidelines, assets must be verified for all children under the age of 18.

A separate form must be completed for each person under the age of 18 in this household.**ASSETS:** Please indicate the assets you currently have and/or expect to establish in the next twelve (12) months

DESCRIPTION	Receiving?	# of sources	Source Name	Estimated Balance/Value
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Cash kept at Home	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Cash kept in a Safety Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
CD / Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Trust Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
IRA	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Keogh	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
401K	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Pension / Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Life Insurance (Whole, Universal, or Term)	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Land Contract / Purchase Money Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Real Estate Property and Mortgage Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Lottery Winnings (Lump Sum)	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Personal Property Held as an Investment (such as gems, jewelry, antique cars, stamp collections, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Have you sold any assets in the past two (2) years for MORE than \$1,000.00 LESS than Fair Market Value?	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Do you expect to receive any Insurance Claim Settlements, Inheritance, Lottery Winnings, or Capital Gains. Or any other asset in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Is the value of your total household assets at or above \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

Signature of Parent/Guardian_____
Printed Name_____
Date