

Strong, Secure Families - Sustainable Communities

Serving Barron, Chippewa, Dunn, Pepin, Pierce, Polk and St. Croix Counties.

Peter H. Kilde
Executive Director



Dear Applicant;

Thank you for your interest in renting with West CAP.

In order for us to process your application in a timely manner, we ask that you please fill out the form **completely**. We will attempt to approve your application as quickly as possible, but please be aware that delays are possible while we are attempting to obtain information from a third party. Applicants must be 18 years of age or older, meet income/payment requirements, have good rental history, good credit, no criminal record, and good employment history. Other selection criteria may apply.

Return the following information to West CAP:

- Completed Application with Signature(s)
- Release of Information Form with Signature(s) – attached
- Income Verification (if applicable as indicated on bottom of pg 5)
- Zero Income Form (if applicable, pg 5)
- Zero Asset Form (if applicable, pg 6)

Please send this information one of the following ways:

Mail: West CAP
Property Management
P.O. Box 308
Glenwood City, WI 54013
Fax: 715-265-7031, att: West CAP Rentals
Email: Westcap@wcap.org

If you have any questions about the application or property, please feel free to call at 715-265-4271.

Sincerely,

West CAP
525 2nd Street, PO Box 308
Glenwood City, WI 54013



PROPERTY SELECTION

Please check interested property.

Check our website at www.westcaprentalproperties.org for up-to-date vacancy list and property descriptions.

Apartment Rentals

- CAP Town Homes, 803-805 W. Clayton Avenue, Clayton, WI 54004
- Cedar Meadows, 314 W. South Street, Rice Lake, WI 54868
- Colfax Prairie Homes, 504-508 Big Blue Stem Lane, Colfax, WI 54730
- Trillium Green Townhomes, 559-599 N. Maple Street, Ellsworth, WI 54011
- Hammond Homes, 1300-1326 Charlotte Street, Hammond, WI 54015
- St. Croix Falls Townhomes, 1275-1293 Bur Oak Lane, St. Croix Falls, WI 54024
- Sunlight Terrace, 253 & 255 Magnolia Drive, Glenwood City, WI 54013
- Sunrise Meadow I, 205-230 E. Olson Avenue, Barron, WI 54812
- Sunrise Meadow II, 155, 165, 175 E. Olson Avenue, Barron, WI 54812
- Heritage House – 300 Cherry Street, Phillips, WI 54555

Rental Houses

- 308 W. 5th Street, New Richmond, WI – single family home, 3 bedroom, 2 bath, corner lot
- 251 1/2 Magnolia Drive, Glenwood City, WI – duplex, 3 bedroom, 2 bath on large lot, attached garage
- E4043 & E4045 550th Avenue, Menomonie, WI – duplex, large country setting, each unit 4 bedroom, 2 bath, large deck, attached garage
- 318 6th Street Unit A & B, Glenwood City, WI – duplex, large corner lot, Unit A 3 bedroom 1 bath, Unit B 2 bedroom 1 bath, attached garage
- N12501 State Road 79, Downing, WI – single family home, 2 bedroom, 1 bath, one car detached garage, country setting
- 823 Main Street, Boyceville, WI - will have 4 units – 1 one bedroom unit, 2 two bedroom units, and 1 three bedroom unit, all with one bath, private decks, newly remodeled, available for rent April 2012
- 509 12th Street, Menomonie, WI – newly constructed single family home, 3 bedroom, 2 bath, large lot in quiet neighborhood
- 204 1st Avenue, Frederic, WI 54837 – 2 bedroom, 1 bath, in town and in walking distance of area businesses
- 212 4th Avenue, Stanely, WI 54768 – 3 bedroom, 1 bath, just blocks away from downtown, large lot, screened porch, 1+ detached garage

Assisted Living

- Havenwood Assisted Living, 614 E. Oak Street, Glenwood City, WI 54013
- Valley Villas Assisted Living, S820 Westland Drive, Spring Valley, WI 54767



RENTAL APPLICATION

APPLICANT				
Date:	Last Name:	First Name:	MI:	
Street Address, Apt #:		City, State & Zip:		
Social Security #:	Date of Birth:	Gender:	Email Address:	
Home Phone:	Cell Phone:	Lease Start Date:	Number of Bedrooms:	
<i>How did you learn about our apartments?</i>				

CO-APPLICANT (if applicable)				
Date:	Last Name:	First Name:	MI:	
Street Address, Apt #:		City, State & Zip:		
Social Security #:	Date of Birth:	Gender:	Email Address:	
Home Phone:	Cell Phone:			

HOUSEHOLD MEMBERS (other persons that will reside in rental unit)				
Name - First, Last, MI	Relationship to applicant	Social Security #	Date of Birth	Sex (M/F)

EMERGENCY CONTACT		
Emergency Contact Name:	Relationship to Tenant:	Phone:
Emergency Contact Address: (City, State, Zip)		

RENTAL HISTORY/HOUSING STATUS

(Provide rental/housing status information from at least the **past 3 years**)

Applicant Current Address: Rent or Own (circle one)

Applicant Address:		City:	State:
Move In Date:	Move Out Date:	Reason for move:	
Landlord Information			
Mailing Address:		City:	State:
Phone Number:		Fax Number:	
Email Address:			

Applicant Previous Address: Rent or Own (circle one)

Applicant Address:		City:	State:
Move In Date:	Move Out Date:	Reason for move:	
Landlord Information			
Mailing Address:		City:	State:
Phone Number:		Fax Number:	
Email Address:			

Applicant Previous Address: Rent or Own (circle one)

Applicant Address:		City:	State:
Move In Date:	Move Out Date:	Reason for move:	
Landlord Information			
Mailing Address:		City:	State:
Phone Number:		Fax Number:	
Email Address:			

OWNED PROPERTY/REAL ESTATE/ASSET STATUS

Do you currently own property/real estate? Y or N If yes, what is the value:

Property Address:	City:	State:	Zip:
Mortgage Lender Name:			
Address:	City:	State:	Zip:

In the past have you ever owned real estate? Y or N If yes, when? TO: FROM:

I/We certify that I/We have/have not (**circle one**) disposed of any assets for less than fair market value during the past two years. I/We understand that I/We can be fined up to \$10,000 or imprisoned up to five years, or lose My/Our tenancy if I/We furnish false or incomplete information. Initial Here _____ If "have" is circled the following must be completed:

ASSET	DISPOSAL DATE	FAIR MARKET VALUE	VALUE RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY & INCOME

Household Member:		Employer:			
Dates of Employment:		Hours Per Week:		Hourly Rate of Pay:	
Address:		City:		State:	Zip:
Phone:		Fax:			
Household Member:		Employer:			
Dates of Employment:		Hours Per Week:		Hourly Rate of Pay:	
Address:		City:		State:	Zip:
Phone:		Fax:			
Household Member:		Employer:			
Dates of Employment:		Hours Per Week:		Hourly Rate of Pay:	
Address:		City:		State:	Zip:
Phone:		Fax:			

OTHER INCOME SOURCES

Household Member:		Monthly Gross Income:			
Type of Income: Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Pension <input type="checkbox"/> VA Benefits <input type="checkbox"/> Military <input type="checkbox"/>					
Name/Address:		City:		State:	Zip:
Phone:		Fax:			
Household Member:		Monthly Gross Income:			
Type of Income: Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Pension <input type="checkbox"/> VA Benefits <input type="checkbox"/> Military <input type="checkbox"/>					
Name/Address:		City:		State:	Zip:
Phone:		Fax:			
Household Member:		Monthly Gross Income:			
Type of Income: Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Pension <input type="checkbox"/> VA Benefits <input type="checkbox"/> Military <input type="checkbox"/>					
Name/Address:		City:		State:	Zip:
Phone:		Fax:			

- **If you indicated *social security, unemployment, VA benefits, or military payments*, please provide a copy of award letter (social security) or copy of benefit statement (unemployment, VA, military) with your application **for proof of income**.**

- **If you are *self employed*, provide 3 years of income tax statements.**

- **Please complete the attached Certification of Zero Income form AHTC Form 905 if any adult in your household **does NOT have INCOME**. Please send this with your application.**

NO CHILD SUPPORT CERTIFICATION

If you are a parent and were awarded child support but are NOT RECEIVING. Please read the following to certify non-receipt. If this does not pertain, please skip to next section.

I certify that I am **not receiving child support** and that I have made reasonable efforts to collect the amounts due, including filing with courts or agencies responsible for enforcing payments. Failure to produce verification of my efforts to collect child support will cause my court specified amount of support to be included in my gross income.

Please list children NOT RECEIVING Child Support:

ASSETS

Assets are items of value, other than necessary personal items, and are considered along with verified income to determine the eligibility of a household. Net family assets include, but are not limited to the following: Cash held in savings and checking accounts, trusts, equity in real estate and other capital investments, stocks, bonds, treasury bills, certificate of deposits, money market funds, IRA's, Keogh Accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings) and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.).

Applicant:		Bank/Investment Name:			
Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock/Bonds <input type="checkbox"/> Savings Bond <input type="checkbox"/> Other <input type="checkbox"/> _____					
Address:		City:		State:	Zip:
Balance/Value in Account: \$		Phone:		Fax:	
If selected stock/bonds, please indicate number of shares and expected dividend value: \$					
Applicant:		Bank/Investment Name:			
Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock/Bonds <input type="checkbox"/> Savings Bond <input type="checkbox"/> Other <input type="checkbox"/> _____					
Address:		City:		State:	Zip:
Balance/Value in Account: \$		Phone:		Fax:	
If selected stock/bonds, please indicate number of shares and expected dividend value: \$					
Applicant:		Bank/Investment Name:			
Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock/Bonds <input type="checkbox"/> Savings Bond <input type="checkbox"/> Other <input type="checkbox"/> _____					
Address:		City:		State:	Zip:
Balance/Value in Account: \$		Phone:		Fax:	
If selected stock/bonds, please indicate number of shares and expected dividend value: \$					

Co-Applicant:		Bank/Investment Name:			
Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock/Bonds <input type="checkbox"/> Savings Bond <input type="checkbox"/> Other <input type="checkbox"/> _____					
Address:		City:		State:	Zip:
Balance/Value in Account: \$		Phone:		Fax:	
If selected stock/bonds, please indicate number of shares and expected dividend value: \$					
Co-Applicant:		Bank/Investment Name:			
Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock/Bonds <input type="checkbox"/> Savings Bond <input type="checkbox"/> Other <input type="checkbox"/> _____					
Address:		City:		State:	Zip:
Balance/Value in Account: \$		Phone:		Fax:	
If selected stock/bonds, please indicate number of shares and expected dividend value: \$					

Please complete the attached **Certification of Zero Assets** form AHTC Form 600 if applicant or co-applicant in your household **DOES NOT have any ASSETS**. Please send this with your application.

GENERAL/DEMOGRAPHIC INFORMATION

STUDENT STATUS

Applicant Student: Yes or No	If yes, Full-Time or Part-Time	School Location:
Co-Applicant Student: Yes or No	If yes, Full-Time or Part-Time	School Location:
Name of any other students 18 yrs or older in household:		

HOUSEHOLD CRIMINAL/CREDIT DISCLOSURE

Have been evicted from tenancy? Yes or No	Willfully refused to pay rent when due? Yes or No
Filed for bankruptcy? Yes or No	Convicted of any criminal activity? Yes or No
Current user of illegal or controlled substances? Yes or No	Convicted of use, possession, manufacturing or distribution of any illegal substances: Yes or No
<p><i>If you answered "yes" to any of the above, please explain:</i></p>	

CONFLICT OF INTEREST DISCLOSURE

<p>Is applicant(s) or any household member a friend or family to any West CAP employee or Board of Director? Yes or No <i>(family includes Spouse, Fiancée/ Fiancé, Children and children-in-law, brothers, brother(s) –in- law, Sisters, Sisters-in-law, Parents, and parents-in-law, and/or anyone who received more that 50% of their annual support from the person (e.g. adopted child, foster child)</i></p> <p><i>If you answered "yes", please explain:</i></p>
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HOUSEHOLD DEMOGRAPHICS/SPECIAL NEEDS

The following information is being requested for demographic compilation purposes only. Your response is voluntary. All responses will be treated in a confidential manner. Your answer will NOT affect (either positively or negatively) your selection for the program. You are not required to answer the following, however please be advised we will fill out the remaining portion based on our observations if you choose to not answer the following. (Check one that applies) Only one household member needs to respond.

Race: White (Caucasian) <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/>
Is the head of the household, spouse or any other family member: <ul style="list-style-type: none"> • Frail elderly (defined as receiving optional support services)? Y or N • Homeless? Y or N • Physically disabled? Y or N • Elderly? Y or N • Mentally disabled? Y or N <p>Do you have specific housing needs, such as a special handicapped accessible unit? Y or N</p> <p>If yes, please describe:</p>

Vehicle Information

Vehicle Make:	Model :	Year:	Lic. Plate #:

Application Signature

Your signature on this application authorizes the owner/manager of the property in which you are applying for occupancy to contact your prior landlords for information regarding your prior tenancy, to check personal, credit and employment references, to obtain criminal background records, verify with school enrollment status, and obtain bank and court records.

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.

Applicant Signature (Head of Household)

Date

Co-Applicant Signature

Date

Send All Requested Information To:

**Mail To: West CAP
PO Box 308
Glenwood City, WI 54013**

Email: Westcap@wcap.org

Fax: 715-265-7031



P O Box 308 Glenwood City, WI 54013
Phone: 715-265-427, Fax 715-265-703, Westcap@wcap.org
RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

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

West CAP is required by law to confidentially verify information provided by applicants/participants. The applicant/participant 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 Scholarship, Stipends Expenses
Alimony/Maintenance	Assets (Checking, Savings, IRA's Trusts, Stocks/
Pensions/VA/Annuities	Bonds Mutual Funds, Etc.
Child Care Expenses and/or Unusual Expenses	Child Support

**I/We hereby authorize West CAP to make any inquiries necessary or advisable in verifying the above information and to make any inquiries necessary in verifying rental history, income and asset information.

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

**If I, or any adult member of my family, fail 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: _____



**AHTC Form 905
Certification of Zero Income**

(To be completed by adult household members only, if appropriate)

Household Name: _____ Unit Number: _____

Development Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

3. Please explain the source of funds you will be using to make your rent payments:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

