

Gerrard Corporation

Affordable Housing Application

Affordable Housing Application Instructions

Items you will need before you begin the Affordable Housing application process:

Personal Information:

1. Driver's license, Social Security numbers and birth date
2. Co-applicants need the same as above
3. Current address and phone number (if renting); landlord's phone number and address
4. E-mail address (if applicable)
5. Vehicle license plate number; make, model and year

Income:

1. Employment: name, address and phone number of employer and contact person phone number
2. Unemployed: copies of benefit statements for 2-3 months or 1099 (mail or e-mail copy)
3. Current Social Security benefit letter (a mailed copy required)
4. Veterans benefits (mail or email statement or contact info)
5. Alimony/spousal maintenance payments (mail copy of divorce decree)
6. Section 8 voucher rent assistance (contact person, phone and address)
7. Child support payments (mail or email statement)
8. Monthly pension/annuities (name, address, phone and fax number)

Assets:

1. ALL - checking accounts: name, address, phone and (fax number, if possible)
2. ALL - savings accounts: name, address, phone and (fax number, if possible)
3. ALL - CD/Money Market accounts: Name, address, phone and fax number
4. IRA's, 401K's, pensions/annuities: Name, address, phone and fax numbers
5. Real estate: tax statement plans for the real estate

A Gerrard Corporation leasing manager will be in contact with you to help you with the paperwork required.

*Asterisk denotes required fields.

Please print, complete, and mail in this form.

Property/unit type applying for:* (select one)

Boulder Ridge
(Hudson, WI)

Dancing Oaks
(Menomonie, WI)

The Depot
(River Falls, WI)

City Station
(River Falls, WI)

Heritage Cottages
(Hudson, WI)

The Maxwell
(Hudson, WI)

Crossing Meadows
(Ellsworth, WI)

Heritage Cottages Phase II
(Hudson, WI)



100 North 6th Street, Suite A
La Crosse, WI 54601
608.782.4488 ext. 2002
Jane@gerrardcompanies.com

Anticipated: Move-in date:* _____

Unit type:* 1 Bedroom 2 Bedroom 3 Bedroom

Approximate household annual income* _____

Co-applicants 18 years or older must submit a separate application.

Applicant's name (first, middle, last)* _____

Social Security #:* _____

Date of birth* _____ Driver's license #: _____ State:* _____

E-mail address*: _____ Phone number:* _____

Is there a co-applicant?* Yes No (if yes, please complete the following)

Co-applicant's name: (first, middle, last)* _____

Social Security*: _____ Date of birth* _____ If there are children or additional co-applicants, please provide that information during your post-application interview.

Applicant and Co-applicant Information (or Applicant's History):

Applicant's current address:* _____

Apt. #: _____ City* _____ State* _____ Zip code:* _____

Monthly rent payments:* _____ Disability status: _____

Rental assistance payments: Yes No

Landlord's name: _____ Phone: _____ Address: _____

City* _____ State* _____ Zip code:* _____

Date moved in: _____ Move-out date: _____

Reason for move: _____

List vehicle to be parked on property: Make: _____ Model: _____ Year: _____

License plate #: _____ Color: _____

Will applicant maintain renter's insurance?* Yes No

Has applicant ever:

Been evicted?* Yes No

Breached a lease or rental agreement?* Yes No

Filed for bankruptcy?* Yes No

Been convicted for a crime?* Yes No

Been convicted as a sex offender?* Yes No

**AHTC Form 305
TENANT INCOME QUESTIONNAIRE**

Income Information

Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

| | | (Circle Y or N) Yes No | | Monthly Gross Income |
|----|---|---------------------------|---|---------------------------------------|
| 1 | Y | N | Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. | |
| | | | <u>Name of Employer(s)</u> | |
| | | | _____ | \$ _____ |
| | | | _____ | \$ _____ |
| | | | _____ | \$ _____ |
| 2 | Y | N | Self employed. (List nature of self employment) | (use <u>net</u> income from business) |
| | | | _____ | \$ _____ |
| | | | _____ | |
| 3 | Y | N | Cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the unit. | \$ _____ |
| 4 | Y | N | Unemployment benefits and/or Worker's Compensation. | \$ _____ |
| 5 | Y | N | Veteran's Administration, GI Bill, or National Guard/Military benefits/income. | \$ _____ |
| 6 | Y | N | Social security payments. | \$ _____ |
| 7 | Y | N | <u>Unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.) | \$ _____ |
| 8 | Y | N | Supplemental Security Income (SSI). | \$ _____ |
| 9 | Y | N | Disability or death benefits other than Social Security. | \$ _____ |
| 10 | Y | N | Public Assistance (examples: TANF, AFDC, W2) | \$ _____ |
| 11 | Y | N | Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. | |
| | | | If yes, list sources | |
| | | | 1) _____ | \$ _____ |
| | | | 2) _____ | \$ _____ |
| 12 | Y | N | Income from real or personal property. (examples: rental income, mortgage or tax payments paid by third-party) | (use net earned income) \$ _____ |

| | | | | |
|----|---|---|--|----------|
| 13 | Y | N | Alimony/spousal maintenance payments. | \$ _____ |
| 14 | Y | N | I am entitled to receive Child Support payments. If yes, then answer the following: | \$ _____ |
| | Y | N | a. I am currently receiving child support payments | \$ _____ |
| | Y | N | b. I am not receiving any child support payments but it is court ordered that I do. | |
| | Y | N | Circle one: 1) I am not pursuing the payments for the following reasons: _____ 2) I am making efforts to collect the child support owed to me. List efforts being made: _____ | |
| 15 | Y | N | Section 8 rental assistance. | |
| 16 | Y | N | Income from a source other than those listed above. (Including Student Grants, Scholarships, etc.) If yes, list sources: | \$ _____ |
| | | | 1) _____ 2) _____ | \$ _____ |

Asset information Identify each asset, its value and rate of interest currently held by the household.

| | | <small>(Circle Y or N)</small> | | | Cash Value/ Balance | Interest Rate |
|----|---|--------------------------------|---|----------------------|------------------------|---------------|
| | | Yes | No | | | |
| 17 | Y | N | Checking account(s). If yes, list bank(s) | | | |
| | | | 1) _____ 2) _____ | \$ _____ \$ _____ | _____% _____% | |
| 18 | Y | N | Savings account(s). If yes, list bank(s) | | | |
| | | | 1) _____ 2) _____ | \$ _____ \$ _____ | _____% _____% | |
| 19 | Y | N | Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names | | | |
| | | | 1) _____ | \$ _____ | _____% | |
| | | | 2) _____ 3) _____ | \$ _____ \$ _____ | _____% _____% | |
| 20 | Y | N | Revocable trust(s). If yes, list bank(s) | | | |
| | | | 1) _____ 2) _____ | \$ _____ \$ _____ | _____% _____% | |

| | | | | |
|----|-----|---|----------------------|------------------|
| 21 | Y N | Real estate. If yes, provide description _____ _____ | \$ _____ \$ _____ | |
| 22 | Y N | Stocks, Bonds, or Treasury Bills. If yes, list sources/bank names 1) _____ 2) _____ | \$ _____ \$ _____ | _____% _____% |
| 23 | Y N | IRA / Lump Sum Pension / Retirement / Keogh / 401(K) Account, etc. If yes, list sources/bank(s) 1) _____ 2) _____ | \$ _____ \$ _____ | _____% _____% |
| 24 | Y N | Whole life insurance policy. If yes, how many policies _____ List Sources 1) _____ 2) _____ | \$ _____ \$ _____ | _____% _____% |
| 25 | Y N | More than \$500 cash on hand. | \$ _____ | |
| 26 | Y N | Items held as an investment (antique car, coin collection, etc.) If yes, list items _____ | \$ _____ | |
| 27 | Y N | Safe deposit box. If yes, list contents _____ | \$ _____ | |
| 28 | Y N | Disposed of assets (i.e. gave away money / assets) for less than the fair market value in the past 2 years. | \$ _____ \$ _____ | |
| 29 | Y N | Income from assets or sources other than those listed above. If yes, list type(s) below 1) _____ 2) _____ | \$ _____ \$ _____ | |

Student Status

(Circle Y or N)
Yes No

| | | | |
|----|---|---|---|
| 30 | Y | N | Does the household consist of persons who have been (in the past year) or who are all part-time or full-time students (1 st grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)? |
| 31 | Y | N | Does anyone in your household anticipate becoming a full-time student household in the next 12 months? |
| 32 | Y | N | <p>If you answered yes to either question 30 or 31, are you:</p> <ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF) • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program • Married and entitled to file a joint tax return • Are you a single parent who is not claimed as a dependent of any other person? • Are any of the children in the household claimed as a dependent of any person other than the parent(s)? • Any student formally received Foster Care Assistance |
| | Y | N | |
| | Y | N | |
| | Y | N | |
| | Y | N | |
| | Y | N | |

For every item checked “yes” on the Questionnaire, provide the following information:

| Question Number | Name of household member and Name of company, financial institution or source | Mailing address, telephone and fax number of company, financial institution or source |
|-----------------|--|---|
| | | |
| | | |
| | | |
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| | | |

Acknowledgment and Representation:

1. Signing this application indicates that applicant has had the opportunity to review landlord's tenant selection criteria, which is available upon request.
2. **Applicant understands that providing inaccurate or incomplete information is grounds for rejection of this applicant and forfeiture of any application fee and may be grounds to declare applicant in breach of any lease that applicant may have signed.**
3. Applicant represents that the statements in this application are true and correct.
4. Authorization: applicant authorizes landlord or landlord's agent, at any time before, during, or after any tenancy to:
 - Obtain copy of applicant's credit report;
 - Obtain a criminal background check related to applicant and any occupant; and
 - Verify any rental or employment history or any other information related to this applicant with person's knowledge of such information.

Notice of landlord's right to continue to show property: unless landlord and applicant enter into a separate written agreement otherwise, the property remains on the market until a lease is signed by all parties and landlord may continue to show the property to other prospective tenants and accept another offer.

Gerrard Corporation has a no smoking and no pet policy at each of the properties.

Do you agree to honor these policies?* _____Yes _____No

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Circle your response for each question:

Ethnicity: Hispanic or Latino- Yes or No

Race: (Circle one or more)

1. American Indian/ Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

Gender: Male Female

Would you qualify for housing that is specifically subsidized by the Federal Government for qualified disabled American veterans, or disabled or mentally challenged individuals? Yes___ No___

AUTHORIZATION TO RELEASE INFORMATION RELATED TO A WHEDA RESIDENTIAL LEASE APPLICANT

I/We are interested in applying for the property selected below:*

Boulder Ridge
(Hudson, WI)

Dancing Oaks
(Menomonie, WI)

The Depot
(River Falls, WI)

City Station
(River Falls, WI)

Heritage Cottages
(Hudson, WI)

The Maxwell
(Hudson, WI)

Crossing Meadows
(Ellsworth, WI)

Heritage Cottages Phase II
(Hudson, WI)

I/We give permission:*

Yes No to my current & former employers to release any & all information about my employment history and income history to the above named person;

Yes No to my current and former landlords to release any and all information about my rental history to the above named person;

Yes No to my current and former mortgage lenders on any property that I own or have owned to release any and all information requested to the above named person;

Yes No to any and all financial institutions that I have accounts with or have had in the past, to release any and all information about my account history to the above named person;

Yes No to the above named person to obtain a copy of my credit history from any consumer agency they choose and my background history.

Under penalties of perjury, I certify that the information on this form is true and accurate to the best of my 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.

Applicant Signature* _____ Social Security Number _____ Date* _____

Co-Applicant Signature _____ Social Security Number _____ Date _____

Congratulations, you have just completed the first part of our lease application process. A Gerrard Corporation leasing manager will be contacting you within two to three business days to arrange receipt of required documents and forms per your response in the Income and Assets sections.

Thank you for your interest in Gerrard Corporation properties!



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