

Preliminary Application for Tenant Eligibility to the Grace Apartments

Place "x" on location you are inquiring about. **Mauston** **Wisconsin Rapids** **Poy Sippi**

Applicant #1 _____ SSN _____ Date of Birth _____ \ _____ \ _____
Month Day Year

Applicant #2 _____ SSN _____ Date of Birth _____ \ _____ \ _____
Month Day Year

Present Address _____ **Phone** _____

Family Composition - List each family member who will live in the dwelling. **Identify full-time students (FTS).**

Member	Name	FTS	SSN	Date of Birth <small>(ex. 01\01\2000)</small>	Relationship to Family Head	Age	Sex
1		<input type="checkbox"/>					
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5		<input type="checkbox"/>					
6		<input type="checkbox"/>					

Income - List all sources of income including full / and or part-time employment, welfare, Social Security, SSI, pension, disability support, unemployment, educational loans, scholarships, grants, AFDC and their rates.

Member	Source, Rate (i.e. weekly, monthly, yearly, etc.) and Type of income	Current \$	Anticipated \$
1			
2			
3			
4			
5			
6			

Assets - Assets means the value of equity in real property, savings accounts, checking accounts, stocks, bonds, other forms of capital investments, and Insurance that pays dividends. **List "%" of interest per each account.**

Account #'s	Names, Address, & Phone# of Financial Inst./Banks where assets are held.	%	Type of Account	Balance \$

Cash on hand, Stocks, Bonds, Real Estate presently owned, Real Estate previously owned value: \$ _____

Explain in detail.

Allowances - List Names and Phone numbers of agencies: Include medical expenses **not** covered by insurance; i.e, prescription costs, medical care, hospital insurance, childcare cost for care of minors under the age of 13, or for the care of disabled persons when such care enables a family member to be gainfully employed. (This should include the name of person who sits, their price charged per hour, etc.)

Federal Preferences - Is present housing substandard? Yes No

If Yes, explain in detail.

Do you qualify for displacement status? Yes No

If Yes, explain in detail.

Do you pay more than 50% of your income for rent? Yes No

References- Last two previous landlords:

Name _____ Present Address _____ Phone _____

Name _____ Present Address _____ Phone _____

Credit References- List two credit references we can contact to verify your credit.

Name _____ Present Address _____ Phone _____

Name _____ Present Address _____ Phone _____

In case of Emergency Notify -

Name _____ Relationship _____ Phone _____

Address _____

APPLICANT'S SIGNATURE _____

CO-SIGNED _____

DATE SIGNED _____

By signing this application, I hereby authorize you to contact any references that I have listed, and verify any information I have given.

Return all applications to: Vern Eliason
Grace Apartments
N6420 Camp Awana Road
Fredonia, WI 53021

Phone: Toll Free 1-866-999-0949

This form can either be printed, signed and returned to the apartment manager or sent electronically to the apartment manager and signed upon arrival.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements or misrepresentations, which are punishable by law with fines up to \$5,000 and imprisonment of up to two years for fraud.