

# 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 Glenwood Commons Student Housing, located in Rice Lake, WI. 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.

Our student housing complex is conveniently located within walking distance of the schools. Our furnished apartments (limited) include a twin bed, dresser, desk, and nightstand in the bedroom and couch, chairs, TV stand and stools in the living room – monthly rent is \$430 per month. Partially furnished apartments are \$405 per month and include a twin bed, bookshelf, desk and chair in the bedrooms only. All unfurnished apartments are \$380 per month. Garbage, heat, water/sewer, electric, cable, and internet access are all included in the lease terms. Other features and amenities are listed on our brochure located at: <http://westcaprentalproperties.org/student-housing/>.

Return the following information to West CAP in order to process your application:

- Completed Application with Signature(s)
- Release of Information Form with Signature(s)
- Rental Payment Agreement with Signature(s) **(completed by parent or guardian)**
- School Acceptance Letter
- Tenant Compatibility Questionnaire

Please send this information one of the following ways:

**Mail:** West CAP - Glenwood Commons  
P.O. Box 308  
Glenwood City, WI 54013

**Email:** [Westcap@wcap.org](mailto:Westcap@wcap.org)

**Fax:** 715-265-7031, att: Glenwood Commons

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

Sincerely,

West CAP  
525 2<sup>nd</sup> Street, PO Box 308  
Glenwood City, WI 54013

## **NON-DISCRIMINATION STATEMENT:**

In accordance with the Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Person with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

Fax: (202) 690-7442; or

Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This Institution is an equal opportunity provider.



# RENTAL APPLICATION

## Glenwood Commons Student Housing

Office Use Only:	
Date Mailed _____	Rec'd _____
Resv: Yes or No _____	Unit # _____

Date:		Last Name:		First Name:		MI:	
Street Address, Apt #:				City, State & Zip:			
Social Security #:			Date of Birth:		Gender:	Ethnicity: (circle) White - Asian - African American Pacific Islander - American Indian/Alaskan	
Home Phone:		Cell Phone:		Email			Hispanic? Yes or No
Student: Yes or No	Student: Full-time or Part-time		School Attending:			Semester Starting:	
Lease Term Request: see below for fall semester lease start options. (Dates: to/from)				Major/Program Enrolled:			
Have you ever rented or applied for an apartment with West CAP previously? Yes or No Location:				How did you learn of this rental?			
Furnished or Partially Furnished or Unfurnished Unit (circle one)							
Emergency Contact:			Relationship to Tenant:		Phone:		
Emergency Contact Address: (City, State, Zip)							

**Rental/Residential History** (Provide at least your current rental history. If living with parents and graduating from high school please write "Parents" and skip to next section).

Current Rental Address	Dates of Residency (From/To)
Landlord Name and Address (Street/City/State/Zip and Phone Number)	Reason for move

APPLICANT'S (tenant) Employment History & Income Information:	
Current Employer: _____	Address: _____
Phone: _____	Date Hired: _____
Hourly Pay Rate \$: _____	Hours per Week: _____ Position _____
Financial Aid Source: _____	Amount per Semester: _____
If currently applying for aid, provide timeline of receipt: _____	
Other Sources of Income: (Please explain) _____	
_____	
_____	

**APPLICANT's (tenant) Credit References:**

Have you ever filed for bankruptcy?  Yes  No (if yes, please explain on separate sheet of paper and attach)

Address, City, State & phone number

Balance on Deposit or Balance Owed:

Checking Acct (name of bank)		
Savings Acct (name of bank)		
Auto Loan Lender:		
Credit Card Company:		

<b>Been evicted from tenancy? Y or N</b> <i>If yes, explain:</i>	<b>Willfully or intentionally refused to pay rent when due? Y or N</b> <i>If yes, explain:</i>
<b>Have you or any member of your household been convicted of any criminal activity? Y or N</b> <i>If yes, explain:</i>	<b>Are you or any member of your household a current abuser of any illegal or controlled substances? Y or N</b> <i>If yes, explain:</i>
<b>Have you or any member of your household been convicted of the manufacture or distribution of any illegal substances? Y or N</b> <i>If yes, explain:</i>	<b>Do you have specific housing needs, such as a special handicapped accessible unit? Y or N</b> <i>If yes, explain:</i>
<b>Is applicant(s) or any household member a friend or family to any West CAP employee or Board of Director?</b> (family includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child)) <b>Y or N</b> <i>If yes, explain:</i>	

**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 credit and employment references, to obtain criminal background records, and to verify with school enrollment status.*

*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 Date

\_\_\_\_\_  
Signature of Person Taking Responsibility of Rent Payment Date

**ADDITIONAL INFORMATION:**

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

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

**Mail To: West CAP, PO Box 308, Glenwood City, WI 54013    Email: Westcap.org    Fax 715-265-7031**

*This institution is an equal opportunity provider.*



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

## Student/Applicant RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

The individual(s) indicated below are participant(s) and/or have applied for rental 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
Share Roommate Contact Information	Assets (Checking, Savings, IRA's Trusts, Stocks/
Pensions/VA/Annuities	Bonds Mutual Funds, Etc.
Child Care Expenses and/or Unusual Expenses	School Enrollment/Financial Aid Status

\*\*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 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:** \_\_\_\_\_



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Peter H. Kilde  
Executive Director



**WEST CAP**  
West Central Wisconsin  
Community Action Agency, Inc.

## Rental Payment Agreement -To Be Completed By Parent or Guardian-

Relationship to Tenant: _____
Address, City, St & Zip _____
E-mail Address _____
Home Phone _____ Cell Phone: _____

Date: \_\_\_\_\_

I/We (print) \_\_\_\_\_ (print) \_\_\_\_\_,

Accept the responsibility of ensuring timely rent payments to West CAP for Glenwood Commons Student Housing, in the interest of;

\_\_\_\_\_  
(Tenant Name)

I/We are taking this action to assist the above named tenant with rental payments for the unit at the Glenwood Commons Student Housing in the event of non-payment or as a regular payee.

I/We agree to pay for rent, utilities, cable and any late charges current or past due. I/We accept responsibility for damages to the apartment or other maintenance charges that may be incurred by tenant during their lease term at Glenwood Commons.

By signing below; I agree to ensure that rent and utility payments are made in a timely manner.

Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail To: West CAP, PO Box 308, Glenwood City, WI 54013    Email: Westcap.org    Fax 715-265-7031







# Roommate Compatibility Questionnaire

## Glenwood Commons

### Student Housing

Applicant/Tenant Name (please print): \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

Program Enrolled/Career Focus: \_\_\_\_\_

List other persons for a roommate request: \_\_\_\_\_

*Please answer the following questions.....*

### Personal Characteristics (check one)

1.    \_\_\_ Day Person    \_\_\_ Night Person    \_\_\_ Neither
2.    \_\_\_ Outgoing    \_\_\_ Quiet    \_\_\_ Neither
3.    \_\_\_ I like loud music    \_\_\_ I like lower volume music    \_\_\_ I prefer no music playing
4.    \_\_\_ Heavy sleeper    \_\_\_ Light sleeper    \_\_\_ Neither
5. **In dealing with conflicts:**
  - A. I am able to clearly express my feelings and concerns.
  - B. I will generally express my concerns in a joking fashion so that the other person gets the hint.
  - C. I usually wait until I am really annoyed or angry.
  - D. I am not comfortable asserting myself in conflict.

### Room Characteristics (circle one)

5. How important is it to you that your home be kept neat and orderly? (not important) **1 2 3 4 5** (very important)
6. When/if you study in your home, will music or activity bother you?    (a little) **1 2 3 4 5** (a lot)
7. Do you expect your home to be a place where people gather to relax?    (a little) **1 2 3 4 5** (a lot)
8. What time do you expect to go to sleep on weeknights?    **10 p.m. 11 p.m. 12 a.m. 1 a.m. 2 a.m. after 2 a.m.**

### Privacy/Personal Boundaries

9. How comfortable are you with the idea of sharing belongings (microwave, clothes, food, toiletries, etc)?  
(very uncomfortable) **1 2 3 4 5** (very comfortable)
10. I need to be alone without intrusions: \_\_\_ Always \_\_\_ Sometimes \_\_\_ Never \_\_\_ Often \_\_\_ Rarely
11. What activities do you enjoy doing in your free time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is there anything **you want** or absolutely **do not want** in a roommate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_