

# Strong, Secure Families - Sustainable Communities

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

Peter H. Kilde  
Executive Director



**WEST CAP**

West Central Wisconsin  
Community Action Agency, Inc.

Dear Applicant;

Thank you for your interest in Glenwood Commons located in Rice Lake, WI.

In order for us to process your application in a timely manner, we ask that you please follow these guidelines in completing your application.

- Complete the entire application. Leave no blanks. If a section does not apply to you write N/A or None.
- Be sure to provide complete and accurate address and phone numbers when they are asked for, including fax numbers when available.

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.

Reasons for possible denial are as follows: (also see selection criteria)

- Incomplete application.
- Falsification of information on application.
- Failure to meet Low Income guidelines (if applicable)
- Unacceptable previous landlord references and or lack of positive rental history.
- Unacceptable credit or criminal background references.

Return your completed application to:

West CAP Homework's Dept  
Attn: Jaime C. Pederson  
P.O. Box 308  
Glenwood City, WI 54013

If you have any questions, please feel free to call me at 1-800-606-9227 x1236

Sincerely,

*Jaime Pederson*

Jaime Pederson  
Property Manager  
West CAP – CHDO

**SELECTION CRITERIA**  
**WEST CAP RESIDENTIAL PROPERTY**

APPLICANTS MUST MEET THE FOLLOWING CRITERIA FOR ACCEPTANCE. IF YOU ARE REJECTED AND YOU FEEL THE REJECTION IS NOT FAIR, PLEASE CONTACT WEST CAP AND PROVIDE A WRITTEN EXPLANATION OR ADDITIONAL INFORMATION SO THAT A CORRECT DECISION CAN BE MADE ON YOUR BEHALF:

1. All applicants must be 18 years of age or older, able to be self-sufficient in personal care and able to utilize housing that requires climbing stairs if there is a second floor in the apartment.
2. Applicant must have verifiable combined gross income as attached for the specific development and unit for which you are applying;
3. Applicant(s) must have a good rental history. Applicant may be rejected because of Poor Rental History, as evidence by:
  - A. Late rental payments;
  - B. Unlawful Detainers (eviction proceedings);
  - C. Complaints of disturbance of neighbors, including loud music/parties, noisy/obnoxious guests, harassment of neighbors or their guests;
  - D. Damage to unit, appliances or common areas or hallways;
  - E. Poor living or housekeeping habits, including creating fire hazards (storing dangerous materials, hoarding papers or rags, tampering with the electrical system, etc.), infestation of roaches or rodents, creating foul odors, depositing garbage improperly, littering common areas or hallways, etc.;
  - F. Not honoring past leases;
  - G. Less than 12 months consecutive, independent rental history, not including rental from relatives or friends.
4. Applicant(s) must have good credit. Applicant may be rejected for Poor Credit History, as evidenced by:
  - A. Non-payment of rightful obligations, including rent, utilities, creditors and loans;
  - B. Public judgments (being taken to court by a creditor);
  - C. Accounts placed for collection.
5. If applicants credit score is determined to be less than 600 (trans-union scoring) applicant may be required to pay and additional \$300 Utility Security Deposit to guard against non-payment of Utilities. This is in addition to any deposits and/or charges required by the utility provider.

6. Applicant(s) must have no criminal record. Applicant may be rejected for a Criminal History, as evidenced by:
  - A. Conviction within the last five (5) years of any crime of violence against people or damage to property;
  - B. Any conviction for drug offense within the last two (2) years - (anyone convicted of drug offense more than two (2) years ago must provide a statement from treatment facility or parole officer that treatment has been satisfactorily completed);
  - C. Any conviction for weapons ordinance.
  - D. An arrest record of crimes of violence against people or damage to property, weapons ordinance, fraud, drugs or sexual abuse, whether or not the case went to court;
  - D. An established history of untreated drug or alcohol abuse - (anyone who has corrected their problem must provide a statement from treatment facility or program that treatment has been satisfactorily completed).
7. Applicant(s) must have good employment history. Applicant may be rejected for Poor Employment History, as evidenced by:
  - A. Failure to meet income requirements;
  - B. An inconsistent, unstable source of income, which would affect the ability to pay rent and utilities;
  - C. Income derived from any illegal source, such as fraud, sale of drugs, theft, etc.
8. Any information provided on an application that is inaccurate, incomplete or non-verifiable is grounds for rejection.
9. Individual situations outside of the general guidelines will be evaluated on a case-by-case basis.
9. No pets are allowed except for medical reasons. (Must provide proof of need)

ALL QUESTIONS SHOULD BE ADDRESSED TO:

West CAP – Jaime C. Pederson  
HomeWorks Department  
P.O. Box 308  
Glenwood City, WI 54013  
Phone: 715-265-4271 x1236

The HomeWorks Department of West CAP is a non-profit, equal opportunity housing development and real estate management company. Any questions or complaints concerning our operations should be directed to Joan Hutton, Asset Manager at 715-265-4271 x1239. If issue remains unresolved complaints can be directed to Peter Kilde, Executive Director, West CAP at 715-265-4271 x1328.

The Following questions will help you determine the steps to be approved for Glenwood Commons (student housing) in Rice Lake, WI;

1. Are you a dependent on your Parents Tax Return?  
 Yes (if Yes please have parent/guardian complete Section B)  
 No (If no; Section B is not needed)
2. Do you file your own tax returns?  
 Yes  
 No
3. Have you applied for financial aid for the upcoming year?  
 Yes  
 No
4. Have any Financial Aid been awarded?  
 Yes  
 No  
If Yes How much? \$ \_\_\_\_\_/semester (Please attach copy of Financial Aid Award letter )
5. Are you  
 Full-Time  
 Part-time
6. Do You have any friends/relatives you wish to share the same suite with (four people per suite)  
 Yes  
 No  
Please list Name and Phone Numbers of friends you wish to share a suite with;  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

-----  
*\*This section to be completed by student*

Name of Student: \_\_\_\_\_ Sex: M / F  
(first, middle & last)

Phone Number/Cell Number - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (mo/day/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Parent/ Guardian \_\_\_\_\_

Emergency Contact Information:

Name - \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Do you own a vehicle? \_\_\_Yes \_\_\_ No

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

Color \_\_\_\_\_ Plate # \_\_\_\_\_

Are you: Full-Time or Part-time (circle one)

Make \_\_\_\_\_ Model \_\_\_\_\_

# Section A

To be completed by student applying for Housing at  
Glenwood Commons Inc.  
Rice Lake, WI

If student is a dependent on someone else's tax return  
Parent/Guardian must fill out Section B

**RETURN TO:**

**Glenwood Commons attn: Jaime C. Pederson  
P.O. Box 308  
Glenwood City, WI 54013  
Phone: 715-736-0077 (Apt Showing)  
Or  
1-800-606-9227 Ext. 1236 (Leasing/ Admin)**

**APPLICATION FOR TENANCY – TAX CREDIT**

**For Office use only**  
Date Mailed \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Income Limit \_\_\_\_\_  
Number Adults \_\_\_\_\_ Number Children \_\_\_\_\_  
Reservation Yes or No                      Unit # \_\_\_\_\_

**DATE:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

\_\_\_\_\_ **Social Security #**                      **Date of Birth**                      **Applicant Sex**                      **Email Address**

\_\_\_\_\_ **Street Address, Apt #**                      **City, State & Zip**                      **Home Phone**                      **Cell Phone**

\_\_\_\_\_ **Emergency Contact: (First name, middle initial, Last Name, Address & Phone #)**

**HOUSING STATUS** (Provide at least your last **five years** of rental history if applicable, If living with parents and graduating from high school please write "Parents" and skip to next section)

1) Current Rental Address: \_\_\_\_\_ Reason for wanting to move  
From (                      ) to (                      )

\_\_\_\_\_ Landlord Name and Address (Street/City/State/Zip and Phone Number)                      How long were you at this address?

2) Previous Rental Address: \_\_\_\_\_ Reason for Moving?  
From (                      ) to (                      )

\_\_\_\_\_ Landlord Name and Address (Street/City/State/Zip and Phone Number)                      How long were you at this address?

3) Previous Rental Address: \_\_\_\_\_ Reason for Moving?  
From (                      ) to (                      )

\_\_\_\_\_ Landlord Name and Address (Street/City/State/Zip and Phone Number)                      How long were you at this address?

Have you ever rented or applied for an apartment with us previously? Y or N

**PERSONAL REFERENCES**

List at least two personal references (Not including relatives) that you have known for at least one year.

1. Name                      Address/City/State/Zip                      Phone #                      Relationship                      Known how long?

2. Name                      Address/City/State/Zip                      Phone #                      Relationship                      Known how long?

**ASSETS:**

Complete category as applicable. If additional space is needed, please attach additional sheets as needed.. 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.).

Checking Account Number	Bank Name (Address & Phone)	Balance
Savings/Money Market Account Number	Bank Name (Address & Phone)	Balance
Savings/Money Market Account Number	Bank Name (Address & Phone)	Balance
Savings Certificate Number	Bank Name (Address & Phone)	Balance
Savings Bonds		Value \$
Stocks & Bonds (Please provide detail – Include number of shares and expected dividends)		Value \$

Other;

**EARNED INCOME:**

List full and part-time employment for ALL household members. The total anticipated gross income (before any deductions) for all residents 18 years and older, for the next 12-month period (commencing with the occupancy or lease renewal date), which includes, but is not limited to: wages, overtime, bonuses, commissions, tips, and self-employment income.

<u>HOUSEHOLD MEMBER'S NAME</u>	<u>EMPLOYERS NAME</u>	<u>EMPLOYERS ADDRESS/PHONE #</u>	<u>HRS./WEEK</u>	<u>RATE OF PAY</u>

**OTHER SOURCES OF INCOME:**

Also included in the total anticipated gross income is other income which includes, but is not limited to: SSI, Social Security, monetary gifts, alimony, child support, workers compensation, severance pay, unemployment compensation, or regular and special pay and allowances of members of the Armed Forces (whether or not living in the dwelling). List any of the following Annuities, Dividends, Income from Rental Properties, and Armed Forces Reserves, and/or income from assets.

<u>HOUSEHOLD MEMBERS'S NAME</u>	<u>TYPE OF INCOME</u>	<u>NAME &amp; ADDRESS OF SOURCE</u>	<u>AMOUNT</u>
			week /month/year \$
			week /month/year \$
			week /month/year \$
			week /month/year \$

Do you own or are part owner of real estate? Y or N      If yes, what is the value? \_\_\_\_\_

Have you ever owned real estate? Y or N      If yes, when? \_\_\_\_\_ To \_\_\_\_\_

Address to Property \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Bank where mortgage is held \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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:

ASSETS	DISPOSAL DATE	FAIR MARKET VALUE	VALUE RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____



PROGRAM INFORMATION

How did you find out about the development? \_\_\_\_\_

Are you a student? Y or N Circle: Full-time or Part-time? Where? \_\_\_\_\_

Have you or any member of the household ever been: If yes to any of the following questions please attached additional sheet explaining yes answer(s)

- 1. Been evicted from tenancy? Y or N
- 2. Willfully or intentionally refused to pay rent when due? Y or N
- 3. Filed for bankruptcy? Y or N
- 4. Have you or any member of your household been convicted of any criminal activity? Y N
- 5. Are you or any member of your household a current abuser of any illegal or controlled substances? Y or N
- 6. Have you or any member of your household been convicted of the manufacture or distribution of any illegal substances? Y or N

NOTE: 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.

White (Caucasian) \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_ African American \_\_\_\_\_

Is the head of the household, spouse or any other family member:

- 1) Frail elderly (defined as receiving optional support services)? Y or N
- 2) Physically disabled? Y or N
- 3) Homeless? Y or N
- 4) Mentally disabled? Y or N
- 5) Elderly? Y or N

Do you have specific housing needs, such as a special handicapped accessible unit? Y or N

If yes, please describe: \_\_\_\_\_

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 and credit references, and to obtain credit, employment, 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.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Application received by \_\_\_\_\_ Date \_\_\_\_\_

ADDITIONAL INFORMATION:

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

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

## 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 is 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/bonds,
Pensions/VA/Annuities	Mutual Funds, Etc.
Child Care Expenses and/or Unusual Expenses	

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

# Section B

To be completed by Parent/Guardian ONLY when student is a dependant of his/her parents.

If this does not apply this section may be removed and discarded.

**RETURN TO:**

**Glenwood Commons attn: Jaime C. Pederson**  
**P.O. Box 308**  
**Glenwood City, WI 54013**  
**Phone: 715-736-0077 (Apt Showing)**  
**Or**  
**1-800-606-9227 Ext. 1236 (Leasing/ Admin)**

**APPLICATION FOR TENANCY**

**For Office use only**  
 Date Mailed \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Income Limit \_\_\_\_\_  
 Number Adults \_\_\_\_\_ Number Children \_\_\_\_\_  
 Reservation Yes or No                      Unit # \_\_\_\_\_

DATE: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security #                              Date of Birth                              Sex (m/f)                              Email Address

Street Address, Apt #                              City, State & Zip                              County of Residence

Home Phone                              Cell Phone

**HOUSEHOLD INFORMATION**

List all other persons beside yourself who live in your household. DO NOT includes the name of Student who will live in student housing.

FULL NAME	RELATIONSHIP	SOC.SEC. #	DATE OF BIRTH	SEX (M/F)

**ASSETS:**

Complete category as applicable. If additional space is needed, please attach additional sheets as needed.. 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.).

Checking Account Number	Bank Name (Address & Phone)	Balance
Savings/Money Market Account Number	Bank Name (Address & Phone)	Balance
Savings/Money Market Account Number	Bank Name (Address & Phone)	Balance
Savings Certificate Number	Bank Name (Address & Phone)	Balance
Savings Bonds		Value \$
Stocks & Bonds (Please provide detail – Include number of shares and expected dividends)		Value \$

**EARNED INCOME:**

List full and part-time employment for ALL household members. The total anticipated gross income (before any deductions) for all residents 18 years and older, for the next 12-month period; which includes, but is not limited to: wages, overtime, bonuses, commissions, tips, and self-employment income.

<u>HOUSEHOLD MEMBER'S NAME</u>	<u>EMPLOYERS NAME</u>	<u>EMPLOYERS ADDRESS/PHONE #</u>	<u>HRS./WEEK</u>	<u>RATE OF PAY</u>

**OTHER SOURCES OF INCOME:**

Also included in the total anticipated gross income is other income which includes, but is not limited to: SSI, Social Security, monetary gifts, alimony, child support, workers compensation, severance pay, unemployment compensation, or regular and special pay and allowances of members of the Armed Forces (whether or not living in the dwelling). List any of the following Annuities, Dividends, Income from Rental Properties, and Armed Forces Reserves, and/or income from assets.

<u>HOUSEHOLD MEMBERS'S NAME</u>	<u>TYPE OF INCOME</u>	<u>NAME &amp; ADDRESS OF SOURCE</u>	<u>AMOUNT</u>
			week /month/year \$
			week /month/year \$
			week /month/year \$
			week /month/year \$

Do you own or are part owner of real estate? Y or N      If yes, what is the value? \_\_\_\_\_  
(please provide current yr county tax statement)

Have you ever owned real estate? Y or N      If yes, when? \_\_\_\_\_ To \_\_\_\_\_

Address to Property \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Bank where mortgage is held \_\_\_\_\_ (attach bank statement showing \$ owed)

City \_\_\_\_\_ State \_\_\_\_\_

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:

ASSETS	DISPOSAL DATE	FAIR MARKET VALUE	VALUE RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____

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 and credit references, and to obtain credit, employment, 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.

\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_  
Signature of Co-Head of Household (if applicable) Date

\_\_\_\_\_  
Application received by Date

## **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 is 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/bonds,
Pensions/VA/Annuities	Mutual Funds, Etc.
Child Care Expenses and/or Unusual Expenses	

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