



# Transforming People and Communities

CAP Services Rental Program, 205 E. Main Street, Suite 12, Wautoma, WI 54982

Phone: 1-877-377-1434 | Fax: 877-331-1476 | rentals@capmail.org



Like us: facebook.com/CAPServices

Corporate Headquarters 2900 Hoover Road, Suite A | Stevens Point, WI | 54481

capservices.org

Dear Applicant,

Thank you for your interest in CAP Services' housing. Please complete the application and return to our office as soon as possible, as limited units are available.

**Application Completion:** Complete all forms, checking "Yes" or "No" on questions 1-24. Be sure to enter the gross amount of income/assets and the interest percentage on each question marked "Yes." If you are unsure of the amounts, indicate "Unsure" in that section. Each adult (18+) in the household must include their information and sign the forms before returning it to our office. On the Annual Student Certification form, please choose statement A, B, C, or D as one of these statements should describe your household.

**Please note:** Complete in black or blue pen only; pencil is not permitted. White-out cannot be used on these forms. Should you make a mistake, simply draw a single line through the mistake and write the correction above. Initial any changes.

**Please include:** a copy of Social Security Benefits Letter(s); child support court order(s); child support payment stubs; complete divorce decree (including marital settlement agreement); employment information; copy of property tax bill; and any other income or asset information. If you do not have a copy of your current Social Security Benefits Letter, call the Social Security Administration to request one at **1 (800) 772-1213**. If you have computer access, you can also request this letter at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). In order to expedite the application process, include: the last six (6) months of pays stubs and bank account statements (*this is required for BMO Harris and Wells Fargo accounts*). If applicable, also include a payroll summary report or employer notice/letter of hire/termination in order to verify employment information.

**Application process:** Once our office receives your application, we will: verify your income and assets; complete a background and credit check; and verify your rental history. At any time, you may be contacted to call your financial institutions to expedite this verifications process.

Once your application has been processed, you will be notified of acceptance or denial. If your application is accepted and an apartment is not available, your name will be placed on a waiting list, unless you request its removal or you do not respond to our correspondence in a timely manner.

**Disclaimer:** Email is not a secure method of sending information. Since your application contains personally identifiable information, do not send it through email.

Copies of the Rental Housing Application will not be accepted as compliant. Once completed, send the original application with original signatures to 205 E Main Street, Suite 12, Wautoma, WI 54982.

Should you wish to simply be put on a waiting list for future openings, or if you have any questions, please call our office toll-free at 1 (877) 377-1434 before completing the application.

Sincerely,

CAP Services, Inc.



CAP Services, Inc. is an equal employment opportunity and service provider.





Location(s) you are interested in:

Rental Housing Application

Form with checkboxes for locations: Clintonville, Iola, Manawa, Montello, Seymour, Waupaca, Wautoma, Weyauwega, Other

\*\*\*How did you hear about us? (Check one) \_\_\_Online \_\_\_Advertisement \_\_\_Referred by:\_\_\_\_\_

Primary Applicant

Primary Applicant form fields: Name, Date of birth, Social Security Number, Marital Status, Other name(s), Other state(s)

Secondary Applicant

Secondary Applicant form fields: Name, Date of birth, Social Security Number, Marital Status, Other name(s), Other state(s)

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Do you own this property?  Yes  No

If no, list Name, Address & Telephone of Owner or Manager: \_\_\_\_\_

Former Addresses List below any former rental addresses within the past 10 years. Attach an additional sheet, if necessary.

Table with 2 columns: Rental Addresses, Name, Address & Telephone of Owner or Manager

**Other Household Members** *Attach an additional sheet, if necessary.*

<b>Gender</b> <small>Circle One</small> M F O	<b>Last Name</b>	<b>First Name &amp; Middle Initial</b>	<b>Relation</b> <small>to Head of Household</small>	<b>Date of Birth</b> <small>(M/D/Y)</small>	<b>Social Security or Alien Reg #</b>	<b>Marital Status</b>
M   F   O						
M   F   O						
M   F   O						
M   F   O						
M   F   O						
M   F   O						

Do you expect any changes to the household in the next twelve months?  No  Yes

If yes, what change(s)? \_\_\_\_\_

Will you have 50% or more physical custody of any minor members of the household?  No  Yes

**Emergency Contact** The person to be notified in case of emergency.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address City State Zip

**Relationship:** \_\_\_\_\_ **Password:** \_\_\_\_\_  
Create a password to share with your emergency contact.

May we contact this person regarding financial and rental issues?  No  Yes

Do you require any special accommodations?  No  Yes *If yes, explain:* \_\_\_\_\_

**Pets** CAP Services, Inc. has a pet policy which allows pets if they fall within the types and breeds allowed and *are registered before our residents move the pet into the home.* If you have a pet, request a copy of the pet policy for review. *Answering "Yes" below does not automatically disqualify you from living in our housing.*

Do you currently own a pet?  No  Yes *If yes, what type of pet do you own?* \_\_\_\_\_

If you do not currently own a pet, are you considering obtaining a pet within the next 12 months?  No  Yes

**Additional Questions** All questions below must be answered "Yes" or "No," with additional details provided if needed.

Have you or anyone else in your household ever been convicted of a felony?  No  Yes

*If yes, for what:* \_\_\_\_\_

Have you or anyone else in your household ever been evicted?  No  Yes

*If yes, when:* \_\_\_\_\_

Do you or anyone else in your household smoke cigarettes or cigars?  No  Yes

All of our housing (apartments and single-family homes) are non-smoking. You must go off-site to smoke. If you do not agree to this, your application will be denied. Do you agree to this smoking policy?  No  Yes

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

**YES or NO**

*Check Y or N for each item*

**Monthly Gross Income**

*or Benefit Amount*

1	<input type="checkbox"/> YES <input type="checkbox"/> NO	Employment, receiving wages, salary, overtime pay, commissions, fees, tip, bonuses, and/or other compensations. <i>Name of Employer(s):</i> _____ _____	\$ _____ \$ _____
2	<input type="checkbox"/> YES <input type="checkbox"/> NO	Self-employment. <i>(Attach: Schedule C, Form 1040 and most current tax returns)</i> <i>List nature(s) of self-employment:</i> _____ _____	\$ _____ Use <i>net</i> income from business
3	<input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security payments. <i>(including: Social Security benefits; Supplemental Security Income [SSI]; Disability benefits; Death benefits; and unearned income from family members aged 17 or under)</i> <i>List recipient(s) and source(s):</i> _____ _____ _____	\$ _____ \$ _____ \$ _____
4	<input type="checkbox"/> YES <input type="checkbox"/> NO	Unemployment benefits and/or Worker's Compensation.	\$ _____
5	<input type="checkbox"/> YES <input type="checkbox"/> NO	Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6	<input type="checkbox"/> YES <input type="checkbox"/> NO	Payments from trusts, annuities, inheritance, retirement funds, pensions, insurance policies, and/or lottery winnings. <i>List source(s)</i> _____ _____	\$ _____ \$ _____
7	<input type="checkbox"/> YES <input type="checkbox"/> NO	Alimony/spousal maintenance payments.	\$ _____
8	<input type="checkbox"/> YES <input type="checkbox"/> NO	Income from real or personal property.	\$ _____
9	<input type="checkbox"/> YES <input type="checkbox"/> NO	I am entitled to receive Child Support payments. <i>If yes, attach a copy of the Child Support Order and answer the following:</i> Child Support Court Order #: _____ County & State order was filed: _____	\$ _____
10	<input type="checkbox"/> YES <input type="checkbox"/> NO	Public Assistance. <i>(examples: TANF, AFDC, W2, Section 8 Housing Voucher)</i> <i>If yes, list source(s)</i> _____	\$ _____
11	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cash contributions of gifts on an ongoing basis from persons not living in the unit. <i>(including rent or utility payments)</i>	\$ _____
12	<input type="checkbox"/> YES <input type="checkbox"/> NO	Income from a source other than those listed above. <i>If yes, list source(s):</i> _____ _____	\$ _____ \$ _____

**Asset Information** Identify each asset, its value, and interest rate currently held by the household. *Answer every question "YES" or "NO" and provide the additional information, noting "Unsure" if you do not know the additional details. Attach an additional sheet, if necessary.*

**YES or NO**

*Check Y or N for each item*

			Cash Value / Balance	Interest Rate
13	<input type="checkbox"/> YES <input type="checkbox"/> NO	Checking account(s). <i>If yes, list bank(s):</i> _____ _____	\$ _____ \$ _____	_____% _____%
14	<input type="checkbox"/> YES <input type="checkbox"/> NO	Savings account(s). <i>If yes, list bank(s):</i> _____ _____	\$ _____ \$ _____	_____% _____%
15	<input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate of Deposit [CD] or Money Market account(s). <i>If yes, list source(s)/bank(s):</i> _____ _____ _____	\$ _____ \$ _____ \$ _____	_____% _____% _____%
16	<input type="checkbox"/> YES <input type="checkbox"/> NO	IRA / Lump Sum Pension / Retirement / Keogh / 401(K) account(s), etc. <i>If yes, list source(s)/bank(s):</i> _____ _____	\$ _____ \$ _____	_____% _____%
17	<input type="checkbox"/> YES <input type="checkbox"/> NO	Life insurance policy. <i>If yes, how many: _____.</i> <i>List source(s)/bank(s):</i> _____ _____	\$ _____ \$ _____	_____% _____%
18	<input type="checkbox"/> YES <input type="checkbox"/> NO	Revocable, Irrevocable and/or Funeral Trust(s). <i>If yes, list source(s)/bank(s):</i> _____ _____	\$ _____ \$ _____	_____% _____%
19	<input type="checkbox"/> YES <input type="checkbox"/> NO	Stocks. <i>If yes, list source(s)/bank(s):</i> _____ _____	\$ _____ \$ _____	_____% _____%
20	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bonds and/or Treasury Bills ( <i>attach a copy of each bond/treasury bill</i> ). <i>If yes, list source(s)/bank(s):</i> _____ _____	\$ _____ \$ _____	_____% _____%
21	<input type="checkbox"/> YES <input type="checkbox"/> NO	More than \$1,000 cash on-hand (that cannot be verified through a financial institution).	\$ _____	
22	<input type="checkbox"/> YES <input type="checkbox"/> NO	Items held as an investment (e.g., antique car, coin collection, safe deposit box contents, etc.). <i>If yes, list source(s)/bank(s):</i> _____ _____	\$ _____ \$ _____	

**Asset Information** Continued

**YES or NO**

*Check Y or N for each item*

			Cash Value / Balance	Interest Rate
23	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Have you ever owned a home, mobile home, and/or real estate?  <i>If yes, how long ago?</i> _____</p> <p>If you sold the property within the last two years, provide the closing statement of sale and property tax bill and write the amount of money you received from the sale to the right.</p> <p>If you still own the property and it's on the market with a buyer, provide the offer to purchase document and property tax bill and write the amount of current offer to the right.</p> <p>If you still own the property and it's on the market with no buyer, provide the listing contract and property tax bill and write the listing price to the right.</p> <p>If you still own the property and it's not on the market, provide the property tax bill and write the estimated fair market value to the right.</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	
24	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Other assets than those listed above.  <i>If yes, list type of asset(s) and source(s):</i></p> <p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>_____ %</p> <p>_____ %</p>

**Divestiture of Assets**

Has your household disposed of any assets (sold and/or given away) over the last two years in excess of \$1,000?

**Choose Statement 1 or Statement 2:**

- 1:  Under penalty of perjury, I certify that I/we have not sold or given away assets (including: cash, real estate, etc.) for less than fair market value during the past two years. If statement 1 selected, skip questions a-f.
- 2:  I/We have sold or given away assets (including: cash, real estate, etc.) for less than fair market value during the past two years. If statement 2 selected, complete questions a-f.

- a. Describe asset that was disposed of: \_\_\_\_\_
- b. When was this asset disposed of? \_\_\_\_\_
- c. What was the fair market value of this asset at the time of disposal? \_\_\_\_\_
- d. What was the gross amount received for this asset? \_\_\_\_\_
- e. How was the fair market value of this asset determined? *Attach documentation.* \_\_\_\_\_
- f. Any other details: \_\_\_\_\_



# Conflict of Interest Policy

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## Purpose

The purpose of this Policy is to help manage those situations where Conflicts of Interest arise within the HOME housing program governed by the State of Wisconsin. The goal of this policy is to ensure fair and equitable treatment for all program eligible participants.

## Application Requirements

The Conflict of Interest provisions apply to anyone who participates in the rental housing decision-making process or who gains inside information with regard to housing activities. Such individuals are, but are not necessarily limited to: rental staff, CAP Board Members, members of their immediate families, and business associates of those listed above.

The requirements prohibit any such individuals from benefiting from their position personally, financially or through the receipt of special benefits other than payment of their salary and/or appropriate administrative expenses. This does not prevent staff, Board Members, their family members, and/or business associates from receiving housing benefits for which they qualify as low-income individuals, if not in violation of State Laws.

## Conflict of Interest

A Conflict of Interest may occur when an employee of CAP Services, a Member of the CAP Services Board, or an immediate relative of an employee or Board Member is selected to receive assistance through any of the CAP Services Rental HOME Programs.

## Definitions

**"Immediate family"** is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents of the employee or his/her spouse, and grandchildren of the employee, or "foster" of "step" situations within these relationships.

## HUD Approval

If the person receiving assistance is of low-income and they qualify for eligibility, admission and occupancy, only public disclosure and HUD notification is required per CFR §1000.30(c). However, HUD approval for an exemption is required when there is a potential conflict of interest that would be in violation of §1000.30(b). An example of a situation requiring HUD approval for an exemption of the Conflict of Interest provision would be a housing assistance to CAP Services staff member who meets the eligibility criteria of HOME.

## Public Disclosure

CAP Services shall make public disclosure of the nature of assistance to be provided and the specific basis for selection of that person. A copy of the disclosure shall be provided to the Division of Housing for approval before assistance is provided.

## Previously Admitted Recipients

Recipients should identify any Conflict of Interest for participants previously admitted that have not been properly reported. The necessary action should immediately be taken to make these conflicts of interest public and report them to the State.

## References

24 CFR 85.36 (a) (3); 24 CFR 1000.30, 1000.32, 1000.34 and 1000.36

**By signing this document, I hereby certify that to my knowledge there exists no conflict of interest, as defined above, between myself or anyone in my household and CAP Services.**



# Release of Information Authorization and Certification

## Landlord

I hereby authorize the release of the requested information pertaining to my rental history with my landlord(s). There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent attached to a copy of this consent.

## Credit Check

I acknowledge that the owner or owner's agent will request a consumer credit report from the Trans Union Credit Reporting Agency to evaluate my qualifications as a potential tenant.

## Income and Assets

In order to comply with federal regulations requesting verification on all income, including unemployment compensation benefits, assets, and allowances for residents of tax credit and affordable housing programs, please complete the attached information and return to the above address. I/We hereby authorize release of any information requested by CAP Services, Inc., their subsidiaries, or managing agents regarding my/our income, assets, allowances, credit history, and rental history. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

## Certification

I/We certify that the information given on household composition, income, net family assets, and allowance and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to five years. I/We also understand that false statements of information are grounds for termination of housing termination of tenancy and/or retroactive rent increases.

I/We acknowledge that by providing CAP Services my/our emergency contact information, CAP Services is allowed to discuss my/our tenancy status with those I/we have listed.

Under penalties of perjury, I certify that the information present on this form is true and accurate to the best of my/our 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. All of the information contained herein will be verified. A background check, credit check, and third-party verifications with financial institutions and/or other organizations or business including Unemployment Compensation noted in this application or any material provided by you will be completed to verify the information. Previous landlords may be contacted to verify your tenancy. To facility these verifications, by signing below you hereby give your permission to complete said verifications. This permission will expire 13 months from the date of the signature.

## Applicant Signature(s):

<b>X</b>	Date	Social Security Number
<b>X</b>	Date	Social Security Number

The above named organization, its subsidiaries or managing agents may obtain information regarding my income, assets, expenses prior housing, and household status for purposed of determining my eligibility for participation in the following affordable housing programs: Low Income Housing Tax Credit Program-Section 42; HUD Housing Assistance Payments Program-Section 8; RECD Rental Assistance Program-Section 515; WHEDA-HOME Program; USDA-Housing. The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope. This release of information will expire thirteen (13) months from the date of signature.

**CAP Services does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.**

## Power of Attorney

If you have given power of attorney to someone to represent you in financial matters, have them sign below and attach a copy of the Financial Power of Attorney document to this form. If the person is only a health power of attorney, do not sign below and do not include a copy of the Power of Attorney document.

**Name of Power of Attorney** (printed): \_\_\_\_\_

**Power of Attorney Signature:** x \_\_\_\_\_ **Date:** \_\_\_\_\_



Annual Student Certification

Must be completed by each household

Applicant/Tenant Name(s) (printed): \_\_\_\_\_

This Annual Student Certification is being delivered in connection with your application or occupancy in our housing. Check A, B, C, or D as applicable. "Students" include those attending: public or private elementary schools; middle or junior high schools; senior high schools; colleges or universities; and/or, technical, trade or mechanical schools; but, does not include those attending on-the-job training courses.

A: [ ] Household contains NO students, and household members have no intention of becoming students within the next 12 months. If this item is checked, no further information is needed. Sign and date below.

B: [ ] Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar years (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.

C: [ ] Household contains all students, but is qualified because the following occupant(s) is/are a PART-TIME student(s). Verification of part-time student status is required for at least one occupant.

Student Name: \_\_\_\_\_ Name & Location of School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Name & Location of School: \_\_\_\_\_

D: [ ] Household contains all FULL-TIME students for five month or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 (below) must be completed.

- 1. Are students married and entitled to file a joint tax return? (attach marriage certificate or tax return) [ ] Yes [ ] No
2. Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and other parent's tax return) [ ] Yes [ ] No
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as W2? [ ] Yes [ ] No
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) [ ] Yes [ ] No
5. Does the household consist of at least one student who was previously under foster care within 5 years of the effective date of the initial income certification? (attach verification of participation) [ ] Yes [ ] No

Full-time student households that are income eligible and satisfy one the above conditions are considered eligible. If questions 1-5 are marked "No," or verification does not support the exception indicated, the household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/We agree to notify management 30-days before any changes in this household's student status, and understand that if my household becomes composed entirely of full-time students, I may be required to move prior to becoming a household of full-time students. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement. All household members age 18 or older must sign and date.

Applicant/Tenant Signature(s):

Signature

Date

Signature

Date



Non-Employment Affidavit

To be completed by each non-employed adult member of the household

Our apartment community provides affordable housing under Section 42 of the Internal Revenue Code. Households applying for occupancy are required to disclose their employment status and future intentions for purposes of determining income eligibility.

The US Government requires the following:

- All questions must be answered or, if information must be changed, strike-through and initial change.
If a question does not apply, put "N/A." Signature and date of person completing this form is required.
If uncertain, use best available information.

Check Statement 1, Statement 2, OR Statement 3:

- 1: I am permanently retired.
2: I am not currently employed and I do not intend to become employed in the next 12 months\*, due to:
\*If you checked Statement 2, check either a, b, or c below:
a: I am currently receiving unemployment benefits.
b: I am not currently receiving, but do anticipate receiving, unemployment benefits.
c: I am not currently receiving, and do not anticipate receiving, unemployment benefits.
3: I am not currently employed but I am seeking to be employed within the next 12 months.

By signing below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move-in, I will notify management of any changes to these circumstances.

Signature

Date

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\*If you checked Statement 2, check either a, b, or c below:
a: I am currently receiving unemployment benefits.
b: I am not currently receiving, but do anticipate receiving, unemployment benefits.
c: I am not currently receiving, and do not anticipate receiving, unemployment benefits.
3: I am not currently employed but I am seeking to be employed within the next 12 months.

By signing below, I certify the above representations to be true as of the date shown below. I further understand and agree that any misrepresentation herein will be considered a material breach of my lease agreement and could lead to eviction, financial and other penalties. Prior to move-in, I will notify management of any changes to these circumstances.

Signature

Date