



Transforming People  
and Communities

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## Rental Housing Pre-Application Form

Location(s) you are interested in:

<input type="checkbox"/> Clintonville	<input type="checkbox"/> Iola	<input type="checkbox"/> Manawa	<input type="checkbox"/> Montello
<input type="checkbox"/> Seymour	<input type="checkbox"/> Waupaca	<input type="checkbox"/> Wautoma	<input type="checkbox"/> Weyauwega

Applicant Information

### Applicant 1

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

Date of Birth: \_\_\_\_\_

### Applicant 2

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

Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Email: \_\_\_\_\_ Are there any additional household members?  Yes  No

Telephone: \_\_\_\_\_ If yes, list their names & dates of birth on back of this sheet.

List all income for each adult (18+) household member applying for rental housing. Attach additional pages, if necessary.

INCOME

Income Recipient <small>(Applicant 1 or 2)</small>	Income Source	Type of Income <small>(e.g. Social Security, pension, annuity, etc)</small>	Amount	Frequency <small>(e.g. weekly, monthly, annually)</small>

List all assets owned by each adult (18+) household member applying for rental housing. Attach additional pages, if necessary.

ASSETS

Asset Owner <small>(Applicant 1 or 2)</small>	Type of Asset <small>(e.g. real estate, stocks, checking account, savings, etc)</small>	Amount of Income from Asset <small>(e.g. interest rate, etc)</small>	Value of Asset

Do you own a home?  Yes  No If yes, what is the fair market value? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_  
Signature (Applicant 1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Applicant 2)

\_\_\_\_\_  
Date



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

