



*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' Rental Housing. Please complete the application and return it to our office as soon as possible. Should you wish to simply be put on a waiting list for future openings, or for any questions, please call our office toll-free, at 1 (877) 377-1434 before completing this application.

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 amounts, indicate "Unsure" in that section. Each adult household member (18+) must include their information and sign the forms before returning the application to our office. On the required Annual Student Certification, please choose statement "A, B, C, or D" as one of these statements should describe your household. Any adult (18+) who is unemployed is required to sign the Non-Employment Affidavit. ****Please note: complete in black or blue pen only; pencil and white-out are not permitted. Should you make a mistake, simply draw a single line through the error, write the correction above, and initial that correction.**

Please include copies of the following, if applicable:

- Social Security Benefits Letter (one displaying monthly benefit amount and deductions); New letters can be requested at www.ssa.gov/myaccount or 1 (800) 772-1213
- Property Tax Information
- Real Estate Sellers paperwork-if sold within the last two years
- Guardianship paperwork or Power of Attorney Paperwork
- Child support court order(s)
- Birth Certificate for all minor household members
- Divorce Decree (including marital settlement agreement) if finalized in the past two years.

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 verification process or to provide documentation (including bank statements or earning statements). Failure to respond within "5" business days will result in moving your application to the bottom of the waiting lists. Once your application has been processed, you will be notified of acceptance or denial.

Disclaimer: Please note that after three refusals of an offered unit, you will be removed from our waiting lists indefinitely. Copies of the Rental Housing Application will not be accepted as compliant. Once completed, return the original application with original signatures to: CAP Services, Inc.-Rental Housing 205 E. Main Street, Suite 12, Wautoma, WI 54982.

Sincerely,

CAP Services, Inc.



CAP Services is an equal opportunity provider and employer.





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Location(s) you are interested in:

Rental Housing Application

Berlin	Colby	Clintonville	Iola	Manawa	Mauston	Montello
Nekoosa	Seymour	Waupaca	Wausau	Wautoma	Weyauwega	Wisconsin Rapids

***How did you hear about us? (Check one) Online Advertisement Referred by:

Primary Applicant

Name: _____ ☐ Male ☐ Female ☐ Other
First Name Middle Initial Last Name

Date of birth: ____/____/____ **Social Security Number:** ____-____-____
Month Day Year

Marital Status: ☐ Single (Never Married) ☐ Engaged ☐ Married ☐ Divorced ☐ Separated ☐ Widowed, date: _____

Other name(s) by which I have been known: _____

Other state(s) in which I have resided during the last seven years (e.g. Michigan 2015-2018): _____

Secondary Applicant

Name: _____ ☐ Male ☐ Female ☐ Other
First Name Middle Initial Last Name

Date of birth: ____/____/____ **Social Security Number:** ____-____-____
Month Day Year

Marital Status: ☐ Single (Never Married) ☐ Engaged ☐ Married ☐ Divorced ☐ Separated ☐ Widowed, date: _____

Other name(s) by which I have been known: _____

Other state(s) in which I have resided during the last seven years (e.g. Michigan 2015-2018): _____

Telephone #: _____ **Cell Phone #:** _____

Email: _____ **Driver License #:** _____

Current Mailing Address: _____
Street Address City State Zip

Physical Address (if different): _____
Street Address City State Zip

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.*

Rental Addresses	Name, Address & Telephone of Owner or Manager
_____	_____
_____	_____

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

Gender <i>Circle One</i> M F O	Last Name	First Name & Middle Initial	Relation <i>to Head of Household</i>	Date of Birth <i>(M/D/Y)</i>	Social Security or Alien Reg #	Marital Status
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 ☐ YesDo 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 ☐ YesAll 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. (Attach: Schedule C, Form 1040 and most current tax returns) <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. (including: Social Security benefits; Supplemental Security Income [SSI]; Disability benefits; Death benefits; and unearned income from family members aged 17 or under) <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 <u>and</u> answer the following:</i> Child Support Court Order #: _____ County & State order was filed: _____	\$ _____
10	<input type="checkbox"/> YES <input type="checkbox"/> NO	Public Assistance. (examples: TANF, AFDC, W2, Section 8 Housing Voucher) <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. (including rent or utility payments)	\$ _____
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. If yes, how many: _____. <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>

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: _____

Further Details Table

For every item check "YES" under Income Information and Asset Information (pages 3 – 5), provide the following information.

[illegible]

Conflict of Interest Policy

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):

X	Date	Social Security Number
X	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:** _____



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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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- 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.

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Date