



GRANDVIEW TOWNHOMES TAX CREDIT PROPERTY APPLICATION INSTRUCTIONS

A non-refundable application fee of \$25 per household member over 18 yrs. is required. Payable by check or money order to Grand View Townhomes. **The application will not be considered complete until the application fee is paid in full.**

Application must be filled out in its entirety.

All applications that are incomplete will not be processed and returned for completion.

Failure to provide a current mailing address will result in your application not being processed.

It is the applicant's responsibility to notify Grandview Townhomes if there is any change in current mailing address or telephone number.

Picture Identification: A copy of your picture ID will be required. This can be provided at the intake interview.

Social Security Card: A copy of your Social Security card for each member of the household will be required at the intake interview.

Income Verification: We will verify income prior to lease up.

Assets Verification: We will verify assets prior to lease up.

I understand I will be required to pay the full amount of deposit at the time I sign the Lease.

Grandview Townhomes is a **smoke free** property. There will be a designated outdoor space.

Grandview Townhomes will allow **1 cat** per household with \$150 deposit as approved by management.

Grandview Townhomes office are located at: 551 Bluemound Dr., Appleton, WI 54914

MAIL APPLICATION: Grand View Townhomes, 551 N Bluemound Dr, Appleton, WI 54914



Effective April 14, 2017

WI Standard Multifamily Tax Subsidy Project

Estimated Max Income and Rent Limits

Outagamie

County

| Income Limits | 1 person | 2 person | 3 person | 4 person | 5 person | 6 person |
|--------------------------------|----------|----------|----------|----------|----------|----------|
| 30% County Median Income | 15,700 | 17,950 | 20,420 | 24,600 | 28,780 | 32,960 |
| 50% County Median Income | 26,150 | 29,900 | 33,650 | 37,350 | 40,350 | 43,350 |
| 60% County Median Income | 31,380 | 35,880 | 40,380 | 44,820 | 48,420 | 52,020 |
| 80% County Median Income | 41,850 | 47,800 | 53,800 | 59,750 | 64,550 | 69,350 |

Utilities:

Paid by owner: Water and Sewer

Paid by tenant: Heat (gas), Electricity, Air conditioning (central air)

Please answer Yes or No to ALL questions and answer the questions completely.

GENERAL QUESTIONS:

1. Have either you or any other member of your anticipated household ever engaged in any drug related criminal activity or violent criminal activity? Yes No

Explain: _____

2. Is any member subject to lifetime sex offender registration? Yes No

If yes, who? _____ In what state(s)? _____

3. Do you anticipate any changes in the size of your household within the next 12 months? (Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.) Yes No

4. Will anyone under age 18 listed above live in the unit less than 50% of the next 12 months?

N/A Yes No If yes, please explain:

5. Is any adult member of your household separated, but not divorced? Yes No

6. Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance?

Yes No

STUDENT ELIGIBILITY QUESTIONS:

1. Is ANY ADULT member of your household a part or full time student in an institute of higher education?

Yes No

If yes, who is enrolled? _____ Which school are they enrolled in? _____

How do they pay for their education? _____ What is the cost of tuition per semester? _____

PEOPLE WE MAY CONTACT IF WE CANNOT REACH YOU

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

PETS

Grandview Townhomes allows 1 cat per household. I/we have a pet Yes No. Type: _____

ACCOMODATIONS

Does anyone in household require any type of accommodations to fully utilize our program and services?

Yes No

If yes, who? _____

What do they require? _____

.....
Per the tenant selection plan, some households may get preference for units specifically built for their needs. Please indicate if the following definitions apply to any household member:

Homeless: Yes No

Veteran: Yes No

Disabled: Yes No
.....

LANDLORD/HOUSING INFORMATION

Current ___ Landlord ___ Housing Provider is _____

Address of landlord/provider: _____
Number Street Apt. City State Zip

You lived there from _____ to _____ Phone: _____
month & year month & year

Previous ___ Landlord ___ Housing Provider was _____

Address of landlord/Provider _____
Number Street Apt. City State Zip

Your address at that time: _____
Number Street Apt. City State Zip

You lived there from _____ to _____ Phone: _____
month & year month & year

How did you hear about Grandview Townhomes?

- ___ Advertising – Where? _____
- ___ Newspaper ___ Friend / Acquaintance
- ___ Flyer / Brochure ___ Housing Authority ___ Start Renting Magazine
- ___ Other Please Explain: _____

APPLICATION REQUEST INFORMATION

This application is for Grandview Townhomes waiting list only.

APPLICANT CERTIFICATION

I/We certify that the information given to the Appleton Housing Authority on the household composition, income, net family assets, allowances and deductions are accurate and complete. I/We understand that false statements or information is punishable under state and Federal law. I/We also understand that false statements or information is grounds for termination of housing assistance and termination of tenancy. I also understand that the Appleton Housing Authority will conduct screening such as, but not limited to; landlord references, criminal background checks, sex offender registry checks, citizenship verification, and credit checks prior to my acceptance of eligibility.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

The Appleton Housing Authority does not discriminate in the admission or access to, or treatment or employment in, its federally assisted programs and activities. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national Toll-free Hot Line at **800-424-8590**.



Grandview Townhomes

551 Bluemound Drive -- APPLETON, WI 54914

Phone: (920) 733-5046

To: Credit History, Criminal Activity, Sex Offender List, Landlord Reference

From: Jenni Gerken, Property Manager

Grand View Townhomes policy requires us to check the incomes and expenses of applicants/tenants in order to establish their eligibility for subsidized housing. Will you kindly complete and promptly return this form. Your cooperation is greatly appreciated.

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize release of information to the Grand View Townhomes regarding information on wages or employment compensation from State Employment Agencies.

Inquiries may be made about:

Credit History

Residences/ Rental History

Criminal Activity

I authorize the following Individuals Or Organizations to Release Information about me:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Providers of:

Law Enforcement Agencies

Courts

Credit Bureaus

United States Department of Justice National Sex Offender Public Website

Housing Providers, Past and Present

Conditions:

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated. Each member of my household, who is 18 years of age or older, has signed this authorization.

This consent form expires 15 months after signed.

Head of Household _____ Date _____

Spouse _____ Date _____

SS# _____

SS# _____

Other Adult Member _____ Date _____

Other Adult Member _____ Date _____

SS# _____

SS# _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank. **WARNING:** Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208(a)(6),(7) and (8).** Violations of these provisions are cited as violations of 42 USC **408(a)(6), (7) and (8).**



Grand View Townhomes

551 N Bluemound Dr. -- APPLETON, WI 54914

Phone: (920) 830-2010 Fax: 830-2019

To: _____

Date: _____

From: _____

Grand View Townhomes policy requires us to check the incomes and expenses of applicants/tenants in order to establish their eligibility for subsidized housing. Will you kindly complete and promptly return this form. Your cooperation is greatly appreciated.

.....
I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize release of information to the Grand View Townhomes regarding information on wages or employment compensation from State Employment Agencies.

Inquiries may be made about:

- | | |
|---|--|
| Family Composition | Identity and Marital Status |
| Child Support | Employment, Income, Pensions, and Assets |
| Federal, State, Tribal, or Local Benefits | Social Security Numbers |

I authorize the following Individuals Or Organizations to Release Information about me:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Providers of:

- | | | |
|--|-------------------------------------|-------------------------------------|
| Banks and Other Financial Institutions | Alimony | U.S. Postal Services |
| Child Care | U.S. Social Security Administration | Wisconsin Dept. Motor Vehicles |
| Law Enforcement Agencies | Courts | U.S. Department of Veterans Affairs |
| Credit Bureaus | Schools and Colleges | Unemployment Compensation |
| Employers, Past and Present | Welfare Agencies | |
| Housing Providers, Past and Present | | |

Conditions:

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated. Each member of my household, who is 18 years of age or older, has signed this authorization. I agree that photocopies of this authorization may be used for the purpose state above.

This consent form expires 15 months after signed.

Head of Household Date

Spouse Date

SS# _____

SS# _____

Other Adult Member Date

Other Adult Member Date

SS# _____

SS# _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank. **WARNING:** Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208(a)(6),(7) and (8).** Violations of these provisions are cited as violations of 42 USC **408(a)(6), (7) and (8).**



**AHTC Form 305
TENANT INCOME QUESTIONNAIRE**

To be completed by management:

Property Name: _____ Bldg/Unit # _____

_____ Initial Certification _____ Recertification _____ Other

| HH Mbr # | Last Name | First Name & Middle Initial | Relationship to Head of Household | Date of Birth (MM/DD/YY) | Social Security or Alien Reg. No. |
|----------|-----------|-----------------------------|-----------------------------------|--------------------------|-----------------------------------|
| 1 | | | HEAD | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Do you expect any changes to the household in the next twelve months? Y N

If yes, please explain _____

Telephone #: (_____) _____

Income Information

Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

| | <small>(Circle Y or N)</small> | | | Monthly Gross Income |
|---|--------------------------------|----|---|---|
| | Yes | No | | |
| 1 | Y | N | Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <u>Name of Employer(s)</u> _____ _____ _____ | \$ _____ \$ _____ \$ _____ |
| 2 | Y | N | Self employed. (List nature of self employment) _____ _____ | (use <u>net</u> income from business) \$ _____ |
| 3 | Y | N | Cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the unit. | \$ _____ |
| 4 | Y | N | Unemployment benefits and/or Worker's Compensation. | \$ _____ |
| 5 | Y | N | Veteran's Administration, GI Bill, or National Guard/Military benefits/income. | \$ _____ |
| 6 | Y | N | Social security payments. | \$ _____ |
| 7 | Y | N | <u>Unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.) | \$ _____ |

| | | | | |
|----|---|---|---|-------------------------------------|
| 8 | Y | N | Supplemental Security Income (SSI). | \$ _____ |
| 9 | Y | N | Disability or death benefits other than Social Security. | \$ _____ |
| 10 | Y | N | Public Assistance (examples: TANF, AFDC, W2) | \$ _____ |
| 11 | Y | N | Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources 1) _____ 2) _____ | \$ _____ \$ _____ |
| 12 | Y | N | Income from real or personal property. (examples: rental income, mortgage or tax payments paid by third-party) | (use net earned income) \$ _____ |
| 13 | Y | N | Alimony/spousal maintenance payments. | \$ _____ |
| 14 | Y | N | I am entitled to receive Child Support payments. | \$ _____ |
| | | | If yes, then answer the following: | |
| | Y | N | a. I am currently receiving child support payments | \$ _____ |
| | Y | N | b. I am not receiving any child support payments but it is court ordered that I do. | |
| | Y | N | Circle one: 1) I am not pursuing the payments for the following reasons: _____ | |
| | | Y | 2) I am making efforts to collect the child support owed to me. List efforts being made: _____ | |
| 15 | Y | N | Section 8 rental assistance. | |
| 16 | Y | N | Income from a source other than those listed above. (Including Student Grants, Scholarships, etc.) If yes, list sources: 1) _____ 2) _____ | \$ _____ \$ _____ |

Asset information Identify each asset, its value and rate of interest currently held by the household.

| | | <small>(Circle Y or N)</small> | | Cash Value/ Balance | Interest Rate |
|-----|----|--------------------------------|----------------------|------------------------|---------------|
| Yes | No | Yes | No | | |
| 17 | Y | N | Checking account(s). | | |
| | | | If yes, list bank(s) | | |
| | | | 1) _____ | \$ _____ | _____ % |
| | | | 2) _____ | \$ _____ | _____ % |
| 18 | Y | N | Savings account(s). | | |
| | | | If yes, list bank(s) | | |
| | | | 1) _____ | \$ _____ | _____ % |
| | | | 2) _____ | \$ _____ | _____ % |

| | | | | |
|----|-----|--|---|--|
| 19 | Y N | <p>Certificates of Deposit (CD) or Money Market Account(s).</p> <p>If yes, list sources/bank names</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p> | <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> | <p>_____ %</p> <p>_____ %</p> <p>_____ %</p> |
| 20 | Y N | <p>Revocable trust(s).</p> <p>If yes, list bank(s)</p> <p>1) _____</p> <p>2) _____</p> | <p>\$ _____</p> <p>\$ _____</p> | <p>_____ %</p> <p>_____ %</p> |
| 21 | Y N | <p>Real estate.</p> <p>If yes, provide description</p> <p>_____</p> <p>_____</p> | <p>\$ _____</p> <p>\$ _____</p> | |
| 22 | Y N | <p>Stocks, Bonds, or Treasury Bills.</p> <p>If yes, list sources/bank names</p> <p>1) _____</p> <p>2) _____</p> | <p>\$ _____</p> <p>\$ _____</p> | <p>_____ %</p> <p>_____ %</p> |
| 23 | Y N | <p>IRA / Lump Sum Pension / Retirement / Keogh / 401(K) Account, etc.</p> <p>If yes, list sources/bank(s)</p> <p>1) _____</p> <p>2) _____</p> | <p>\$ _____</p> <p>\$ _____</p> | <p>_____ %</p> <p>_____ %</p> |
| 24 | Y N | <p>Whole life insurance policy.</p> <p>If yes, how many policies _____</p> <p>List Sources</p> <p>1) _____</p> <p>2) _____</p> | <p>\$ _____</p> <p>\$ _____</p> | <p>_____ %</p> <p>_____ %</p> |
| 25 | Y N | <p>More than \$500 cash on hand.</p> | <p>\$ _____</p> | |
| 26 | Y N | <p>Items held as an investment (antique car, coin collection, etc.)</p> <p>If yes, list items</p> <p>_____</p> | <p>\$ _____</p> | |
| 27 | Y N | <p>Safe deposit box.</p> <p>If yes, list contents</p> <p>_____</p> | <p>\$ _____</p> | |

| | | | | |
|----|-----|--|----------------------|--|
| 28 | Y N | Disposed of assets (i.e. gave away money / assets) for less than the fair market value in the past 2 years. | \$ _____ \$ _____ | |
| 29 | Y N | Income from assets or sources other than those listed above. If yes, list type(s) below 1) _____ 2) _____ | \$ _____ \$ _____ | |

Student Status

(Circle Y or N)
Yes No

| | | |
|----|-----|--|
| 30 | Y N | Does the household consist of persons who have been (in the past year) or who are all part-time or full-time students (1 st grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)? |
| 31 | Y N | Does anyone in your household anticipate becoming a full-time student household in the next 12 months? |
| 32 | Y N | If you answered yes to either question 30 or 31, are you: <ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF) • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program • Married and entitled to file a joint tax return • Are you a single parent who is not claimed as a dependent of any other person? • Are any of the children in the household claimed as a dependent of any person other than the parent(s)? • Any student formally received Foster Care Assistance |

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED 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.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE

For every item checked “yes” on the Questionnaire, provide the following information:

| Question Number | Name of household member and Name of company, financial institution or source | Mailing address, telephone and fax number of company, financial institution or source |
|-----------------|--|---|
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AHTC Form 600
UNDER \$5,000 / ZERO ASSET CERTIFICATION
 (For households whose combined net assets do not exceed \$5000)

Household Name: _____ Property and Unit #: _____

Complete all those that apply for 1 through 3:

1. My/our assets include:

| Source of Asset | Cash Value* | Interest or Dividend Rate | Annual Income |
|--|-------------|---------------------------|---------------|
| Checking / Money Market Account | \$ | % | \$ |
| Savings / Certificate of Deposits (CD) | | | |
| Stocks / Bonds | | | |
| IRA / Keough / 401(k) | | | |
| Trust / Retirement / Pension Funds | | | |
| Other Retirement | | | |
| Equity in Real Estate / Land Contracts | | | |
| Life Insurance Policies (excluding term) | | | |
| Lump Sum Receipts | | | |
| Capital Investments | | | |
| Personal Property ** held as an Investment | | | |
| Cash on Hand / Safety Deposit Box | | | |
| Assets disposed of for less than Fair Market Value within the past two (2) years (see question # 2 below). | | | |
| Other (list) | | | |
| TOTAL | \$ | | \$ |

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding mortgage, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be [fully] accessible to you. Include only those amounts that are.

2. Yes No Within the past two (2) years I/we have sold or given away assets (including cash, real estate, etc.) for more than \$ 1,000 below its fair market value (FMV). If yes, the difference between the FMV and the amount received is referenced in the chart above and a separate Divestiture of Assets form has been completed.

3. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000. The annual income from these assets as determined above is included in the total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

 Applicant / Tenant Date Applicant / Tenant Date