



## **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**

<b>Income Limits</b>	<b>1 person</b>	<b>2 person</b>	<b>3 person</b>	<b>4 person</b>	<b>5 person</b>	<b>6 person</b>
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)

**GRAND VIEW TOWNHOMES**

551 Bluemound Dr--APPLETON, WISCONSIN 54914

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

**Office Hours:** Mon-Fri 9:15 am-2 pm

**APPLICATION FOR ADMISSION TO GRAND VIEW TOWNHOMES**

**OFFICE ONLY:**

Date:

Time:

V\_\_\_ D\_\_\_

H\_\_\_

If you need assistance with filling out this application, please contact the office of Grandview Townhomes. Please read and initial:

I understand information on this application may at times change. I understand it is my responsibility to contact the office of Grandview Townhomes to update any and all of this information. It is also my responsibility to respond to letters sent to me in updating the waiting list. The Appleton Housing Authority is not responsible for lost or delayed mail. \_\_\_\_\_ (Initial)

**Bedroom size:** (Please mark only one)

\_\_\_\_ one bedroom          \_\_\_\_ two bedroom          \_\_\_\_ three bedroom

Applicant Name: \_\_\_\_\_ Application No. \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Number Street Apt. No. City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer name/address: \_\_\_\_\_

Spouse/Other Adult Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer name/address \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

(List all additional persons including family members who will be residing at the premises that are not listed above)

LEGAL NAME                  SOC. SECURITY#                  DATE OF BIRTH    SEX    RACE    ETHNICITY

1.					
2.					
3.					
4.					
5.					

**Race:** 1=American Indian/Alaskan Native, 2=Asian, 3=Black/African American, 4=White/Caucasian, 5=Native Hawaiian/ Other Pacific Islander

**Ethnicity:** H=Hispanic/Latino, NH=Non-Hispanic/Latino

**HOUSEHOLD CHARACTERISTICS (For HUD Statistical Purposes Only)**

**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**.





# 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: _____ 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			
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 <b>all part-time or full-time</b> students (1 <sup>st</sup> 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"> <li>• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)</li> <li>• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program</li> <li>• Married and entitled to file a joint tax return</li> <li>• Are you a single parent who is not claimed as a dependent of any other person?</li> <li>• Are any of the children in the household claimed as a dependent of any person other than the parent(s)?</li> <li>• Any student formally received Foster Care Assistance</li> </ul>

**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





**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)			
<b>TOTAL</b>	\$		\$

\*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