



*Riverwalk Place*  
*431 E Eagle Flats Pkwy Appleton, WI 54915*  
*Phone (920) 733-5046 Fax: 882-9427*

**RIVERWALK PLACE APARTMENTS  
AFFORDABLE SENIOR HOUSING  
APPLICATION INSTRUCTIONS**

Applicants must be 62 years and income eligible.

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 Riverwalk Place 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.

Riverwalk Place is a **smoke free** property.

Riverwalk Place allows 1 cat OR 1 dog per household with \$100 deposit and **prior** approval from management.

Riverwalk Place Apartments office is located at: 431 E Eagle Flats Pkwy, Appleton, WI 54915

**MAIL OR DROP OFF APPLICATION: Riverwalk Place, 431 E Eagle Flats Pkwy, Appleton, WI 54915**

**APPLICATION AVAILABLE ONLINE: [appletonhousing.org](http://appletonhousing.org)**





**RIVERWALK PLACE**

431 E. EAGLE FLATS PARKWAY--APPLETON, WISCONSIN 54915

*Phone:* (920) 733-5046 *Fax:* 882-9427 *TDD:* 731-2406

*Office Hours:* Mon-Thurs 8am-4pm, Fri. 7:30am-3:30pm

**APPLICATION FOR ADMISSION TO RIVERWALK PLACE**

If you need assistance with filling out this application, please contact the office of Riverwalk Place.

**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 River Walk Place 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. We are not responsible for lost or delayed mail. \_\_\_\_\_(Initial)

**Check one:** 1 Bedroom\_\_\_ 2 Bedroom\_\_\_

Applicant Name: \_\_\_\_\_  
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: \_\_\_\_\_

Please select one of the following regarding sex: Male\_\_\_ Female\_\_\_ Prefer not to disclose:\_\_\_

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

Spouse Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

Please select one of the following regarding sex: Male\_\_\_ Female\_\_\_ Prefer not to disclose:\_\_\_

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

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

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 household member subject to lifetime sex offender registration? \_\_\_ Yes \_\_\_ No  
If yes, who? \_\_\_\_\_ In what state(s)? \_\_\_\_\_

3. Are all household members U.S. Citizens or Legal Immigrants? \_\_\_ Yes \_\_\_ No

4. Has any one who will live in the home previously lived in a state other than this state? \_\_\_ Yes \_\_\_ No  
If yes, which family member(s): \_\_\_\_\_ State lived? \_\_\_\_\_  
\_\_\_\_\_ State lived? \_\_\_\_\_

5. Are you currently working with any service agencies? \_\_\_ Yes \_\_\_ No (example: County Social worker, Salvation Army, etc...) If yes, please list the name of the service agency and your contact with telephone number: \_\_\_\_\_

6. Are you now or have you ever lived in a government subsidized unit/project?  Yes  No  
When? \_\_\_\_\_ Where? \_\_\_\_\_
7. Have you ever lived in Public Housing?  Yes  No  
If so, where and when: \_\_\_\_\_
8. Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 program?  
 Yes  No If so, please provide the following information:  
When? \_\_\_\_\_  
Reason? \_\_\_\_\_  
Name of Housing Authority or Owner: \_\_\_\_\_
9. Have you ever participated in the Section 8 Voucher or Certificate Program?  Yes  No  
If so, where and when: \_\_\_\_\_
10. Do you owe any money to Appleton Housing Authority or any other Housing Authority?  Yes  No  
If yes, name of Housing Authority: \_\_\_\_\_  
Amount owed: \_\_\_\_\_  
Are you currently in a repayment agreement with this Housing Authority?  Yes  No
11. Are you or any other member of your anticipated household a full or part-time student?  Yes  No

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

Please identify the Head of Household race and ethnicity by checking one box in each of the 2 categories:

**1. Check:**

- White  
 Black/ African American  
 American Indian/Alaska Native  
 Asian  
 Native Hawaiian/ Other Pacific Islander

**2. Check:**

- Hispanic or Latino  
 Non-Hispanic or Latino

If applicable, please check any of the following categories:

**Hispanic:**

- Cuban  
 Mexican  
 Puerto Rican  
 S. or Central America  
 Other Spanish culture

**Hawaiian/other Pacific**

- Native Hawaiian  
 Guamanian or Chamorro  
 Samoan  
 Other Pacific Islander

**Asian:**

- Asian India  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian culture

**PEOPLE WE MAY CONTACT IF WE CANNOT REACH YOU**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PETS**

Riverwalk Place has a pet policy that pertains to all residents other than those in need of a service animal for a disability.

Do you currently have a pet? \_\_\_\_ Yes \_\_\_\_ No

Type and size of pet: \_\_\_\_\_

**ACCOMODATIONS**

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

\_\_\_\_ Yes \_\_\_\_ No

If yes, who? \_\_\_\_\_

What do they require? \_\_\_\_\_

.....  
**CURRENT HOUSING STATUS**

What is your current rent? \$ \_\_\_\_\_ What utilities do you pay? \_\_\_\_\_

Have you ever been evicted? \_\_\_\_ Yes \_\_\_\_ No Reason: \_\_\_\_\_

If evicted, Name of Owner: \_\_\_\_\_

**INCOME SOURCES:**

<b>Income Source</b>	<b>Monthly</b>	<b>Yearly</b>
Employment (Gross Wages)-----	_____	_____
Social Security Check-----	_____	_____
Supplemental Security Income (SSI) Federal-----	_____	_____
Supplemental Security Income (SSI) State-----	_____	_____
Pension from _____	_____	_____
Retirement plans-----	_____	_____
Annuities and insurance -----	_____	_____
Interest from:		
Savings accounts-----	_____	_____
Checking accounts-----	_____	_____
CD's-----	_____	_____
Stock Dividends-----	_____	_____
Other _____	_____	_____
Other income: rents, welfare, self-employment, military pay, unemployment	_____	_____
<b>TOTAL YEARLY INCOME</b>		_____

**ASSETS**

Home (Market Value)-----	\$ _____
Other land or buildings-----	\$ _____
Stocks and Bonds, Mutual Funds-----	\$ _____
CD's, savings bonds, whole life ins.-----	\$ _____
Money Market funds-----	\$ _____
IRAs-----	\$ _____
Annuities-----	\$ _____
Loans payable to you-----	\$ _____
Mortgages payable to you-----	\$ _____

**EXPENSES AND EXEMPTIONS**

This property accepts both elderly and disabled tenants and if you qualify under one of these categories please check the box accordingly and you will be entitled to an elderly/disabled deduction.

Elderly and/or disabled?  Yes  No

Please be prepared to show proof of any medical expenses you are paying for out of your pocket, and not reimbursed, at the full application interview.

**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

*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

*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 River Walk Place?

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

All applications are subject to and approved by program regulations. If you are currently renting, do not give notice until you have received written approval of your application from Riverwalk Place.

**APPLICATION REQUEST INFORMATION**

**This application is for Riverwalk Place waiting list only.**

**If you would like an application or any information for the Section 8 Housing Choice Voucher Program, Oneida Heights, or the Public Housing Scattered Sites please ask the manager of Riverwalk Place for an application or information on any of these programs.**

**APPLICANT CERTIFICATION**

*I/We certify that the information given to Riverwalk Place 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 Riverwalk Place 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: \_\_\_\_\_

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

Interviewed By: \_\_\_\_\_

Required Number of Bedrooms \_\_\_\_\_ Date Accepted \_\_\_\_\_ Time \_\_\_\_\_

CCAP \_\_\_\_\_ HAPPY \_\_\_\_\_ DOC/SO \_\_\_\_\_

Riverwalk Place 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**.







Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



**RIVERWALK PLACE**  
431 E. EAGLE FLATS PARKWAY -- APPLETON, WI 54915  
**Phone:** (920) 733-5046 **Fax:** 882-9427

To: Credit History, Criminal Activity, Sex Offender registry, landlord reference      Date: \_\_\_\_\_

From: Riverwalk Place Apartments

Appleton Housing Authority 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 Appleton Housing Authority.  
Inquiries may be made about:

Credit 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                                      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).\*\*





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410