



Grandview Townhomes  
551 N Bluemound Drive Appleton, WI 54914  
Phone (920) 830-2010 Fax (920) 830-2019

## Section 42 Tax Credit Property

### INFORMATION AND APPLICATION INSTRUCTIONS

Residents who live in Section 42 units must be financially and non-financially eligible. The rent that a Section 42 resident will pay is based on a fixed rental rate for the unit size. The rent is lower than similar market rate units in the area. We accept Section 8 vouchers. Student restrictions apply.

A non-refundable application fee of \$25 per household member over 18 years is required. This is 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:

1. Application must be filled out in its entirety.
2. All applications that are incomplete will not be processed and returned for completion.
3. Failure to provide a current mailing address will result in your application not being processed.
4. It is the applicant's responsibility to notify Grandview Townhomes if there is any change in current mailing address or telephone number.
5. Use of "white out" is prohibited. If information must be changed, strike through and initial change.
6. Application screening includes criminal background, sex offender registry, credit report, and landlord reference for all household members over the age of 18.

#### VERIFICATIONS:

1. Picture Identification: A copy of a picture ID will be required for all applicants over the age of 18. This must be provided at the intake interview.
2. Social Security Card: A copy of a Social Security card for each member of the household will be required at the intake interview.
3. Birth Certificate: A copy of birth certificates for dependents under 18 will be required at the intake interview.
4. Income Verification: Income will be verified prior to determine eligibility.
5. Assets Verification: Assets will be verified prior to determine eligibility.

#### ADDITIONAL INFORMATION:

1. Full payment of the security deposit and rent is required at lease signing.
2. Grandview Townhomes units are **smoke free**.
3. Grandview Townhomes will allow **1 cat** per household with \$150 deposit with prior approval from management.

**MAIL OR DROP OFF APPLICATIONS: Grand View Townhomes, 551 N Bluemound Dr., Appleton, WI 54914**



05/19/2021

**Effective April 18, 2022**

WI Standard Multifamily Tax Subsidy Project Maximum Income

Outagamie County

Income Limits	1 person	2 person	3 person	4 person	5 person	6 person
30% County Median Income	20,100	22,980	25,860	28,710	31,020	33,330
HOME Limit 2021	same	20,600	23,150	25,700	27,800	29,850
50% County Median Income	33,500	38,300	43,100	47,850	51,700	55,550
HOME Limit 2021	same	same	same	same	same	same
60% County Median Income	40,200	45,960	51,720	57,420	62,040	66,660
80% County Median Income	53,600	61,280	68,960	76,560	82,720	88,880

**Utilities:**

Paid by owner: water and sewer

Paid by tenant: heat (gas), electric water heater, electricity, air conditioning (central air)

**Occupancy Guidelines:**

The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
1	1	2
2	2	4
3	3	6

In determining bedroom size, the Grand View Townhomes will include the presence of children to be born to a pregnant woman, children who are in the process of being adopted, children whose custody is being obtained, children who are temporarily away at school, or children who are temporarily in foster care.



**GRAND VIEW TOWNHOMES**

551 Bluemound Dr--APPLETON, WISCONSIN 54914

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

**Office Hours:** Mon 9-3, Tues 9-4, Wed 9-3, Thurs 9-3 Fri Closed

**OFFICE ONLY:**

Date:

Time:

V\_\_ D\_\_

H\_\_

**APPLICATION FOR ADMISSION TO GRAND VIEW TOWNHOMES**

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 all 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:** \_\_\_\_\_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)

<u>LEGAL NAME</u>	<u>SOC. SECURITY#</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>RACE</u>	<u>ETHNICITY</u>
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**.



**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.	
		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

