



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 Office**  
551 N Bluemound Drive  
Appleton, WI 54914



06/06/2024

**Effective April 1, 2024**

**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	21,840	24,960	28,080	31,200	33,720	36,210
HOME Limit	21,850	25,000	28,100	31,200	33,700	36,200
50% County Median Income	36,400	41,600	46,800	52,000	56,200	60,350
HOME Limit	same	same	same	same	same	same
60% County Median Income	43,680	49,920	56,160	62,400	67,440	72,420
80% County Median Income	58,240	66,560	74,880	83,200	89,920	96,560

**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.



## LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION

All co-applicants, age 18 or older, including spouse, should complete a separate application.

**OFFICE ONLY:** Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Fee Amount Paid: \_\_\_\_\_ Initial: \_\_\_\_\_

<b>Phone:</b> 920-830-2010	Grand View Townhomes 551 N Bluemound Drive Appleton, WI 54914	<b>Fax:</b> 920-830-2019
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We are pleased to consider your family as future residents of our rental community. The information you provide below will assist us in determining your eligibility. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law. **Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered. THANK YOU!**

**My Household Qualifies as: (Check all that apply)**

Homeless: _____	I am applying for bedroom size: _____ 1 bedroom
Veteran: _____	_____ 2 bedrooms
Disabled: _____	_____ 3 bedrooms

**Phone Number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND STATUS:**

*List the Head of Household (applicant) and **all** other persons who will be living in your unit. State the relationship of each family member to the Head. Choose only one member to be Head of Household. List all members you anticipate to live with you at least 50% of the time in the next 12 months including anyone who is not currently a household member but is anticipated to become one in the next 12 months. Include any temporarily absent family members.*

Household Member's Full Name (first, middle initial, last)	Relationship to Head <small>S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child U=Unborn child L=Live-In Attendant</small>	Date of Birth	Marital Status <small>M=Married D=Divorced SP=Separated S=Single W=Widowed</small>	Social Security Number	Student Y or N	If Student "yes" <b>Parttime (PT) or Fulltime (FT)*</b>
	Head					

\*A household member should be considered a full-time (FT) or part-time (PT) student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. Please include all school-age children, even if home-schooled as FT students.

1. **ONLY** COMPLETE THE FOLLOWING SECTION **IF ALL** HOUSEHOLD MEMEMBERS ARE FULL TIME STUDENTS:
- a. Is at least one student receiving assistance under Title IV of the Social Security Act? (AFDC/TANF) Yes or No
  - b. Does at least one student participate in a program receiving assistance under the Training Act, Workforce Investment Act or under other similar federal, state, or local laws? Yes or No
  - c. Are the full-time students married and entitled to file a joint tax return? Yes or No
  - d. Is the household comprised entirely of a single parent with child(ren) and the parent is not a dependent of another individual and the child(ren) are not dependents of someone other than a parent? Yes or No
  - e. Was at least one student previously under the care and placement responsibility of the State agency responsible for administering foster care? Yes or No



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



2. If you are divorced or separated, please provide date effective: \_\_\_\_\_  
(If divorced, please provide a full copy of divorce decree.)
3. Do you expect any changes in the household in the next 12 months? Yes or No  
If yes, please describe: \_\_\_\_\_  
When will this occur? \_\_\_\_\_  
(If adding a new member, this person should be listed as a household member on page 1 of this application.)
4. Are any household members under age 18 claiming emancipation (yourself included)? Yes or No  
If yes, please provide documentation to validate emancipation.

<b>CURRENT EMPLOYMENT INFORMATION (Do not report self-employment in this box):</b>		
Company Name: _____	Title: _____	
Address: _____	Date of Hire: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____ Fax: _____	Supervisor: _____	
<b>ADDITIONAL CURRENT EMPLOYER INFORMATION: (Mark 'N/A' if not applicable)</b>		
Company Name: _____	Title: _____	
Address: _____	Date of Hire: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____ Fax: _____	Supervisor: _____	
<b>PREVIOUS EMPLOYMENT INFORMATION:</b>		
Company Name: _____	Title: _____	
Address: _____	Date Left: _____	
City/State/Zip: _____	Monthly Gross Wage: \$ _____	
Phone: _____ Fax: _____	Supervisor: _____	

<b>OTHER INCOME INFORMATION:</b>		
<i>Identify each source of income currently received or anticipated to be received in the next 12 months.</i>	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. <b>Adoption Assistance</b> (Form #2)	Yes or No	\$ _____
2. <b>Disability/Worker's Compensation/Severance Pay</b> (Form #8)	Yes or No	\$ _____
3. <b>Lottery Winnings Paid Periodically</b> (Form #15)	Yes or No	\$ _____
4. <b>Military Pay</b> (Form #16)	Yes or No	\$ _____
5. <b>Retirement Income</b> (Form #1)	Yes or No	\$ _____
6. <b>Educational Financial Assistance</b> (Form #30 or #9)	Yes or No	\$ _____
7. <b>Recurring Gift/Contribution</b> (Form #24)	Yes or No	\$ _____
8. <b>Child Support/Alimony/Family Maintenance</b> (Form #28)	Yes or No	\$ _____
9. <b>Rental Income</b> (Form #33)	Yes or No	\$ _____
10. <b>Self-Employment</b> (Form #34 or #39)	Yes or No	\$ _____
11. <b>Not Employed</b> (Form #35)	Yes or No	\$ _____
12. <b>Zero Income (No income from any source)</b> (Form #41)	Yes or No	\$ _____
13. <b>Social Security Benefits</b>	Yes or No	\$ _____
14. <b>SSI Federal Benefits (Disability)</b>	Yes or No	\$ _____



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15. <b>SSI State Benefits (Disability)</b>	Yes or No	\$ _____
16. <b>Trust Income</b> (From #46)	Yes or No	\$ _____
17. <b>Unemployment Compensation</b> (Form #48)	Yes or No	\$ _____
18. <b>VA Benefits</b> (Form #50)	Yes or No	\$ _____
19. <b>Public Assistance (AFDC/TANF/W-2) / Welfare</b> (Form #52)	Yes or No	\$ _____
20. <b>Any other income not listed above</b> (Form #17)	Yes or No	\$ _____

**ASSET INFORMATION: List all assets for this household member. Complete one for every household member.**

	Name of Financial Institution(s)	Circle One	Amount
1. Bonds (Form #4)	_____	Yes or No	\$ _____ \$ _____
2. CD/Money Markets (Form #5)	_____	Yes or No	\$ _____ \$ _____
3. Treasury Bill (Form #5)	_____	Yes or No	\$ _____
4. Checking (Form #6)	_____	Yes or No	\$ _____ \$ _____
5. Savings (Form #6)	_____	Yes or No	\$ _____ \$ _____
6. Digital Wallet Services (e.g. PayPal, Venmo, CashApp, Apple Pay, etc.)	_____	Yes or No	\$ _____ \$ _____
7. Land Contract/Deed of Trust (Form #13)	_____	Yes or No	\$ _____ \$ _____
8. Lottery Winnings (Lump Sum) (Form #15)	_____	Yes or No	\$ _____ \$ _____
9. Real Estate (Form #22)	_____	Yes or No	\$ _____ \$ _____
10. Cash on Hand (Form #27)	_____	Yes or No	\$ _____ \$ _____
11. Safety Deposit Box (Form # 27)	_____	Yes or No	\$ _____ \$ _____
12. Personal Property Held as an Investment (Form #37)	_____	Yes or No	\$ _____ \$ _____
13. Stocks/Mutual Funds (Form #43)	_____	Yes or No	\$ _____ \$ _____
14. Trusts (Form #46)	_____	Yes or No	\$ _____ \$ _____
15. Universal Life Insurance (Form #51)	_____	Yes or No	\$ _____ \$ _____
16. Whole Life Insurance (Form #51)	_____	Yes or No	\$ _____ \$ _____
17. Crypto/Digital Currency (e.g. Bitcoin, Dogecoin, Ethereum, etc.)	_____	Yes or No	\$ _____ \$ _____



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18. Other Non-Necessary Personal Property (rec. vehicles, boats, certain jewelry, collectibles, etc.)	_____	Yes	or	No	\$ _____
	_____				\$ _____
19 Other Assets not listed above	_____	Yes	or	No	\$ _____
	_____				\$ _____

1. Do all combined assets of the entire household exceed \$50,000? Yes or No

2. In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes or No

If yes, please completed the following:

Was the disposal of this asset due to (circle as appropriate):

Asset Disposed: _____	Bankruptcy	Yes	No
Date Disposed: _____	Foreclosure	Yes	No
Amount Disposed: _____	Marital Separation	Yes	No
	Divorce	Yes	No

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

Gifted To: \_\_\_\_\_  
 Date Gifted: \_\_\_\_\_  
 Amount Gifted: \_\_\_\_\_

**RESIDENTIAL HISTORY: Please provide 5 years of housing history**

Current Address: \_\_\_\_\_  Own  Rent  
 Other \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

Landlord Name/Mortgage Company: \_\_\_\_\_ Rent/Mortgage: \$ \_\_\_\_\_

Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_  Own  Rent  
 Other \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

Landlord Name/Mortgage Company: \_\_\_\_\_ Rent/Mortgage: \$ \_\_\_\_\_

Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_  Own  Rent  
 Other \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

Landlord Name/Mortgage Company: \_\_\_\_\_ Rent/Mortgage: \$ \_\_\_\_\_

Phone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

1. Have you ever been evicted from tenancy? Yes or No

If yes, please list date: \_\_\_\_\_



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- 2. Have you ever filed for bankruptcy? Yes or No  
If yes, please list date: \_\_\_\_\_
- 3. Have you ever been convicted of a felony? Yes or No  
If yes, please list what for: \_\_\_\_\_
- 4. Have either you or any other member of your anticipated household ever engaged in any drug related criminal activity or violent criminal activity? Yes or No  
Explain: \_\_\_\_\_
- 5. Is any member subject to lifetime sex offender registration? Yes or No  
If yes, who? \_\_\_\_\_ In what state(s)? \_\_\_\_\_
- 4. Will this be your only place of residence? Yes or No  
If no, please explain: \_\_\_\_\_
- 5. Will you have 50% or more physical custody of all minor members in household? Yes or No  
If no, please explain: \_\_\_\_\_
- 6. Will you be receiving rental assistance while living at this community? Yes or No  
If yes, please list source of assistance: \_\_\_\_\_
  - a. Has your rental assistance ever been terminated for fraud, nonpayment of rent or failure to recertify? Yes or No  
If yes, please explain: \_\_\_\_\_
- 7. Do you own any pets that would be moving with you into the community? Yes or No  
If yes, please list types: \_\_\_\_\_

<b>OTHER INFORMATION:</b>		
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____
Type of Vehicle: _____ (car, truck, etc..)	License Plate # _____	
Make/Model: _____	Year: _____	Color: _____

**EMERGENCY INFORMATION: *In case of emergency, notify...***

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_  
 Phone #2 \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**(TURN OVER)**



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**CERTIFICATION OF ACCURACY AND COMPLETENESS**

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for the tax credit program under which I/We applied. I further understand and agree that the owner/management agent will use this information to investigate My/Our credit worthiness through credit bureau, criminal checks and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that we may be subject to eviction or punishable by law.

**Under penalty of perjury, I swear that I have read the above statement and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

If you need assistance with filling out this application, please contact the office of Grand View Townhomes at 920-830-2010.

I understand information on this application may at times change. I understand it is my responsibility to contact the office of Grand View 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.

The Grand View Townhomes 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**.



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# Grand View Townhomes

551 N Bluemound Dr. Appleton WI 54914

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

To: Applicant

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:

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	United States Department of Justice National Sex Offender Public Website	

#### 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.

\_\_\_\_\_  
Signature Head of Household                      Date

\_\_\_\_\_  
Signature Spouse                                      Date

\_\_\_\_\_  
Signature Other Adult Member                      Date

\_\_\_\_\_  
Signature Other Adult Member                      Date

**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).\*\*

