



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 with **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



LOW INCOME HOUSING TAX CREDIT & MULTIFAMILY HOUSING 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: _____

Phone: 920-733-5046

Riverwalk Place
431 E Eagle Flats Pkwy
Appleton, WI 54915

Fax: 920-882-9427

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)

Elderly (62 years): _____

I am applying for bedroom size: _____ 1 bedroom
_____ 2 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 S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child U=Unborn child L=Live-In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separated S=Single W=Widowed	Social Security Number	Student Y or N	If Student "yes" Parttime (PT) or Fulltime (FT)*
1.	Head					
2.						
3.						
4.						

*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 MEMBERS 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.
5. Place of birth (City and State): _____
6. Has anyone 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? _____
7. 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? _____
-

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

CURRENT EMPLOYMENT INFORMATION (Do not report self-employment in this box): (Mark "N/A" if not applicable)

Company Name: _____ Title: _____

Address: _____ Date of Hire: _____

City/State/Zip: _____ Monthly Gross Wage: \$ _____

Phone: _____ Fax: _____ Supervisor: _____

Title: _____



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ADDITIONAL CURRENT EMPLOYMENT (Mark "N/A" if not applicable):

Company Name: _____ Date of Hire: _____

Address: _____ Monthly Gross Wage: \$ _____

City/State/Zip: _____ Fax: _____ Supervisor: _____

Phone: _____

OTHER INCOME INFORMATION:

Identify each source of income currently received or anticipated to be received in the next 12 months.

	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Adoption Assistance (Form #2)	Yes or No	\$ _____
2. Disability/Worker's Compensation/Severance Pay (Form #8)	Yes or No	\$ _____
3. Lottery Winnings Paid Periodically (Form #15)	Yes or No	\$ _____
4. Military Pay (Form #16)	Yes or No	\$ _____
5. Retirement Income (Form #1)	Yes or No	\$ _____
6. Educational Financial Assistance (Form #30 or #9)	Yes or No	\$ _____
7. Recurring Gift/Contribution (Form #24)	Yes or No	\$ _____
8. Child Support/Alimony/Family Maintenance (Form #28)	Yes or No	\$ _____
9. Rental Income (Form #33)	Yes or No	\$ _____
10. Self-Employment (Form #34 or #39)	Yes or No	\$ _____
11. Not Employed (Form #35)	Yes or No	\$ _____
12. Zero Income (No income from any source) (Form #41)	Yes or No	\$ _____
13. Social Security Benefits	Yes or No	\$ _____
14. SSI Federal Benefits (Disability)	Yes or No	\$ _____
15. SSI State Benefits (Disability)	Yes or No	\$ _____
16. Trust Income (Form #46)	Yes or No	\$ _____
17. Unemployment Compensation (Form #48)	Yes or No	\$ _____
18. VA Benefits (Form #50)	Yes or No	\$ _____
19. Public Assistance (AFDC/TANF/W-2) / Welfare (Form #52)	Yes or No	\$ _____
20. Any other income not listed above (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	\$ _____ \$ _____



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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	\$ _____ \$ _____
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 \$100,000? 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?

If yes, please complete the following:

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

Asset Disposed: _____

Date Disposed: _____

Amount Disposed: _____

Bankruptcy Yes No

Foreclosure Yes No

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: _____



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MEDICAL INFORMATION:

If head or spouse is elderly or disabled, does your family have any ongoing medical costs or "Out of pocket Cost"?

Yes _____ No _____

Name of Pharmacy, Supplemental Medical Insurance, Medicare, Medicare Premium, Medicare Deductible, Clinics, Hospital, Medi-Van, Dental, Vision, Over Counter Drugs with Prescription.

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: _____

1. Have you ever been evicted from tenancy? Yes or No
 If yes, please list date: _____
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: _____



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7. Do you own any pets that would be moving with you into the community? Yes or No
If yes, please list types: _____

OTHER INFORMATION:

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: _____

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 at Riverwalk Place at 920-733-5046.

I understand information on this application may at times change. I understand it is my responsibility to contact the office of Riverwalk Place to update all this information. It is also my responsibility to respond to letters sent to me in updating the waiting list. Riverwalk Place is not responsible for lost or delayed mail.

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**.



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

To: _____

From: Property Manager

Inquiries may be made about:

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

Providers of:

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 _____

SS# _____

Spouse	Date
--------	------

SS# _____

Other Adult Member	Date
--------------------	------

SS#

Other Adult Member	Date
--------------------	------

SS#

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.



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. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410