

--- APPLICATION FOR OCCUPANCY ---

(Revised/updated 08/12/2014)

Please complete all sections of this application clearly, neatly, and thoroughly. Please print. **INCOMPLETE OR ILLEGIBLE INFORMATION (examples: missing zip codes, incomplete landlord information, illegible social security numbers, etc...) **WILL DELAY PROCESSING AND/OR MAY CAUSE REJECTION OF THIS APPLICATION.** Complete and accurate information is required!**

Apartment Complexes. Indicate which building(s) you are applying for:

<u>Building Name:</u>	<u>Housing Type:</u>	<u>Location:</u>
<input type="checkbox"/> Burnham Village	Senior Housing (Age 62+)	5202 W. Burnham St., West Milwaukee
<input type="checkbox"/> Cifaldi Square	Senior Housing (Age 62+)	5555 S. Kirkwood Ave., Cudahy
<input type="checkbox"/> Gonzaga Village	Senior Housing (Age 62+)	1415 S. 92 nd St., West Allis
<input type="checkbox"/> Oak West	Senior Housing (Age 62+)	11102 W. Oklahoma Ave., West Allis
<input type="checkbox"/> Sunset Heights	Senior Housing (Age 62+)	1926 Madera St., Waukesha
<input type="checkbox"/> Valentino Square	Senior Housing (Age 62+)	12030 W. Greenfield Ave., West Allis

Applicant Name: _____ **Telephone Number:** (____) _____
Date of Birth: _____ **Social Security Number:** _____
Mailing Address Including Zip Code: _____

--- HOUSEHOLD INFORMATION ---

Will anyone else be residing in the apartment with you? If so, please list any other household members who will live in the apartment, if applicable:

<u>Names of Other Household Members</u>	<u>Relationship To Applicant</u>	<u>Sex (M/F)</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will a live-in attendant be a household member? [] Yes [] No
 If yes, please note above.
Are you or any of the above household members full-time students age 18 or older? [] Yes [] No
 If yes, please list names: _____

--- RESIDENCE HISTORY AND INFORMATION ---
(Please Provide Complete Information **INCLUDING ZIP CODES**)

Complete residence history for at least the last five (5) years is required. Please provide complete information below to include complete contact information for past and present landlords. **Failure to provide 5 or more years of complete and legible information in its entirety will result in delayed processing of this application and/or may cause rejection of the application.** Please provide full and complete information.

A. **Current Address:** _____
_____ **How Long:** _____

Current Housing Status (Check one): Rent Own Live with family or friends

If you are a renter, please provide your landlord's full name and mailing address or name and fax number below. Do NOT provide contact phone numbers. Either a contact name and address or name and fax number only.

Current Landlord Name: _____

Current Landlord Address or Fax Number: _____

If you have lived at your current address noted above for five (5) years or less, you will also need to provide previous address information in part B below. A minimum of five (5) years of residency history is required. If you have lived at your current address for over 5 years, please skip part B and proceed to part C below.

B. **Previous Address:** _____
_____ **How Long:** _____

Previous Housing Status (Check one): Rent Own Live with family or friends

If you were a renter, please provide your landlord's full name and mailing address or name and fax number below. Do NOT provide contact phone numbers. Either a contact name and address or name and fax number only.

Previous Landlord Name: _____

Previous Landlord Address or Fax Number: _____

Previous Address: _____
_____ **How Long:** _____

Previous Housing Status (Check one): Rent Own Live with family or friends

If you were a renter, please provide your landlord's full name and mailing address or name and fax number below. Do NOT provide contact phone numbers. Either a contact name and address or name and fax number only.

Previous Landlord Name: _____

Previous Landlord Address or Fax Number: _____

If additional space is required to provide at least five (5) years of residence history, please use the back of this page.

C. Do you require a wheelchair accessible unit which includes a roll-in / walk-in shower rather than a bathtub? [] Yes [] No

D. Will you accept a wheelchair accessible unit if it becomes available for occupancy prior to a standard unit? [] Yes [] No

E. Do you presently live in government subsidized housing? [] Yes [] No

F. Have you or any member of your household ever been evicted or otherwise removed from rental housing, or left a residence before the end of a lease term? [] Yes [] No
 If yes, please explain: _____

G. Have you or any member of your household ever been convicted of a crime? [] Yes [] No
 If yes, please list date(s), city, state, and charge(s), if applicable:

H. Have you or any member of your household ever engaged in any criminal drug related activity such as use, possession, distribution, trafficking, or manufacture of an illegal drug? [] Yes [] No

I. In the past 6 months, have you or any members of your household experienced infestations of roaches, bed bugs, fleas, gnats, fruit flies, or other insects/pests? [] Yes [] No

J. HUD regulations prohibit admission to rent assisted housing if any member of a household is subject to a State lifetime sex offender registration requirement. As a result, the following information is required and must be provided. **FAILURE TO COMPLETELY ANSWER ALL QUESTIONS IN THIS SECTION WILL RESULT IN THE REJECTION OF THIS APPLICATION.**

1a. Have you or any other person who will be living with you (and noted on the first page of this application) ever resided in any state other than Wisconsin? [] Yes [] No

1b. If you answered "no" to question 1a above, skip question 1b and answer question 2 below.

If you answered "yes" to question 1a above, please list all states that each person resided in. DO NOT leave this section blank, DO NOT enter "none," and DO NOT enter "N/A." Your name and if applicable, the names of ALL other household members who will reside in the apartment with you (including live-in aides) and all states that each individual resided in must be provided.

Name: _____	State(s): _____
Name: _____	State(s): _____
Name: _____	State(s): _____
Name: _____	State(s): _____

2. Are you or any household members identified in this application subject to a lifetime sex offender registration requirement in any state? [] Yes [] No

K. Other relevant previous housing information, if any, that should be considered when processing this application:

--- INCOME INFORMATION ---

(e.g. Social Security, SSI, Wages, Pension, etc... for All Household Members)

A.	Source _____	Amount (per month): \$ _____
B.	Source _____	Amount (per month): \$ _____
C.	Source _____	Amount (per month): \$ _____
D.	Source _____	Amount (per month): \$ _____

--- ASSET INFORMATION ---

- 1) **Do you own any real estate?** [] Yes [] No
 If yes, identify location: _____

 Value: _____ Home? _____ Lot? _____
- 2) **Do you have any life insurance with cash value?** [] Yes [] No Value: _____
- 3) **Do you have any stocks or bonds?** [] Yes [] No Value: _____
- 4) **Do you have any IRA's / retirement accounts?** [] Yes [] No Value: _____
- 5) **Do you have any mutual funds?** [] Yes [] No Value: _____
- 6) **Do you have any CD's?** [] Yes [] No Value: _____
- 7) **Do you have any money market accounts?** [] Yes [] No Value: _____
- 8) **Do you have any checking accounts?** [] Yes [] No Value: _____
- 9) **Do you have any savings accounts?** [] Yes [] No Value: _____
- 10) **Other Assets?** [] Yes [] No Value: _____

If you answered "Yes" to "Other Assets," please list and identify "Other Assets" below. Please note that personal items such as clothes, jewelry, or a vehicle are not considered assets for purposes of determining rent. _____

- 11) **Name and Address of Financial Institutions (e.g. banks, brokerage firms, credit unions, insurance agencies, etc...) where above accounts are held:**

- 12) **Have you disposed of any assets in the last two years for less than their fair market value?**

[] Yes [] No If yes, please explain: _____

--- MARKETING INFORMATION ---

To assist us in the evaluation of our advertising and marketing efforts, please tell us how you initially found out about the apartment you are applying for. Check all boxes that apply:

- [] Response to advertisement.
 Please identify publication(s): _____
- [] Listing provided by HUD or WHEDA.
- [] Referral from a social service or government agency.
 Please identify agency: _____
- [] Referral from an existing tenant, former tenant, or site manager.
- [] Management's web site.
- [] Other internet web site.
 Please identify web site: _____
- [] Other. Please explain: _____
- [] Unknown.

If you are applying for subsidized rental housing please note: All family members, regardless of age, must declare their citizenship or immigration status. By law, only US citizens and eligible noncitizens may benefit from federal rental assistance. Prior to occupancy, all members of the household, regardless of age, will be required to either submit evidence of citizenship or eligible immigration status or choose not to claim eligible status. Assistance in subsidized housing is restricted to US Citizen or nationals and noncitizens who have eligible immigration status. This restriction on noncitizens applies to all federally assisted properties except those under the following programs: Section 221(d)(3) BMIR properties, Section 202 PAC, Section 202 PRAC, Section 811 PRAC, and Section 202 projects with units not receiving assistance under the Rent Supplement or Section 8 programs.

--- APPLICANT DECLARATION, CERTIFICATION AND AUTHORIZATION ---

This application for occupancy must be signed and dated by all intended household members age 18 or older, including live-in aides, if applicable.

By signing below, I certify that the foregoing information is accurate, true, and complete to the best of my knowledge. Furthermore, as part of the tenant selection process, I authorize Becker Property Services, LLC, as management agent, to review and obtain sexual offender registry information, rental, income, credit, and criminal histories to include consumer credit report information and information obtained through the Enterprise Income Verification (EIV) system, for purposes of verifying the information provided in this application and for use in assistance in verifying tenant selection criteria. I also authorize Becker Property Services, LLC as management agent to obtain rental history and landlord reference information from other housing owners and/or management agents and to use a copy of this page of the application for occupancy as verification of the applicant's authorization to obtain any and all of the aforementioned information.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)

NOTE: HUD Form 92006 Supplement to Application for Federally Assisted Housing must be submitted along with this application for occupancy. **Failure to submit both this application and the Supplement to the Application will cause delay in processing and/or rejection of this application.**

Please submit all correspondence to: Becker Property Services, LLC
11520 N. Port Washington Rd.
Suite 102
Mequon, WI 53092

Telephone: (262) 240-9406 / Fax: (262) 240-9729 / email: BeckPropSvc@aol.com



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Application received by:

(Owner/Management Agent Signature)

(Date and Time)

Revised/updated 08/12/2014