

# La Crosse County Housing Authority



**LCHA**  
**Equal Housing**  
**Opportunity**  
 FAX (608) 781-5379  
 TDD (800) 283-9877

**Gen. Office**  
**War-Leh Manor**  
 615 Plainview  
 (French Island)  
 La Crosse, WI 54603  
 (608) 781-5365

**CEDAR MEADOWS**  
**TAX CREDIT APPLICATION**

**CURRENT ADDRESS:** \_\_\_\_\_

**Other Needs:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**All applicants 18 years of age and older, not related by blood, marriage or adoption, must complete their own application.**

PERSONS OCCUPYING THE UNIT			RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	STUDENT (Circle One)	
Last	First	Middle				Y	N
			Head			Y	N
						Y	N
						Y	N
						Y	N
						Y	N
						Y	N

**A. General Information:**

1. Do you own a pet? **Yes** **No** If yes, what kind? \_\_\_\_\_ Weight: \_\_\_\_\_
2. Have you ever been convicted of a felony? **Yes** **No** If yes, please explain: \_\_\_\_\_
3. Have you ever been evicted from an apartment for any reason? **Yes** **No**  
 If yes, please explain: \_\_\_\_\_

**B. Housing Reference:** (List all residences and applicable landlord reference in the past three years.)

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Do you own this residence?  YES  NO If NO, do you rent this residence?  YES  NO  
 Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_  
 Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Did you own this residence?  YES  NO If NO, did you rent this residence?  YES  NO  
 Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

**C. Employment or Other Income Sources:** (List all sources of income for all adult household members)

**Income Source** \_\_\_\_\_ Monthly Gross Income \$ \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
**Income Source** \_\_\_\_\_ Monthly Gross Income \$ \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

**D. Emergency Contact:** (Other than person listed on application). Please list someone in the immediate area if possible.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone Number ( ) \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_

**In Order for this Application to be complete, you must attach copies of Social Security Cards or "Green" Cards.**

Elderly Housing at:  
 Bangor  
 Holmen  
 La Crosse (French Island)  
 Onalaska  
 West Salem

La Crosse County Housing Authority does not discriminate  
 on the basis of handicapped status in the admission  
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Family Duplexes at  
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- Y N 1. Are you or anyone in the household currently or soon to become a student? **full-time**  **part-time**   
 (A full time student is defined as someone who has been or will be a full-time student for 5 months this year.)  
 List name of student(s) \_\_\_\_\_
- Y N 2. Are you separated, but not divorced from your spouse?
- Y N 3. Are any household members temporarily absent?  
 Who? \_\_\_\_\_ How Long: \_\_\_\_\_
- Y N 4. Do you expect any changes to your household within the next 12 months?  
 If yes, please explain: \_\_\_\_\_
- Y N 5. Are you receiving Section 8 Assistance? Agency \_\_\_\_\_ Phone # \_\_\_\_\_  
 Do you have a: **Certificate** **Voucher** (Circle One)

**ASSETS**

Please list where the asset(s) is held, the current value of each asset(s), and all income derived from the assets over the previous 12 months, for **all** household members. (Attach additional page(s) if necessary)

CIRCLE ONE	TYPE OF ASSET	WHERE HELD Please list addresses on attached form	BALANCE/VALUE	ANNUAL ASSET INCOME
Y N	Checking Acct. #1			
Y N	Checking Acct. #2			
Y N	Savings Acct. #1			
Y N	Savings Acct. #2			
Y N	Trust Account			
Y N	Certificate of Deposits			
Y N	Certificate of Deposits			
Y N	Certificate of Deposits			
Y N	Money Markets			
Y N	Mutual Funds			
Y N	Pension/Annuity (NOT Paid Periodically)			
Y N	IRA/Keough/401 K			
Y N	Stocks/Bonds			
Y N	Real Estate (FMV – Mortgage Balance)			
Y N	Land Contract (provide amortization schedule)			
Y N	Personal Property/Investment			
Y N	Cash kept at home - \$500 or more on hand, not in checking/savings account.			
Y N	Safe Deposit Box in the past 2 years			
Y N	Lump Sum Payment			
Y N	Assets disposed of in the past 2 years			
Y N	Whole Life Insurance Policy			
Y N	Total Household Assets Less Than \$5,000			

**INCOME**

Please indicate each source of **ESTIMATED ANNUAL** income that you receive or anticipate receiving in the next twelve (12) months.

CIRCLE ONE	DESCRIPTION	FAMILY MEMBER	SOURCE	INCOME
Y N	Employment #1			
Y N	Employment #2			
Y N	Self - Employment (2 years taxes)			
Y N	Social Security			
Y N	Social Security (SSI)			
Y N	Public Assistance			
Y N	Veterans Benefit			
Y N	Pension/Annuity (Periodic Payments)			
Y N	Disability			
Y N	Child Support/Alimony (Court Ordered)			
Y N	Military Compensation			
Y N	Unemployment			
Y N	Rental Income/Land Contract Pymts.			
Y N	Other Income			
Y N	Lottery Payments (periodic)			
Y N	Workers Compensation			
Y N	Previous Employment			
Y N	Unemployed/Zero Income			
Y N	Recurring Gift			
Y N	Housing Authority			

The undersigned certify that the information and statements provided above are true and complete to the best of my/our knowledge and belief. I/We consent to release the information in order to qualify for Section 42 Housing. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties. I/We agree to provide verifications of all income and assets as required by the Owner or its agent. I/We further authorize disclosure of all information which will verify my/our income and assets. I/We understand applicants must be eligible for the Section 42 Tax Credit program. Subject to approval, this will be my/our primary residence.

A credit check will be completed through a credit bureau. By completing this application, applicant grants management permission to confirm the above information supplied by applicant. The Fair Credit Reporting Act requires that management discloses to applicant that an investigative consumer report including information as to applicant's character, general reputation, personal characteristics and mode of living will be made.

**Each Applicant 18 or older must sign and date below.**

**ATTACH SOCIAL SECURITY & GREEN CARDS.**

Signature \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Signature \_\_\_\_\_

Date \_\_\_\_\_  
 Date \_\_\_\_\_  
 Date \_\_\_\_\_

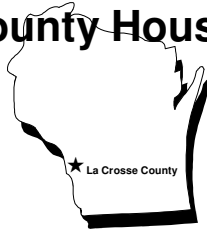
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## General Verification Consent Form

Verification of Information Supplied by an Applicant for Housing Assistance:

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

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

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the La Crosse County Housing Authority. Your prompt return of this information will help to assure timely processing of the application for assistance. Please FAX your response. If you require a SASE envelope please call and one will be provided. The applicant/resident has consented to this release of information as shown below.

RELEASE: I hereby authorize the release of information regarding my income, assets, medical expenses, criminal and credit history. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent. I understand and agree that photocopies of this authorization may be used for the purpose stated.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

.....  
**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 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, the PHA and any owner (or any employee of HUD, the PHA 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, the PHA 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 of 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

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## LANDLORD REFERENCE CHECK

Applicant's Name (s) \_\_\_\_\_

I authorize my current/former landlord to release any information pertaining to my/our rental history to the La Crosse County Housing Authority. This may include, but is not limited to, the questions listed below.

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

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

**Applicant STOP here, do NOT complete the rest of this form. Return this page to the HOUSING AUTHORITY with the rest for your application.**

### THIS SECTION TO BE COMPLETED BY THE LANDLORD ONLY

Property resided at \_\_\_\_\_  
Dates of residency: From \_\_\_\_\_ To \_\_\_\_\_

1. What was/is the monthly rent? \_\_\_\_\_ Was it subsidized? YES NO
2. How many bedrooms? \_\_\_\_\_ Numbers of occupants? \_\_\_\_\_
3. Was the tenant ever behind on paying rent? YES NO  
If yes, how often? \_\_\_\_\_
4. When was the last time you were in the apartment? \_\_\_\_\_
5. What was the overall condition of the apartment? \_\_\_\_\_
6. Were there problems with the neighbors? YES NO  
Explain: \_\_\_\_\_
7. Was the tenant destructive to the apartment or surrounding areas? \_\_\_\_\_
8. Were the police ever called as a result of a disturbance? YES NO  
If yes, explain: \_\_\_\_\_
9. Did the tenant give you proper notice for vacating? \_\_\_\_\_
10. Would you re-rent to this resident in the future? YES NO  
If no, why not? \_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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