

Division of Community Housing

Ah-Toh-Wuk Court Application

N8618 Oak Street • Bowler, WI 54416 • Voice: 715-793-4219 • FAX: 715-793-4529

To qualify for the Ahtohwuk Apartments we look at your credit history, your income, criminal background info and previous landlord history. We use the industry standard to meet minimum qualifying income, which is the rent amount $550.00 \times 3 = 1650.00$ minimum amount of income you must have to qualify by NET (not GROSS) income. If you do not have more than the minimum monthly NET income of \$1650-\$1700 you will not be considered to fill a unit.

Applicants' current information:

Full Name: _____

Address: _____

Phone: _____

How long at address provided: _____

Current Employer: _____ Job Title: _____

Employer Address: _____

Employer Phone #: _____ Supervisor: _____

How long employed here: _____

Gross Monthly Income (entire household): _____

Monthly Net Income(entire household): _____

Any other income: _____

***Please attach 4 of your most recent pay stubs or other income verification. If you do not attach pay stubs your application will not be considered complete, and you will not be put on the waiting list.**



Mohican Nation—Stockbridge-Munsee Band

List all persons that will reside in unit, including yourself: (Full name and Birthdate required)

Full Name

Birthdate

_____	_____
_____	_____
_____	_____
_____	_____

****Do you require handicap accessibility to a unit? (special preference will NOT be given and only if unit available) Yes or No If yes, explain:**

Credit Status: Credit history is important to us. Do you have any of the following: (circle)

Outstanding Judgments? Yes No

Outstanding Collections? Yes No

Bankruptcy? Yes No

***Please be aware we will run your credit report when you are being considered for a unit.**

Provide a bank reference here: Bank Name: _____
Type of Account: _____

I certify that the information presented here is true and correct to the best of my knowledge. I am aware of the penalties for fraud, and I know that supplying false information can lead to a denial in selection for housing and/or eviction.

Applicants Signature

Date

***Before signing please be aware that we do access the WI State Circuit Court Access Program that gives public information on crimes, convictions, and illegal activities!**

Have you, the applicant, or any other adult in your household, ever been found guilty of, entered a plea of no contest, or guilty to any offense under Federal, State, or Tribal law involving crimes of violence and/or, sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution, etc.....? Yes ___ No ___

If yes, describe who and when:

Have you, the applicant or any other adult in your household ever been found guilty of, entered a plea of no contest, or guilty to any offense under Federal, State, or Tribal law involving crimes against persons, which may include but are not limited to; assault, battery, disorderly conduct, resist/obstruct, theft, homicide, etc....? Yes ___ No ___

If yes, describe who and when:

Have you, the applicant or any other adult in your household ever been found guilty of, entered a plea of no contest or guilty to any offense under Federal, State, or Tribal law involving illegal activities which may include but are not limited to; manufacture, sell, distribute, possession or use of a controlled substance or drug paraphernalia, (with intent to manufacture, sell, distribute or use), etc.... as defined under Federal Law? Yes ___ No ___

If yes, describe who and when:

Have you, the applicant or any other adult in your household ever been found guilty of, entered a plea of no contest or guilty to any offense under Federal, State, or Tribal law involving illegal use of alcohol which may include but are not limited to, underage drinking or underage possession of alcohol, homicide by the intoxicated use of a vehicle, OWI, etc.?

Yes ___ No ___

If yes, describe who and when:

Signature

Date

Signature

Date

REQUIRED LANDLORD INFORMATION

You "must" provide three(3) landlord names: If you have not had three landlords in the past, please indicate so in the area below.

Current Landlord: _____

Landlord Address: _____

Landlord phone #: _____

Previous Landlord: _____

Address: _____

Phone #: _____

Previous Landlord: _____

Address: _____

Phone #: _____

Have you ever been evicted? Yes _____ No _____

If yes, please indicate the reason why. _____

Please list your vehicle(s) information: Make _____ Model _____
and license plate number _____

I certify that the information presented in this application is true and correct to the best of my knowledge. I am aware that are penalties for fraud, and I know that supplying false information will be ground for being denied housing and/or being evicted. All applicant(s) and references must be satisfactory to the Landlord. Landlord will not be bound, and possession will not be given until lease is signed by Landlord and delivered to Applicant. Landlord assumes no responsibility to the applicant for delay or failure to give possession due to failure of applicant to present true and current information, or because current occupant has not vacated, or for any other reason. Applicant acknowledges that Landlord is relying on the statements made above. Applicant warrants that any and all information and statements made on this application are true. According to Policy, supplying false information will result in Application(s) being denied housing.

Signature

Date

Signature

Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Purpose: The Stockbridge-Munsee Division of Community Housing (DCH) may use this Authorization and the information obtained to conduct a check of my credit and prior rental histories as part of my application for an apartment in the Stockbridge-Munsee Community Apartment Buildings.

AUTHORIZATION: I hereby authorize the release and disclosure of written and verbal information relating to my financial history, previous rental experiences or other related information to the DCH by credit agencies, financial institutions, companies, corporations, persons, educational institutions, law enforcement agencies, courts, former employers, and military services. I hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information.

I further authorize the use of facsimile, photocopy, or email of this form for the release or disclosure of information for the purpose described above.

I understand that this Authorization, except for action already taken, may be voided by me at any time. If I do not void this Authorization, I understand that it will automatically end when a decision is made as to my rental application.

APPLICANT:

(Signature)

(Date)

(Printed Name)

(Social Security #)

(Address)

(Date of Birth)