

Division of Community Housing

Duplex and Rental Home Application

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

Requirements for your application to be considered "complete" and have your name placed on the waiting list are:

1. Completed and signed application
2. Copy of S/M enrollment card, descentent verification, or proof of enrollment in another Tribe
3. 4 most recent check stubs for all household income or other proof of income

*Failure to provide any of the information listed above is considered an incomplete application. Incomplete applications do not get placed on the waiting list.

I understand that I am responsible to make the Division of Community Housing aware of any changes in my address, phone number, income, etc. Failure to provide current information can result in my application being denied or being taken off the waiting list. I certify that the information presented in this application is true and correct to the best of my knowledge. I am aware that providing false information can lead to a denial or removal from wait list.

Signature of Applicant

Date

I am applying for: Duplex _____
 Home Rental _____

Please be aware that we look at your credit history, your current income, criminal background info and previous landlord history. We use the industry standard for minimum qualifying income: rent amount x 3 < your monthly NET income.

HOUSING STAFF ONLY:

Date application received: _____

Time application received: _____

Application received by: _____



Duplex & Rental Home Application

Current information:

Full Name: _____

Address: _____

Phone: _____

How long at address provided: _____

Current Employer(s) : _____

Employer Phone #: _____

Employer Address: _____

How long employed: _____

Other income: _____

Gross Monthly Income (entire household): _____

NET Monthly Income (entire household): _____

*Please attach 4 of your most recent pay stubs and 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.

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

Full Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.**

REQUIRED LANDLORD INFORMATION

You "must" provide your current landlord name and two (2) previous landlord names. If you have not had three(3) landlords in the past, please indicate so in the area below.

Current Landlord: _____

Landlord Address: _____

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 information: Make _____ Model _____
and license plate number _____

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 providing 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 on the internet that gives public information on crimes and convictions!**

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, prostitution, etc...?

Yes ____ No ____

If yes, list who, what 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, 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) 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:

All applicant(s) and reference 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

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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 housing with the Stockbridge-Munsee Community.

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, landlords 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, email or photo 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 and/or end of tenancy.

APPLICANT: _____
(Signature) (Date)

(Printed Name) (Social Security Number)

(Address)

(Date of Birth)

