Homme Apartment Inc.

Providing Quality Housing. Building Strong Communities.

EQUAL HOUSING OPPORTUNITY

INITIAL APPLICATION FOR OCCUPANCY

OFFICE USE ONLY	Date: _____	Time: _____	Received by: _____	Waitlist date/time: _____

( ) Carbonero Apartments - 101 E. Reed St., Wittenberg, WI	( ) Wildwood Apartments - 100 E. Wall St., Bowler, WI

IMPORTANT: CARBONERO AND WILDWOOD ARE NON-SMOKING PROPERTIES.

Office: 604 S. Webb St., Wittenberg, WI 54499 | 715-253-2125 | jamih@homme.org

PRIMARY APPLICANT

Legal name (Last, First, Middle): _____	Date of birth: _____ Preferred pronouns (optional): _____
Current street address and apartment number: _____	City, state, ZIP: _____
Primary phone: _____	Email: _____
Preferred contact method: ( ) Phone ( ) Email ( ) Mail	Requested move-in date: _____

HOUSEHOLD MEMBERS

List every person who will live in the apartment, including the primary applicant.

Full legal name	Relationship	Date of birth	Adult/Minor

CONTACT AND HOUSING NEEDS

Emergency contact name: _____	Relationship: _____
Phone: _____	Email (optional): _____

( ) Yes ( ) No Will anyone in the household require a live-in care attendant?

Explanation: _____

( ) Yes ( ) No Does anyone request an accessible unit, reasonable accommodation, or modification?

Explanation: _____

( ) Yes ( ) No Will the household have a pet? (Assistance animals are not pets.)

Explanation: _____

Note: You do not need to disclose a diagnosis. If you request an accommodation, management may provide a separate verification form when permitted by law.

HOUSING HISTORY

Provide at least three years of housing history. Attach another page if needed.

1. Current residence

Address: _____	Landlord/property name: _____
Landlord phone/email: _____	Dates lived there: _____ to _____
Monthly rent: $_____	Reason for leaving: _____

2. Previous residence

Address: _____	Landlord/property name: _____
Landlord phone/email: _____	Dates lived there: _____ to _____
Monthly rent: $_____	Reason for leaving: _____

3. Earlier residence

Address: _____	Landlord/property name: _____
Landlord phone/email: _____	Dates lived there: _____ to _____
Monthly rent: $_____	Reason for leaving: _____

PRELIMINARY TENANT-SCREENING QUESTIONS

Answer for every proposed household member. A 'Yes' answer does not automatically disqualify an applicant. You may attach an explanation.

( ) Yes ( ) No Has any adult household member been evicted or had a tenancy terminated for lease violations within the period covered by our Tenant Selection Plan?

Explanation: _____

( ) Yes ( ) No Does any household member currently engage in illegal use of a controlled substance?

Explanation: _____

( ) Yes ( ) No Is any household member subject to a lifetime state sex-offender registration requirement?

Explanation: _____

( ) Yes ( ) No Has any household member engaged in recent conduct that would present a direct threat to the health or safety of others or cause substantial property damage?

Explanation: _____

( ) Yes ( ) No Does the household owe an unpaid balance to a current or former housing provider?

Explanation: _____

Optional explanation or mitigating information

_____

_____

_____

_____

PRELIMINARY INCOME INFORMATION

List income expected during the next 12 months for all household members. Detailed verification will be requested later.

Household member	Source/employer	Gross amount	Frequency

Check every income type the household receives or expects to receive:

( ) Wages/tips/overtime	( ) Social Security/SSI	( ) Pension/retirement/annuity
( ) Unemployment/workers' compensation	( ) Veterans benefits	( ) Public assistance
( ) Child support/maintenance	( ) Regular gifts or bill payments	( ) Rental/real-estate income
( ) Settlements/severance	( ) Trust or investment income	( ) Other: _____

( ) Yes ( ) No Is any adult household member claiming zero income?

Explanation: _____

( ) Yes ( ) No Does any household member expect an income change during the next 12 months?

Explanation: _____

PRELIMINARY ASSET INFORMATION

List assets owned by all household members, including minors. Do not provide full account numbers on this application.

Household member	Financial institution/asset	Approx. value	Last 4 digits

Check every asset type held by the household:

( ) Checking/savings	( ) CDs/money market	( ) Stocks/bonds/securities
( ) Retirement accounts	( ) Trust funds	( ) Cash on hand
( ) Real estate	( ) Life insurance cash value	( ) Other: _____

( ) Yes ( ) No Has any household member sold, transferred, or given away an asset for less than fair-market value within the period required by current USDA rules?

Explanation: _____

POTENTIAL DEDUCTIONS

These questions help identify deductions that may apply. Supporting information will be requested only when needed.

( ) Yes ( ) No Does an elderly or disabled household wish to be considered for eligible unreimbursed medical expenses?

( ) Yes ( ) No Does a household member have disability-assistance expenses that enable a household member to work?

( ) Yes ( ) No Does the household pay childcare expenses that enable a household member to work, seek work, or attend school?

ADDITIONAL INFORMATION

Vehicle 1 - Make/model/year: _____	License plate: _____
Vehicle 2 - Make/model/year: _____	License plate: _____

APPLICANT CERTIFICATION

( ) I/We certify that the information in this application is true, complete, and accurate to the best of my/our knowledge.

( ) I/We understand that completing this application does not guarantee admission, establish eligibility, or create a lease.

( ) I/We understand that income, assets, deductions, identity, rental history, and other eligibility information may require additional forms and third-party verification before occupancy.

( ) I/We agree to promptly report changes to household composition, contact information, income, or housing needs while this application is pending.

( ) I/We understand that knowingly providing false, incomplete, or misleading information may result in denial of the application or termination of tenancy, subject to applicable law and required notices.

( ) If accepted, the apartment will be the household's primary residence.

Every adult household member must sign.

Primary applicant signature: _____	Printed name: _____	Date: _____
Adult household member: _____	Printed name: _____	Date: _____
Adult household member: _____	Printed name: _____	Date: _____

OPTIONAL DEMOGRAPHIC INFORMATION

For federal civil-rights monitoring only. This information is not used to decide eligibility. The head of household may decline to answer.

Ethnicity: ( ) Hispanic or Latino ( ) Not Hispanic or Latino ( ) Prefer not to answer
Race - mark all that apply: ( ) American Indian/Alaska Native ( ) Asian ( ) Black/African American
( ) Native Hawaiian/Other Pacific Islander ( ) White ( ) Prefer not to answer

FAIR HOUSING AND PRIVACY NOTICE

Homme Apartments, Inc. provides housing without discrimination based on race, color, national origin, religion, sex, familial status, disability, age, or any other status protected by applicable law. Reasonable accommodations and effective communication assistance are available upon request.

Please do not submit original documents, full bank account numbers, or full Social Security numbers with this initial application. If the household is selected for processing, management will provide the additional USDA certification, verification, consent, and disclosure forms that are required.

RETURN THIS APPLICATION

Mail or deliver to: Homme Apartments, Inc. 604 S. Webb St. Wittenberg, WI 54499	Questions: Phone: 715-253-2125 Email: jamih@homme.org Non-smoking properties

Management use: ( ) Application complete ( ) Additional information requested Date: _____

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APPLICANT AUTHORIZATION FOR RENTAL-HISTORY RELEASE

604 S. Webb St., Wittenberg, WI 54499 | 715-253-2125 | Fax 715-253-3293 | jamih@homme.org

APPLICANT AND FORMER RESIDENCE

Applicant's full legal name: _____	Other adult household member (if applicable): _____
Former rental address and apartment number: _____	City, state, ZIP: _____
Approximate tenancy dates: _____ to _____	Name used during tenancy (if different): _____

FORMER LANDLORD OR PROPERTY MANAGER

Landlord/property-management company: _____	Contact person/title: _____
Phone: _____	Email: _____
Mailing address: _____	Fax (if applicable): _____

AUTHORIZATION AND RELEASE

I/We authorize the landlord, property owner, management company, or housing provider identified above to disclose information about my/our tenancy to Homme Apartments, Inc. for the purpose of evaluating an application for housing.

The information authorized for release includes tenancy dates, rent amount, payment history, outstanding balances, lease compliance, documented notices or lease violations, property care, unauthorized occupants or animals, documented disturbances or complaints, tenancy termination, eviction history, and whether the housing provider would rent to me/us again.

I/We authorize Homme Apartments, Inc. to request clarification or supporting records related to the information released. This authorization does not permit disclosure of medical information, disability information, religion, race, national origin, familial status, or other information protected by law.

I/We release the responding housing provider and Homme Apartments, Inc., and their authorized representatives, from liability for good-faith disclosure and use of information authorized by this form, to the extent permitted by law.

A photocopy or electronic copy of this signed authorization may be accepted as an original. This authorization expires 90 days after the latest signature date below unless revoked earlier in writing, except for information already obtained or relied upon.

APPLICANT SIGNATURES

Every adult whose tenancy information may be released should sign.

Applicant signature: _____	Printed name: _____	Date: _____
Other adult signature: _____	Printed name: _____	Date: _____

Applicant: Give this signed form to Homme Apartments, Inc. Management will send the verification page directly to the former housing provider.

HOMME APARTMENTS, INC.

RENTAL-HISTORY VERIFICATION

604 S. Webb St., Wittenberg, WI 54499 | 715-253-2125 | Fax 715-253-3293 | jamih@homme.org

To the former housing provider: The applicant named below has authorized release of the tenancy information requested on this page. Please answer from your records and return the completed form directly to Homme Apartments, Inc.

APPLICANT AND PROPERTY TO BE VERIFIED

Applicant/tenant name: _____	Former rental address: _____
Other adult tenant name: _____	Apartment/unit number: _____

TENANCY VERIFICATION

Please answer only from your records or direct knowledge. Use the explanation area for details.

1. Did this person rent from you?		( ) Yes ( ) No ( ) Records unavailable
Verified move-in date: _____	Verified move-out date: _____	Monthly rent: $_____
2. Was rent generally paid according to the lease?		( ) Yes ( ) No ( ) Not known
3. Were there repeated late payments, returned payments, or payment arrangements?		( ) Yes ( ) No ( ) Not known
4. Is any rent, utility charge, damage charge, or other balance currently owed?		( ) Yes ( ) No ( ) Not known
If yes, amount owed: $_____	Was the balance sent to collections or reduced to judgment? ( ) Yes ( ) No	
5. Did the tenant comply with the material terms of the lease?		( ) Yes ( ) No ( ) Not known
6. Were written lease-violation, cure, termination, or eviction notices issued?		( ) Yes ( ) No ( ) Not known
7. Was there documented damage beyond ordinary wear and tear?		( ) Yes ( ) No ( ) Not known
8. Were there unauthorized occupants or unauthorized animals?		( ) Yes ( ) No ( ) Not known
9. Were there substantiated complaints involving noise, disturbances, threats, or interference with others' peaceful enjoyment?		( ) Yes ( ) No ( ) Not known
10. Did the tenant give proper notice and return possession of the unit as required?		( ) Yes ( ) No ( ) Not known
11. Would you rent to this tenant again under your current written standards?		( ) Yes ( ) No ( ) Unable to state

EXPLANATION AND SUPPORTING DETAILS

Dates and nature of late/returned payments or payment arrangements:

_____

Unpaid balances, notices, lease violations, damages, complaints, or other relevant tenancy details:

_____

Reason tenancy ended (if known):

_____

CERTIFICATION BY HOUSING PROVIDER

I certify that the information provided is accurate to the best of my knowledge and is based on available records or direct knowledge. I understand that Homme Apartments, Inc. may contact me for clarification.

Completed by: _____	Title/relationship to property: _____
Signature: _____	Date: _____
Phone: _____	Email: _____

Return directly to Homme Apartments, Inc.: jamih@homme.org | Fax 715-253-3293 | 604 S. Webb St., Wittenberg, WI 54499