

# Application for Occupancy

Affordable/Subsidized Housing for Elderly and Disabled

Main Office  
230 S. Oak St.  
Oregon, WI 53575

Telephone: (608) 835-8600  
Fax: (608) 835-8601  
[www.geneshousinginc.org](http://www.geneshousinginc.org)

EACH APPLICANT AGE 18 AND OLDER MUST COMPLETE A SEPARATE APPLICATION.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Marital Status \_\_\_\_\_ Desired Move-In Date \_\_\_\_\_  
(Married, single, separated)

Photo ID # & State:

**Household Composition:**

	Household Members (First, Middle Initial, Last)	Relationship to Head Of Household	M/F	Social Security Number	Birthdate	Full Time Student? Yes/No
1		HEAD				
2						
3						
4						

Please indicate for each household member listed above (codes are below):

Applicant: Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Disabled: Yes or No \_\_\_\_\_  
 Spouse/Co-Tenant: Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Disabled: Yes or No \_\_\_\_\_  
 Other: Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Disabled: Yes or No \_\_\_\_\_  
 Other: Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Disabled: Yes or No \_\_\_\_\_

**Race Codes**

- 1 = American Indian or Native Alaskan
- 2 = Asian
- 3 = Black or African American
- 4 = Native Hawaiian or Other Pacific Islander
- 5 = White

**Ethnicity Codes**

- A = Hispanic/Latino
- B = Non-Hispanic/Latino

The information regarding race, ethnicity, and sex designation solicited on this application is required in order to assure the Federal Government, acting through Rural Development Housing Services that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish the information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observance or surname.

**Contact Information**

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



## HOUSING REFERENCES

(Please list the past **two** years of housing references)

**Present Residence**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date Moved In: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_  
 Do you own this residence?  Yes  No      If NO, do you rent this residence?  Yes  No  
 Landlord Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous Residence**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date Moved In: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_  
 Did you own this residence?  Yes  No      If NO, did you rent this residence?  Yes  No  
 Landlord Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous Residence**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date Moved In: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_  
 Did you own this residence?  Yes  No      If NO, did you rent this residence?  Yes  No  
 Landlord Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

YES NO

**Please check Yes or No when answering each question**

		Do you certify this will be your primary place of residence? <b>REQUIRED</b>
		Do you require a handicap accessible unit or special accommodations (i.e., grab bars, first floor unit, etc.)
		Would you like to request a reasonable accommodation?
		Do you have a pet? Type and/or breed: _____
		Do you require a service/companion animal? Type and/or breed: _____
		Have you ever been convicted of a crime? (Excluding traffic offenses) or are you a registered sex offender? If yes, explain: _____
		Have you ever been evicted from an apartment? If so when & why: _____
		Are you applying for an apartment in Brooklyn?
		Are you applying for an apartment in Oregon?
		Are you applying for a one (1) bedroom apartment?
		Are you applying for a two (2) bedroom apartment?
		Are you applying for a lower unit?
		Are you applying for an upper unit? (GHI does <b>not</b> have elevators)



# INCOME

YES NO

		Employment <span style="float: right;"><u>Employer Name, Address, City &amp; Phone #:</u></span>
		Self Employed (attach last two years tax returns)
		Unemployment Benefits
		Worker's Compensation Benefits (Company Name, Address, City & Phone Number:)
		Periodic payments from pensions, retirement funds, annuities, inheritance, insurance policies or lottery winnings (Source Name & Address, City & Phone #)
		Veteran's Administration, GI Bill, National Guard or Military benefits/income
		Social Security Payments ( <b>Attach 2017 benefit letter</b> )
		Supplemental Security Income (SSI) ( <b>Attach 2017 benefit letter</b> )
		State SSI? (Call 1-800-362-3002 request a copy to be faxed to 608-835-8601 prior to turning application in.)
		Unearned income from family member age 17 or under (example: social security, SSI, Trust Fund disbursements, etc.) ( <b>Attach 2017 Benefit Letter or appropriate documentation</b> )
		Disability or death benefits other than Social Security or SSI ( <b>Company Name, Address, City &amp; Phone #</b> )
		Public Assistance (examples: TANF, AFDC or W2-DO <b>NOT</b> COUNT FOOD STAMPS)
		Educational grants, scholarships or other benefits ( <b>Name, Address, City &amp; Phone #</b> )
		Maintenance, spousal support or alimony ( <b>Name, Address, City &amp; Phone #</b> )
		Do you have a current order for child support? If yes, check A or B below: A. I am currently receiving child support payments B. I am not receiving any child support payments but it is court ordered that I do. Check one: 1. I am not pursuing the payments for the following reason: _____ 2. I am making efforts to collect the child support owed to me List efforts being made: _____
		Income from rental or real estate or personal property- ( <b>Attach a copy of most recent Federal Income Tax Schedule C or lease</b> )
		Cash contributions from persons not living with me, including rent or utility payments others pay. ( <b>Name, Address, City &amp; Phone #</b> )



		Income from a source other than those listed above (Source Name & Address, City & Phone #)
--	--	--

## ASSETS

YES NO

		Checking and/or Savings accounts (Bank Name, Address, City & Phone #)
		CD's, Money Market, IRA's or other non-checking accounts (Bank Name, Address, City & Phone #)
		Whole Life (Company Name, Address, City & Phone #)
		US Savings Bonds-Attach a copy of each bond If yes, have you bought or sold any in the past 12 months? Explain:
		Stocks and/or bonds or other investment accounts (Financial Institution/Brokerage Name, Address, City & Phone #)
		Own Mobile Home or Real Estate- Attach a copy of most recent tax bill
		Land Contract- Attach a copy of the land contract & amortization schedule
		Personal property held for investment purposes (this includes gems, jewelry, coin/stamp collections, etc.)
		Do you have any cash on hand or at home? If yes, how much?
		List any other assets not listed above
		Have you sold, given away or transferred ownership of assets within the last two years for less than fair market value?

Continue on next page



# DEDUCTIONS

**YES    NO**

(In the last 12 months have you paid out of your pocket for any of the following...)

		<p><b>Childcare expenses for children under the age of 13</b>                      Reason (check one) For me to go to work <input type="checkbox"/> or For me to go to school <input type="checkbox"/> (Provider Name, Address, City &amp; Phone #)</p>
		<p><b>Medicare premiums deducted from Social Security Check</b></p>
		<p><b>Periodic health insurance premiums (Insurance Company Name, Address, City &amp; Phone #)</b></p>
		<p><b>Prescription expenses (Pharmacy Name, Address, City &amp; Phone #)</b></p>
		<p><b>Dental expenses (Provider Name, Address, City &amp; Phone #)</b></p>
		<p><b>Optical expenses (Provider Name, Address, City &amp; Phone #)</b></p>
		<p><b>Chiropractor expenses (Provider Name, Address, City &amp; Phone #)</b></p>
		<p><b>Physician co-pays (Provider Name, Address, City &amp; Phone #)</b></p>
		<p><b>Clinic/Hospital co-pays (Provider Name, Address, City &amp; Phone #)</b></p>
		<p><b>Other medical expenses</b> (please circle)</p> <ul style="list-style-type: none"> <li>• Over the Counter-provide doctor letter/summary sheet listing all OTC items and receipts.</li> <li>• Assistance/Companion Animal-provide all receipts</li> <li>• Medical Mileage-provide list of appointment dates for each provider</li> </ul>



**PLEASE READ THIS CAREFULLY AND SIGN THIS APPLICATION**

The purpose of this application is to determine whether I qualify as a resident. If my application is approved, the Landlord and I shall sign a written lease or rental agreement. The Landlord and I have no rental agreement until the time that the lease or written rental agreement is signed.

I hereby authorize the Landlord and Manager to investigate my credit and financial responsibility, income rental and eviction history, and the statements made in this application, and to obtain a consumer credit report on me from a consumer-reporting agency that compiles and maintains files on consumers on a nationwide basis. My performance under any lease or rental agreement that I may enter into with the Landlord may be reported to such reporting agency.

I acknowledge that the Manager and the agents and employees thereof represent the interests of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

I warrant that all statements above set forth, to the best of my knowledge are true and correct. I understand that deliberately submitting false information or withholding information constitutes fraud. Federal law specifies fines up to \$10,000 and prison terms up to five years for fraud. Should any statement above be a misrepresentation or not a true statement of the facts, my application could be refused, or residency terminated.

Applicants are made aware of their right to request accommodation (s) and unless it is determined to be an undue burden, the accommodation (s) will be provided. TTY available by calling 1-800-947-3529.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant

\_\_\_\_\_  
Date

Should my application be denied for any reason, \_\_\_\_ I do \_\_\_\_ do not want a written explanation of why it was denied.



**Broihahn Management & Consulting**  
**RELEASE OF INFORMATION AUTHORIZATION**

Name: \_\_\_\_\_ Apartment Community: Genesis Housing, Inc.  
Address: \_\_\_\_\_  
City/ST/ZIP: **Genesis Housing, Inc.**  
Date of birth: 230 S. Oak Street  
Social Security #: Oregon, WI 53575  
Voice: (608) 835-8600  
FAX: (608) 835-8601

**RELEASE:** YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

In accordance with federal regulations for determination of the eligibility for residents of federally assisted housing, please complete the attached information and return as soon as possible to the above address in the envelope provided. Thank you for your cooperation.

Information obtained by this authorization is confidential and will only be used for determining housing eligibility.

This Authorization for Release of Information will expire 13 months after the date of the Applicant/Resident Signature(s).

**AUTHORIZATION**

I/We authorize release of any information requested by Broihahn Management Corporation, its subsidiaries or managing agents regarding my/our income, assets, medical allowances and/or housing references. I/we understand and agree that photocopies of this authorization may be used for the purpose stated above.

\_\_\_\_\_  
Signature of Applicant or Resident      Date      Social Security Number

\_\_\_\_\_  
Signature of Applicant or Resident      Date      Social Security Number

Signature of Verifying Agent \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

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 U.S. government. HUD and any owner (or any employee of HUD or an owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification 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 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 at 42 U.S.C. 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408(a)(6) (7) and (8). We encourage and support the nation's affirmative housing program, in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

This institution is an equal opportunity provider, and employer.