

APPLICATION FOR RESIDENCY

Colonial View Apartments

601 Thomas Drive
Sun Prairie, WI 53590
608-837-3174



PLEASE INCLUDE WITH THIS APPLICATION

- ☐ **Copy of Social Security Card**
- ☐ **Copy of Driver's License or Photo ID**
- ☐ **Copy of Birth Certificate, baptismal certificate, military discharge papers, valid passport**
- ☐ **Social Security benefit statement**
- ☐ **HUD Supplemental Application**

This application **MUST** be complete and returned to the Colonial View Office in order for further processing. We are required by HUD to perform a criminal background check and State lifetime sex offender registration check. We also perform a credit and landlord check on every application.

HUD created a Mandated Priority of Extremely Low Income (ELI). We must give priority to people whose annual income is below \$28,450 (subject to change with the Income Limits set for Dane County).

FOR OFFICE USE ONLY

____ Signed Application (6 Pages)
____ HUD 92006
____ HUD 27061
____ Section 214 Status
____ Asset Disposal Certification
____ Extremely Low Income
____ Very Low Income
____ Low Income

____ Copy of Social Security Card
____ Copy of Driver's License or Photo ID
____ Copy of Birth Certification
____ Disability Verification
____ Criminal Background Check
____ Credit Background Check
____ Landlord Verification
____ State Sex Offender Check
____ Existing Tenant Search

Received by: _____ Date Received: _____ Time Received: _____

Colonial View Apartments

601 Thomas Drive
Sun Prairie, WI 53590



Phone: 608-837-3174 FAX: 608-837-6434 Website: www.colonialviewapartments.com

APPLICATION FOR ELIGIBILITY DETERMINATION FOR RESIDENCY WITH COLONIAL VIEW APARTMENTS

PLEASE PRINT

1. APPLICANT(S):

Head of Household:

First Name: _____ Middle Initial: _____ Last Name: _____

Current Mailing Address

Street: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (with area code)

Cell Phone: _____ Home Phone: _____

Spouse/Co-Head:

First Name: _____ Middle Initial: _____ Last Name: _____

Current Mailing Address

Street: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (with area code)

Cell Phone: _____ Home Phone: _____

2. Household Composition and Characteristics

(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.)

Member's Full Name	Relationship	Birth Date	Sex: M or F (optional to answer)	Social Security Number
	HEAD			

Marital Status / Head of Household (optional to answer): Single ☐ Married ☐ Separated ☐ Divorced ☐

Are you a U.S. Citizen? Yes ☐ No ☐

Colonial View is a smoke free facility, do you smoke? Yes ☐ No ☐

3. Mobility Impaired/Barrier-Free Units

Do you have a mobility impairment that would necessitate the features of a fully accessible / barrier-free unit? Yes ☐ No ☐

*Please note that this need will be verified with your doctor/physician.

4. Current Housing Status

Please list all addresses where you have lived during the past ten years:
(Use additional sheet if necessary.)

Street: _____ Apt: _____
City: _____ State: _____ Zip Code: _____

Rental: Yes ☐ No ☐ **If YES**, please answer the following:

Dates of lease: _____ Landlord/Manager Name: _____
Phone number (with area code) of Landlord/Manager: _____

Street: _____ Apt: _____
City: _____ State: _____ Zip Code: _____

Rental: Yes ☐ No ☐ **If YES**, please answer the following:

Dates of lease: _____ Landlord/Manager Name: _____
Phone number (with area code) of Landlord/Manager: _____

- Please list all states where you and members of the household have resided: _____

- What is your current rent? _____
- Do you pay for your own heat? _____
- What is your monthly utility bill? _____
- Are you receiving a rental subsidy at the present time? Yes ☐ No ☐
- Have you ever lived in federally subsidized housing? Yes ☐ No ☐
- Name of Complex: _____
- Dates you lived there _____
- Have you ever been evicted or involuntarily removed from any housing or residential situation?
Yes ☐ No ☐
- **If YES**, please explain: _____
- Why do you want to move from your current residence? _____

- Have you ever filed or are you currently filing for bankruptcy? Yes ☐ No ☐
If YES, please explain: _____

5. Employment

Are you currently employed? Yes ☐ No ☐

Name of employer: _____

Address: _____

Telephone with area code: _____

6. Income

Do you or any members of your household receive any of the following types of income on a regular basis?

Source	Monthly Amount	Documentation Needed at Eligibility Interview
Wages/Salaries		Pay stub/letter from employer
Social Security SSI Railroad Retirement		Current Award Letter
Private Pensions		Most Recent Statement/Check Stub
Annuities		Most Recent Statement/Check Stub
Disability Insurance		Most Recent Statement/Check Stub
Interest from Investments/Dividends		Bank Statement; Forms 1099
Trust Income		Most Recent Statement
Income from Self-Employment		Tax Documents or Written Statement
Other (specify)		Written Documentation

- Do you or any members of your family have any regular sources of income not listed above?
Yes ☐ No ☐

If YES, please describe:

7. Assets

Do you or any members of your family have any of the following assets?

Asset	Current Value	Documentation Needed at Eligibility Interview
Cash (in excess of \$1,000)		Signed Statement
Checking Account(s)		Copy of Most Recent Bank Statement(s)
Savings/Money Market Account(s)		Most Recent Statement(s)
Stocks and Bonds		Most Recent Statement
Certificate of Deposit		Copy of Certificate
Collectibles held for Investment		Current Appraisal
Trusts, IRA, or Pension Accounts		Most Recent Statement

Do you or any members of your household own a home, mobile home, commercial property, or other real estate? Yes ☐ No ☐

If **YES**, please list and provide documents.

Estimated Value\$ _____

Address _____

8. Do you or any members of your household have any **life insurance policies** with permanent cash value? (May be called "whole life," universal," or "paid up" coverage.)
Yes ☐ No ☐

If **YES**, please list policies below:

Name of Company	Policy #	Face Value	Current Cash Value

9. Medical Expenses Please provide documentation.

- Do you have **Medicare**? Yes ☐ No ☐ Monthly Premium: _____
- Do you have **other medical insurance**? _____
- Are you receiving medical assistance through MA, SSI, or SSIE: _____
- Medicare Supplement** Name: _____ Monthly Premium: _____
- Part D for Prescriptions** Name: _____ Monthly Premium: _____
- Dental** Name: _____ Monthly Premium: _____
- What do you pay "**out of pocket**" annually for your prescriptions? Amount: _____
- Average "**out of pocket**" for any other medical expenses? Amount: _____

10. Do you have any **dependents** who live with you? Yes ☐ No ☐
11. Have you or any members of your household **disposed of assets** totaling more than \$1,000 for less than fair market value during the past two years? Yes ☐ No ☐
If YES, please describe: _____

12. List two relatives or friends who generally know how to contact you.
- | | |
|--------------------------|--------------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City: _____ State: _____ | City: _____ State: _____ |
| Relation: _____ | Relation: _____ |
| Phone #: _____ | Phone #: _____ |
13. How did you hear about Colonial View Apartments?
- ___ Current resident or resident family member
 - ___ Friend, Employee, Employer
 - ___ Internet - Website
 - ___ Religious organization
 - ___ Information provided by a government agency
 - ___ Advertisement (Where?) _____
 - ___ Other _____
14. Do you know or are you related to any of our residents or staff? Yes ☐ No ☐
15. Do you have a pet you wish to bring into this facility? Yes ☐ No ☐
If YES, please describe and list the weight of the animal: _____

16. Do you have a vehicle you wish to bring onto the property?
Yes ☐ No ☐
- If YES, is the car registered, insured, in operable condition, and owned by a member of the household? Yes ☐ No ☐
17. Have you ever been convicted of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past five (5) years?
Yes ☐ No ☐ If YES, please provide the nature of the crime: _____
Date: _____ State: _____ City: _____
18. Are you subject to a lifetime registration requirement under a state sex offender registration program? Yes ☐ No ☐
19. Do you have any criminal charges pending now? Yes ☐ No ☐ If YES, please explain: _____

READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:

CRIMINAL BACKGROUND CHECK – I/WE understand that a background check will be conducted. Rejection of my/our application may occur if there is a history or conviction for: 1. Disturbances of neighbors; 2. Destruction of property; 3. Drug –related criminal activity; 4. Criminal activity involving violence to person and property; 5. Theft or burglary; 6. Felony convictions; 7. Disorderly conduct; or 8. Sexual crimes or registered sex offender.

RELEASE OF INFORMATION – Each adult household member who is making application for or is currently living in Section 8 Housing must sign HUD Forms 9887 and 9887A (or its equivalent). Failure to sign constitutes grounds for denying housing. I/WE certify that I/WE have received a copy of the Form HUD-5380, Form HUD-5382, Form HUD-1141, and HUD Section 8 Fact Sheet.

I/WE understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/WE understand that any false information may make me/us ineligible for a unit.

I/WE authorize management to make any and all inquiries to verify our information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state, or local agencies. I/WE understand that our information will be kept confidential but may be reviewed by a HUD auditor.

APPLICANT(S) CERTIFICATION I/WE certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/WE understand that false statements or information are punishable under Federal Law and could result in this application being rejected. I/We understand that if any of this information is false, misleading, or incomplete, management may decline our application, or, if move-in has occurred, terminate our lease agreement.

UNAUTHORIZED PERSONS LIVING IN THE UNIT: If MY/OUR application is approved, and move-in occurs, I/we certify that only those persons listed on this application will occupy the unit, that it will be my/our only residence and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/WE am/are aware that the applicant may be given less than thirty (30) days' notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that my/our offer may be forfeited.

I/WE agree to notify management in writing regarding any changes in household address, telephone numbers, income, assets, and household composition, within 14 days. If I/we do not notify management of the above changes, my application may be rejected for incomplete/inaccurate information.

I/WE understand that failure to complete this application in its entirety will result in the rejection of this application. All household members age 18 or older must sign below:

NON-SMOKING: *I/WE understand there is a NO SMOKING policy at Colonial View Apartments and agree to comply with this policy and will not smoke in my apartment.*

Signature of Head of Household: _____ Date _____

Signature of Spouse / Co-Head: _____ Date _____

Signature of Person Assisting Applicant: _____ Date _____

Signature of Colonial View Rep: _____ Date _____

Tenancy is open to all qualified eligible persons without regard to race, color, national origin, handicap status, religion, familial status, sex, or any other protected State class. Colonial View Apartments does not discriminate based upon age for any reason, excluding HUD program/project requirements.