

APPLICATION FOR HOUSING

SPECIFY A
TOWN OR

APARTMENT NAME: _____

RETURN TO: DAK MANAGEMENT CO., INC.
1020 Lincoln Avenue, Fennimore, WI 53809
Phone: (608) 822-RENT (7368)
Fax: (608) 822-4779
Website: dakgroup.org

For office use only:

Date/Time Application Received _____



COMPLETELY FILL IN ALL OF THE INFORMATION IN ORDER FOR YOU TO BE CONSIDERED FOR OCCUPANCY.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
EVERY UNMARRIED ADULT / CO-APPLICANT MUST COMPLETE A SEPARATE APPLICATION.

SECTION A – APPLICANT

Applicant's Name: _____

Mailing Address: _____ Apt. No. _____
(Required)

City _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Any applicant who purposefully falsifies, misrepresents, or withholds any information related to program eligibility or submits inaccurate and/or incomplete information, or during the interview, will not be considered for housing nor placed on the waiting list.

SECTION B – HOUSEHOLD COMPOSITION

List the Head of Household and all other persons who will be living in the unit. Give the relationship of each family member to the Head. Every Unmarried Adult / Co-Applicant must complete a separate application.

Member's Full Name First Middle Last	Relationship	Birthdate	Age	Optional		Social Security Number
				Sex	Student Yes/No	
	Head					

For all students listed above, please complete the following:

Student's Name	School Name	# of Credits Currently Taking
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

SECTION C – GENERAL

1. Are you a United States citizen? Yes No
 If no, are you a Non-Citizen with eligible alien status? Yes No
 Are you a Non-Citizen student? Yes No
 Citizen and/or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.
2. Why do you wish to move from your present residence? _____
3. Have you ever been or are you being evicted? Yes No If so, why? _____
4. When would you be available to move? _____
5. How did you hear about this housing development? _____
6. Does anyone live with you now who is not listed in your household composition under Section B. Yes No
 If yes, please explain: _____

7. Will anyone else live in the unit on either a full- or part-time basis? Yes No If yes, please explain: _____
8. Is an addition to the household expected? Yes No If yes, please explain: _____
9. Do you have sole legal and physical custody of your children? Yes No If no, please explain: _____
10. Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing, or visual impairments? Yes No If yes, what accommodation(s) do you need? _____
Third party verification is required. _____
11. What size unit are you applying for? 1 Bedroom 2 Bedroom 3 Bedroom
Would you be willing to accept a smaller unit, if available? Yes No
12. Are you now living or have you lived in a government subsidized development? Yes No If yes, when: _____
Name, address and phone# of development: _____
13. Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, drug related criminal activity or for any other reason? Yes No If yes, please explain: _____
14. Have you ever applied for or lived in housing managed by DAK Management? Yes No
If yes, where and when: _____
15. Do you have a pet? Yes No If yes, what kind? _____
16. LIST NAME, ADDRESS AND PHONE NUMBER OF WHO TO CONTACT IN CASE OF AN EMERGENCY:
Name: _____
Address: _____ City _____ State _____ Zip _____
Phone Numbers – Day: _____ Night: _____
Relationship to Head of Household: _____

SECTION D – HOUSING HISTORY REQUIRED

FIVE FULL YEARS OF HOUSING HISTORY IS REQUIRED FOR ALL ADULT HOUSEHOLD MEMBERS.
(Attach a Separate Page If Necessary). Incomplete Applications - Will Not Be Processed.

CURRENT HOUSING STATUS		Rental Amount:	
Address	City	State	Zip

Name of Landlord: _____ Phone No.: _____
Address: _____
How long have you resided at your current address? From: _____ To: _____
(Month/Year) (Month/Year)
Are you related to this individual? Yes No

PREVIOUS HOUSING STATUS		Rental Amount:	
Address	City	State	Zip

Name of Landlord: _____ Phone No.: _____
Address: _____
How long did you reside at this address? From: _____ To: _____
(Month/Year) (Month/Year)
Are you related to this individual? Yes No

PREVIOUS HOUSING STATUS		Rental Amount:	
Address	City	State	Zip

Name of Landlord: _____ Phone No.: _____
Address: _____
How long did you reside at this address? From: _____ To: _____
(Month/Year) (Month/Year)
Are you related to this individual? Yes No

List ALL of the States ALL household members have lived in: _____

SECTION E – INCOME INFORMATION

List income information for ALL household members' (attach a separate page if necessary).

DO YOU RECEIVE OR EXPECT TO RECEIVE?	YES	NO	MONTHLY AMOUNT	NAME & ADDRESS OF SOURCE
Wages, salaries (includes overtime, tips, bonuses, commissions, self-employment)			\$	
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Does anyone work for someone who pays cash			\$	
Welfare benefits (W2, PA, GA)			\$	
Workman's Compensation			\$	
Unemployment benefits or severance pay			\$	
Child support / Alimony			\$	
Social security payments			\$	
Social security payments			\$	
Disability benefits (SSI)			\$	
Disability benefits (SSI)			\$	
Pensions / Retirement benefits			\$	
Annuities or life insurance dividend			\$	
Student Financial Aid etc.			\$	
Net income from rental property			\$	
Regular cash contributions or gifts from individuals not living in the unit			\$	
Other				

SECTION F – ASSET INFORMATION

ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY.

Answer each of the following questions for all household members, including minors. For each question answered yes, provide the current balance and the complete name and address of each source.

ASSET	YES	NO	CURRENT BALANCE	NAME & ADDRESS OF SOURCE
Checking Account			\$	
Name on Account:				
Checking Account			\$	
Name on Account:				
Savings Account			\$	
Name on Account:				
Savings Account			\$	
Name on Account:				
Certificates of Deposit			\$	
Name on Account:				
Stocks / Bonds			\$	
Trusts / Securities			\$	
Pension / Retirement Funds			\$	
Money Market Funds			\$	
Other			\$	

PLEASE TURN PAGE OVER

	HEAD OF HOUSEHOLD		
	YES	NO	VALUE
Do you currently hold a contract for deed (land contract)?			\$
Do you currently own real estate? If yes, please list the location(s), number of acres owned, any expenses incurred (i.e., taxes, insurance) and any income received: _____			\$
Are any assets held with another person? If yes, list person's name and the asset(s) held jointly: _____			\$

I/We hereby certify that I/we have ___ have not ___ sold or disposed of any assets for less than Fair Market Value during the two-year (24-month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be listed here. _____

SECTION G – HOUSEHOLD ALLOWANCE INFORMATION

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, cost of attendant care, and any other medical and dental costs NOT covered by an outside source, e.g. insurance, Medicare, state agency, or charitable organization. These allowances vary depending on household characteristics, such as age, handicap or disability, and employment status.

	YES	NO	MONTHLY AMT.
Child care which enables you or another household member to work, go to school, or to seek employment?			\$
Attendant care for a handicapped or disabled household member so that an adult household member can work, seek employment, or go to school?			\$
Medicare premiums?			\$
Other medical insurance premiums?			\$
Prescription / Over-the-counter medicine?			\$
Cost for doctor / dentist visits?			\$
Do you expect to have any additional medical expenses during the next twelve (12) months? If yes, please explain: _____			\$

SECTION H – MISCELLANEOUS INFORMATION

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or No in response to each question. Explain any YES answers below.

- Have you or any member of your household ever been charged with or convicted of a felony or a misdemeanor other than a traffic violation? Yes No
If yes, explain _____
- Do you or any member of your household use an illegal drug or other illegal controlled substance? Yes No
- Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance? Yes No
- Have you or any member of your household ever used different names from the names given on this application? Yes No
If yes, list names _____
- Have you or any member of your household ever used a social security number different from those listed on this application? Yes No
If yes, list other SS #'s _____
- Do you or does anyone in your household participate in behavior from abuse or pattern of abuse of alcohol that may interfere with the health, safety and right to peaceful enjoyment by other residents? Yes No
- Have any household members ever been placed on a sex offender registry in any state? Yes No

READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:

DRUG FREE COMMUNITY – It is a violation of your lease agreement to possess, sell, or distribute illegal drugs on the property. You will be evicted from your apartment if you violate these rules.

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

I/We certify that all information given in this application is true, complete and accurate. 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.

I/We authorize management to make any inquiries to verify this information, directly or through information exchanged now or later with rental, credit and criminal 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.

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 for. I/We understand that if I/we enter into a lease, it will be for a one-year period.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition, within 10 days.

All household members age 18 or older are required to sign below:

1. _____
Applicant's Signature Date
2. _____
Applicant's Signature Date
3. _____
Applicant's Signature Date
4. _____
Applicant's Signature Date

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.

IMPORTANT: Persons who meet the definition of disabled or handicapped qualify for a \$400 deduction from their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to your income, please indicate Yes No. (A complete Rural Development definition of what is considered a disability or handicap can be requested from DAK Management.) If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, 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 this 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/national origin and sex of individual applicants on the basis of visual observation or surname.

If you do not wish to provide the information, please check the box below:

I do not wish to furnish this information.

Race of Head of Household

- White American Indian/Alaskan Native
 Black/African American Native Hawaiian/Pacific Islander
 Asian Other (specify) _____

Sex of Head of Household

- Male Female

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

This institution is an equal opportunity provider and employer.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the manager to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residences and Rental Activity	

GROUP OR INDIVIDUAL WHO MAY BE ASKED

The groups or individuals who may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing Authorities)	Past and Present Employers Welfare Agencies
Courts and Post Offices	State Unemployment Agencies
Schools and Colleges	Social Security Administration
Law Enforcement Agencies	Support and Alimony Providers
Medical and Child Care Providers	Veterans Administration
Retirement Systems	Banks and other Financial Institutions
Utility Companies	
Credit Providers and Credit Bureaus	

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES REQUIRED

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM." MUST BE PREPARED AND SIGNED SEPARATELY.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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SIGNATURE OF APPLICANT REQUIRED

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13804) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.
Form HUD- 92006 (05/09)

INCOMPLETE APPLICATIONS - WILL NOT BE PROCESSED.