

SPECIFY A
TOWN OR
APARTMENT NAME:_____

APPLICATION FOR HOUSING

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. AGES 18 & OLDER.

SECTION A – APPLICANT

Applicant’s Name: _____

Mailing Address: _____ Apt. No. _____
(Required)
City _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

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. Ages 18 & Older.

Member’s Full Name			Relationship	Birthdate	Age	Sex (Optional)	Student Yes/No	* REQUIRED * Social Security Number
First	Middle	Last						
			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 accomodation(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 CONSECUTIVE YEARS FOR ALL HOUSEHOLD MEMBERS. Including-Time Lines For Each Place. (NO GAPS)
***Four Or More Places Continue On A Separate Page. Incomplete Applications - Will Not Be Processed.**

CURRENT HOUSING INFORMATION		Rental Amount:	
Address	City	State	Zip

Name of Landlord: _____ Phone No.: _____

Address: _____

Dates lived at your current address From: _____ To: _____

Relationship to this individual-Circle One: Landlord, Friend, Relative, Other _____

PREVIOUS HOUSING INFORMATION		Rental Amount:	
Address	City	State	Zip

Name of Landlord: _____ Phone No.: _____

Address: _____

Dates lived at your this address From: _____ To: _____

Relationship to this individual-Circle One: Landlord, Friend, Relative, Other _____

PREVIOUS HOUSING INFORMATION		Rental Amount:	
Address	City	State	Zip

Name of Landlord: _____ Phone No.: _____

Address: _____

Dates lived at your this address From: _____ To: _____

Relationship to this individual-Circle One: Landlord, Friend, Relative, Other _____

Have you or any member of your household resided in any other state(s)? ☐ Yes ☐ No _____

If YES, Please list ALL States and Counties: _____

SECTION E – INCOME INFORMATION

ALL INFORMATION WILL BE VERIFIED BY THE THIRD PARTY(S)
ANSWER EACH OF THE FOLLOWING QUESTIONS FOR ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.
FOR EACH QUESTION ANSWERED YES, PROVIDE THE MONTHLY AVERAGED INCOME AMOUNT.

DO YOU RECEIVE OR EXPECT TO RECEIVE?	YES	NO	Monthly Income For:	
			APPLICANT	CO-APPLICANT
Wages, salaries (includes overtime, tips, bonuses, commissions, self-employment)				
Wages, salaries (includes overtime, tips, bonuses, commissions, self-employment)				
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				
Disability benefits (SSI)				
Other benefits of a Minor				
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 THE THIRD PARTY(S).
Answer each of the following questions for ALL household members, including minors.
For each question answered YES, provide the current balance in the account(s).

ASSET	YES	NO	Current Balance For:	
			APPLICANT	CO-APPLICANT
Checking Accounts				
Name on Account: Checking Accounts				
Name on Account: Savings Accounts				
Name on Account: Savings Accounts				
Name on Account: Certificates of Deposit				
Name on Account Stocks / Bonds				
Trusts / Securities				
Pension / Retirement Funds				
Money Market Funds				
Other				

	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.

1.

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 _____
2.

Do you or any member of your household use an illegal drug or other illegal controlled substance? ☐ Yes ☐ No
3.

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
4.

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 _____
5.

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 _____
6.

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
7.

Have any household members ever been placed on a sex offender registry in any state? ☐ Yes ☐ No

If Yes, What State(s) _____

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.

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

Race of Head of Household

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other (specify)

Sex of Head of Household

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Ethnicity

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
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This institution is an equal opportunity provider.

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

☐ I do not wish to furnish this information. X _____

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.

Penalties For Misusing This Consent:

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 United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and find 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, the PHA or the owner responsible for the unauthorized disclosure or improper use.

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 Statues
- Medical or Child Care Allowances
- Residences and Rental Activity
- Employment, Income and Assets
- Credit and Criminal 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)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Medical and Child Care Providers
- Retirement Systems
- Utility Companies
- Credit Providers and Credit Bureaus
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Support and Alimony Providers
- Veterans Administration
- Banks and other Financial
Institutions

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. **Sign Below-Signature Required.**

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:	
<div>Reason for Contact: (Check all that apply)</div> <div><div><input type="checkbox"/> Emergency</div><div><input type="checkbox"/> Unable to contact you</div><div><input type="checkbox"/> Termination of rental assistance</div><div><input type="checkbox"/> Eviction from unit</div><div><input type="checkbox"/> Late payment of rent</div></div> <div><div><input type="checkbox"/> Assist with Recertification Process</div><div><input type="checkbox"/> Change in lease terms</div><div><input type="checkbox"/> Change in house rules</div><div><input type="checkbox"/> Other: _____</div></div>	

☐ 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. 13604) 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.