

WAITLIST APPLICATION

Landlord: **Hillcrest Apartments**

Address: **2725 N. University Drive, Waukesha, WI 53188** Phone: **(262) 549-1212** Fax: **(262) 549-3834**

OFFICE USE	
Date Received :	Time Received : <input type="checkbox"/> AM <input type="checkbox"/> PM
Agent:	Beds:

HEAD OF HOUSEHOLD (First, Middle, Last Name):	
Home Phone:	Cell Phone:
Current Address:	
Email Address:	

APPLICANT AND FAMILY

List all household members who will live in the apartment. Be sure to include any temporarily absent family (such as military/student family members who will be returning to the household) and any unborn children.

Number of foster children or adults (If applicable):	*	
Will a live-in attendant be a household member? (Yes/No)	*	
* Do not include in chart below.		
Will any adult household members be moving in during the next 12 months? (Yes/No)		

HOUSEHOLD MEMBERS

Name of Persons to occupy apartment (First Name, Last Name)	Relationship to Head of Household	Social Security Number ¹	Sex M = Male F = Female	Date of Birth	Race* <small>See Below</small>	Student Y = Yes N = No
	Head of Household					

**To comply with the regulations of the Department of Housing and Urban Development, we obtain information regarding race to help us create and monitor our Affirmative Fair Housing Marketing Plan.*

W = White B = Black or African-American A = Asian
I = American Indian/Alaska Native H = Native Hawaiian/Other Pacific Islander O = Other



¹ All applicant and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them (*Failure to disclose and provide documentation and verification of SSNs will result in an applicant not being admitted or a tenant household's tenancy being terminated*) except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010.

- Household members who are handicapped or disabled may qualify for special provisions for the Section 8 Housing program. If you feel you or a member of your household may qualify for this, please check the box.**

STUDENT STATUS	YES	NO
Is this applicant a full-time student?		
Or, will this applicant become a full-time student within the next 12 months?		
Or, has this applicant been a full-time student during the current calendar year?		
If yes, please provide the name and address of school, the date enrolled and amount of financial aid to be received:		

MARITAL STATUS	Please check one.			
Single	Married	Divorced	Separated	Widowed
Other (Please explain):				

INCOME				
Please indicate each source of income that you receive or anticipate receiving in the next 12 months as specified:				
Description	Yes	No	Amount Received / Frequency (weekly, monthly, annually)	Contact Information (name, phone number, address)
Employment				
Previous Employment (If less than 6 months)				
Severance Pay				
Unemployment				
Non-Employment				
Workers Compensation				
Disability				
Social Security				
SSI				



Description	Yes	No	Amount Received / Frequency (weekly, monthly, annually)	Contact Information (name, phone number, address)
VA Benefits				
Military Benefits				
Pension/Annuities				
Non-Receipt of Child Support/Alimony/Family Maintenance				
Public Assistance/ AFDC				
Trust Account				
Net Business Income/Self-Employment Income				
Net Rental Income				
Recurring Gifts/Contributions				
Lottery Payments (Periodic)				
Adoption Assistance Payments				
Income from Temporarily Absent Family Members				
Income from Persons Permanently Confined to a hospital or nursing home				

ASSETS				
Do you have any of the following types of assets or do you expect to establish any in the next 12 months?				
Description	Yes	No	Cash Value	Where is it held? (Contact Information)
Checking Account				
Savings Account				
Cash Kept at Home				
Safety Deposit Box				
CD / Money Market Accounts				
Stocks / Bonds				
Trust Account				
Treasury Bills				
IRA				
Keogh				
401K				
Pension / Annuities				



Description	Yes	No	Cash Value	Where is it held? (Contact Information)
Whole Life / Universal Life Insurance				
Land Contract / Purchase Money Mortgage				
Lottery Winnings (Lump Sum)				
Personal Property held as an Investment (such as gems, jewelry, antique cars, stamp collections, etc.)				
Did you received any insurance claim settlements, inheritance, lottery winnings, or capital gains in the last 12 months or do you anticipate receiving any within the next 12 months?				
Have you sold any assets in the past 2 years for more than \$1,000 less than fair market value?				
Are total household assets at or below \$5,000?				

EXPENSES		
<p>Child Care Allowance: Does your household incur child care expenses to allow a family member to attend school, work, or seek new employment? If yes, please list amount, frequency, name and address of the child care provider. Please do not include child care expenses if a family member capable of providing child care is available during the hours the care is needed or if this expense is reimbursed by an outside agency.</p>		
Name & Address of Child Care Provider	Amount Paid	Frequency (Weekly, Monthly)
<p>Handicap / Disability Allowance: Does your household incur handicap / disability assistance expenses that are necessary to enable a family member to be employed? If yes, please list the amount of anticipated to be paid by the family in the next 12 months. This amount should not include any amount paid or reimbursed by an outside source such as insurance, Medicare, or grants by a state agency or charitable organization, or amounts paid to a family member living in the household.</p>		
Type of Expense Name & Address of Provider	Amount Paid	Frequency (Weekly, Monthly)



Medical Allowance: If Head, Co-Head, Spouse, or Sole Member of the household is 62 years or older, handicapped, or disabled, please list the total medical expenses your family anticipates to incur in the next 12 months that are not paid by an outside source such as insurance, Medicare, or grants by a state agency or charitable organization.

Type of Expense Name & Address of Provider	Amount Paid	Frequency (Weekly, Monthly)

APPLICANT EMPLOYMENT HISTORY

Current Employer

Current Employer :

Street : City :

State : Zip : Phone :

Start Date (MM/YYYY) : Wages : Hours per Week :

Previous Employer

Previous Employer :

Street : City :

State : Zip : Phone :

Start & End Date (MM/YYYY) : Wages : Hours per Week :

RESIDENCE HISTORY

A minimum of 3 years of housing history is required.

CURRENT ADDRESS

Street :

City : State : Zip :

Since (MM/YYYY) : Rent Own Monthly Rent/Mortgage :

Reason for leaving :

Landlord :

Street : City :

State : Zip : Phone :

PREVIOUS ADDRESS

(If within the last 3 years)

Street :

City : State : Zip :

Since (MM/YYYY) : Rent Own Monthly Rent/Mortgage :

Reason for leaving :

Landlord :

Street : City :

State : Zip : Phone :



PREVIOUS ADDRESS			
(If within the last 3 years)			
Street :			
City :	State :	Zip :	
Since (MM/YYYY) :	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	Monthly Rent/Mortgage :
Reason for leaving :			
Landlord :			
Street :		City :	
State :	Zip :	Phone :	
OTHER INFORMATION			
Emergency Contact Information			
(Closest relative, not living with you)			
Name:		Relationship:	
Street :		City :	
State :	Zip :	Phone :	

VEHICLE INFORMATION				
Applicants Driver's License No. :				State:
Make	Model	Color	Year	License Plate No.
1				
2				

List indicate all states that all of the members of the household have resided:

Do you have any pets? Yes No If yes, what type? _____

Are you currently receiving Rent Assistance? Yes No
 Voucher _____ Certificate _____

Has your Rent Assistance ever been terminated? Yes No
 If yes, please explain: _____

Has your assistance or tenancy in a subsidized program ever been terminated for fraud, no payment of rent, or failure to cooperate with recertification procedures? Yes No
 If yes, please explain why and when: _____

Will this unit be your only place of residence? Yes No
 If no, please explain: _____

Will a business be run out of your home? Yes No
 If yes, please explain: _____



Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Have you ever filed for bankruptcy? Yes No

If yes, when: _____

Has any member of your household been evicted within the last 3 years from federally assisted housing for drug related criminal activity? Yes No

If yes, please explain why and when: _____

Have you ever been evicted? Yes No

If yes, please explain: _____

Have you ever willfully or intentionally refused to pay rent when due? Yes No

If yes, please explain: _____

Is any member of your household subject to a State Sex Offender Lifetime Registration requirement? Yes No

If yes, please explain: _____

Is any member of your household subject to a State lifetime sex offender registration in any state? Yes No

If yes, please explain: _____

Is any member of your household currently engaged in illegal use of drugs? Yes No

If yes, please explain: _____

Is any member of your household currently an alcohol abuser whose behavior could interfere with the health, safety, and right to peaceful enjoyment of other residents? Yes No

If yes, please explain: _____

Are you currently living in Section 8 Housing? Yes No

If yes, you do understand that you may not collect Section 8 subsidy at two locations at the same time? You must be completely moved out of your current apartment, return the key and complete the move out inspection with the current management before you qualify to receive subsidy at Hillcrest Apartments.

How did you hear about this apartment community? _____

Name: _____ Phone: _____ Relationship: _____

SIGNATURE CLAUSE: I have read this application and understand it. I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for residency as may be necessary. I understand that any misrepresentation may result in the denial of my application, eviction, loss of assistance, fines up to \$10,000 and imprisonment up to five years. I authorize the owner, its subsidiaries, and its agents to investigate my credit worthiness through any credit bureau and other reasonable means. This application is not a rental agreement, contract, or lease. All applications are subject to approval of the owner or managing agent. It is our aim to ensure that this apartment community is a drug free zone. The use and sale of controlled substances will not be tolerated. By signing this application form, I verify my support for this policy.

Signature

Date



LEASING CONSENT AND AUTHORIZATION HILLCREST APARTMENTS

Legacy Varin Property Management Services, LLC

I understand that this form is an application for the waitlist only and that submission of this application in no way reserves or guarantees an apartment.

As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statement 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. This is preliminary application and gives you no lease or rental rights. Additional information may be required at a later date to complete processing of this application.

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 consumer credit report on me from a consumer-reporting agency that complies 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 understand that deliberately submitting false information or withholding information constitutes fraud and is grounds for eviction, or non-acceptance of application.

Wisconsin applicants only: Applicant hereby acknowledge receipt of a copy of the lease, the policies and procedures addendum, the NONSTANDARD RENTAL PROVISIONS addendum, and any other addenda that applicant has expressed interest in which will require the applicant's signature upon entering into a lease.

Please be advised that HUD may compare the information family's supply with information Federal, State or local agencies have on those families' incomes and household composition. A final decision on eligibility cannot be made until all verifications are complete.

Print Name

Social Security #

Signature

Date



WAITLIST PROCEDURE

(Please keep this page for your records)

Thank you for your interest in our 2 and 3 bedroom affordable units at Hillcrest. The waitlist application needs to be filled out in its entirety, and can be returned via email (hillcrest@legacyvarin.com), fax (262-549-3834) or by mail / in person to our main office at 2725 N. University Drive, Waukesha WI 53188. Please keep in mind that there are occupancy and income restrictions, and any applications with felonies or evictions will automatically be denied.

Once the application is returned, your name will be added to the waitlist based on the date and time your application was received. Periodically notices will be sent by mail regarding your position on the waitlist and your desire to remain on the list. It is imperative that you update your address and phone number with our office.

Once you are next on the waitlist, we will notify you by both phone and mail to schedule an interview and application appointment. If we cannot get a hold of you we will move onto the next person on the waitlist and your name will be removed. The interview and application process can take around 7-14 business days to complete.

During the interview and application appointment you will be expected to provide the following:

- Social security cards and birth certifications for all occupants. Identification cards and/or drivers licenses for all adults.
- 6 consecutive paystubs from your employer as well as your employer's name, address, phone and fax number. Information for employers whom you have been employed with within the past 6 months.
- Award letter from the social security office for any SS, SSI or SSDI payments that you received.
- Statements from a banking institution. Checking account requires 6 month average. Saving account requires current balance. Other prepaid debit card will require that you provide a statement or print out showing the current balance.
- Statements from any 401K or other retirement plans.
- Child support, proof of the court ordered amount or proof from the courts that you do not receive it.

** Additional items may be requested based on the information provided at the time of application **

If you have any questions, please feel free to contact our office at (262) 549-1212.

