

Broadway Court Apartments

505 Chicago Avenue - Office
Viroqua, WI 54665
608-637-8425

Application for tenancy – Market Unit

For office use only

Date Rec'd _____ Time Rec'd _____
Date Completed _____
Reservation Y / N _____ Unit # _____

Please Check One: Interested in:
_____ One BR _____ 2 Bedroom

Name of Applicant Name of Co-Applicant Applicant Soc Sec # Applicant Date of Birth Applicant Sex

Street Address, Apt. # City/State/Zip Home Phone Number Work Phone Number

Emergency contact (Name/Address/Phone #)

HOUSEHOLD INFORMATION

List all other persons besides yourself who will occupy the apartment. If more space is required, please use the last page.

Full Name Relationship Soc. Sec. # Date of Birth Sex

HOUSING STATUS

Provide at least your last three years of rental history

Present Landlord:

Address of Landlord: Street City State Zip Phone #

Monthly Rent Average utility bills per month Is your current rent based on your income? Y or N # of Bedrooms

Are you presently sharing an apartment? Y or N Is the lease in your name? Y or N

From () to ()

How long have you lived at this address? Why do you wish to move from your current address?

Previous Address Landlord Name and Address (Street/City/State/Zip/Phone #)

From () to ()

Reason for Moving? How long were you at this address?

PERSONAL REFERENCES

List at least three personal references (not including relatives) whom you have known for at least one year.

1. Name	Address/City/State/Zip	Phone #	Relationship	Known how long?
2. Name	Address/City/State/Zip	Phone #	Relationship	Known how long?
3. Name	Address/City/State/Zip	Phone #	Relationship	Known how long?

ASSETS

Checking	Bank Name (Address & Phone)	Balance
Checking	Bank Name (Address & Phone)	Balance
Saving/Money Market	Bank Name (Address & Phone)	Balance
Saving/Money Market	Bank Name (Address & Phone)	Balance
Other		

EARNED INCOME

<u>HOUSEHOLD MEMBER'S NAME</u>	<u>EMPLOYER (NAME)</u>	<u>ADDRESS/PHONE #</u>	<u>HOURS PER WEEK</u>
1.		\$	hour per week/month
2.		\$	hour per week/month

OTHER SOURCES OF INCOME

<u>HOUSEHOLD MEMBER'S NAME</u>	<u>TYPE OF INCOME</u>	<u>AMOUNT</u>
1.		\$ per
2.		\$ per
3.		\$ per

PROGRAM INFORMATION

How did you find out about the development?

Have you ever:

1. Been evicted from tenancy? Y or N
2. Willfully or intentionally refused to pay rent when due? Y or N
3. Filed for bankruptcy? Y or N

Have you or any member of your household been convicted of any criminal activity? Y or N

Are you or any member of your household a current abuser of any illegal or controlled substance? Y or N

Have you or any member of your household been convicted of the manufacture or distribution of any illegal substance? Y or N

Is the head of the household, spouse or any other family member:

Frail elderly (defined as receiving optional support services)?	Y or N
Physically disabled?	Y or N
Homeless?	Y or N
Mentally disabled?	Y or N
Elderly?	Y or N

If yes, please request Notice to All Applicants: Reasonable Accommodations and (2) Special Unit Requirements.

Do you have any specific housing requirements, such as a special handicapped accessible unit? Y or N

If yes, please complete the Special Unit Requirement Questionnaire.

Your signature on this application authorizes the owner/manager of the property in which you are applying for occupancy to contact your prior landlords for information regarding your prior tenancies, to check personal and credit references, and to obtain credit, employment, bank and court records.

I/We declare that the statements and information contained in this application are true and complete to the best of my/our knowledge. I/We understand that the willful submission of false or misleading information may be the sole reason for rejection of this application or termination of tenancy. It is further understood that the completion of this application does NOT constitute an acceptance for occupancy.

Signature of Head of Household

Date

Signature of Co-Applicant

Date

Application Received by: _____

ADDITIONAL INFORMATION

Vehicle: Make _____ Model _____ Year _____ License Plate # _____

Vehicle: Make _____ Model _____ Year _____ License Plate # _____

Management Services by:
HORIZON MANAGEMENT GROUP, INC.
P. O. BOX 2829
LA CROSSE, WISCONSIN 54602-2829
(608) 784-2935 (800) 944-4866
Fax 608-784-2932
Equal Opportunity Housing

RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

The individual(s) indicated below are participants(s) and/or have applied for housing. Horizon Management is the management agent of the housing development in which this individual(s) is residing or applying for residency.

Horizon Management is required by law to confidentially verify information provided by applicants. The applicants have indicated your Agency's/Institution's name as a source of information. Verification of applicant/participant statements are not limited to those shown in the following authorization.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Household Composition	AFDC/General Assistance
Employment Income	Social Security/SSI
Unemployment Income	Educational Scholarships, Stipends, Expenses
Alimony/Maintenance	Assets (Checking, Savings, IRAs, Trusts, Stocks, Bonds,
Pensions/VA/Annuities	Mutual Funds, Etc.)

** I/We hereby authorize Horizon Management Group to make any inquiries necessary or advisable in verifying the above information and to make any inquiries necessary in verifying income and asset information.

** I/We agree that photocopies of this authorization may be used for the purposes stated above.

** If I or any adult member of my household fail to sign this authorization, without disclosing all financial information relating to the certification, I/We understand that this action may constitute grounds for denial of eligibility or termination of assistance.

Printed Name

Printed Name

Printed Name

Signature

Signature

Signature

Social Security #

Social Security #

Social Security #

This authorization is effective for 15 months from the date hereof: Dated: _____