

# RENTAL APPLICATION

Fort Howard Apartments 141 N. Chestnut Ave., Green Bay WI 54303  
Phone (920)-448-4544 Fax (920) 448-6399

Date & Time Received ____/____/____ _____ a.m./p.m.
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## HOUSEHOLD INFORMATION

Applicant: \_\_\_\_\_  
*First name middle Initial last name*

Birthdate \_\_\_\_\_ Social Security No \_\_\_\_\_

Are you or other household member a student?  Yes  No  
If yes, full- or part-time? \_\_\_\_\_

Co-applicant: \_\_\_\_\_  
*First name middle Initial last name*

Birthdate \_\_\_\_\_ Social Security No \_\_\_\_\_

### Other Household members:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security No \_\_\_\_\_

## RESIDENCE INFORMATION

Present Address: \_\_\_\_\_  
*Street address city, state, zip*

Phone numbers: \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_ Current rent \$ \_\_\_\_\_/month (Is rent subsidized by HUD? \_\_\_\_\_)

How long have you lived at your current address? \_\_\_\_\_

If you rent, provide your landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

Why are you moving at this time? \_\_\_\_\_

If moving due to a natural disaster, such as a flood or tornado, or by a government action through no fault of your own, who can verify this? *Name/address, phone* \_\_\_\_\_

### Previous addresses:

1. \_\_\_\_\_  
*Street address of residence city, state, zip*

Time period resided here: from \_\_\_\_\_ to \_\_\_\_\_

If a rental, *landlord's name* \_\_\_\_\_ *Phone* \_\_\_\_\_

2. \_\_\_\_\_  
*Street address of residence city, state, zip*

Time period resided here: from \_\_\_\_\_ to \_\_\_\_\_

If a rental, *landlord's name* \_\_\_\_\_ *Phone* \_\_\_\_\_

## REFERENCES

	<i>Name of reference</i>	<i>relationship</i>	<i>address</i>	<i>phone</i>	<i>Years known</i>
1.					
2.					
3.					

## YOUR APARTMENT NEEDS

Check all that apply:

- One bedroom     Two bedroom (must be minimum 2 household members)  
 One bedroom – wheelchair design:  
    require     roll-in shower, or     tub with extra bars

### ***Optional information:***

Is there a health condition, disability, or handicap that requires special accommodation? \_\_\_\_\_

Please explain: \_\_\_\_\_

If there any health conditions that may relate to your tenancy, you may explain here:

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## EMERGENCY CONTACTS

	<i>name</i>	<i>relationship</i>	<i>address</i>	<i>phone</i>
<i>personal</i>				
<i>personal</i>				
<i>doctor/clinic</i>				
<i>hospital</i>				

### Personal vehicle information

*If you own a vehicle, what is the*

Make of car \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_

### How did you learn about Fort Howard Apartments

- Newspaper or other publication \_\_\_\_\_  
 Another resident *name:* \_\_\_\_\_  
 Other \_\_\_\_\_

## INCOME INFORMATION

*NOTE: LOW INCOME LIMITS APPLY*

<i>Type of income</i>	<i>Income Source name and address, etc.</i>	<i>Monthly income</i>	<i>Yearly income</i>
<b>Social Security</b>	<i>N/A</i>		
<b>SSI federal</b>	<i>N/A</i>		
<b>SSI state</b>	<i>State:</i>		
<b>Pension/Retirement</b>			
<b>Pension/Retirement</b>			
<b>Employment</b>			
<b>Self Employment</b>	<i>Provide most recent tax or income records</i>		
<b>Other sources</b>			

## ASSETS

<i>Type of Asset</i>	<i>Institution Name &amp; address</i>	<i>Value</i>	<i>Interest/earnings rate or monthly \$</i>	<i>Yearly Income from asset</i>
<b>Checking accounts</b>				
<b>Savings accounts</b>				
<b>Certificates of deposit</b>				
<b>Money Market funds</b>				
<b>Bonds</b>				
<b>Annuities including IRA, 401k</b>				
<b>Real Estate Property</b>	<i>Property address</i>			
<b>Liens/land contracts</b>				
<b>Life Insurance that is cashable</b>				
<b>Other assets:</b>				

**Total Asset Value:** \_\_\_\_\_

**Have you disposed of any assets in the past two years? Yes** \_\_\_ **No** \_\_\_

## MEDICAL EXPENSES

*Note: Certain Medical Expenses may be a deduction from income.*

### MEDICAL INSURANCE PREMIUMS

	Co name & address	Premium amount	Frequency <i>mo/yr/qtr</i>
Medicare	n/a		
Medicare D (RX)			
Senior Care	n/a		
Medicare Supplement			
Other Medicare related plan			
Health Insurance			

### ONGOING MEDICAL EXPENSES

*Examples: Doctors, hospitals, dentists and other medical providers*

Medical Provider	address	Balance due <i>If applicable</i>	Regular Payments <i>If applicable</i>	Frequency <i>mo/yr/qtr</i>

### ONGOING MEDICATIONS

Pharmacy	address	Your out of pocket costs	Frequency <i>mo/yr/qtr</i>

**Other Medical Expenses not already listed that you expect during the next year:**

Medical Provider	address	expected expense

**NOTICES**

Are you a smoker?     Yes     No

**SMOKING POLICY**

**Fort Howard Apartments is a totally smoke free building. In order to smoke, residents and visitors must leave our grounds to do so. Applicants should make this policy a serious part of their consideration to apply for an apartment at Fort Howard Apartments. By applying to live at Fort Howard Apartments you are agreeing to abide by this policy. Non-compliance could result in an eviction.**

**PRIOR TENANCY**

**Has your assistance or your tenancy in a subsidized housing program ever been terminated for fraud or other illegal activities, non-payment of rent or failure to cooperate with recertification procedures?     Yes     No**

**If yes, explain:** \_\_\_\_\_

**Have you ever been evicted from housing?     Yes     No    If yes, why?**

\_\_\_\_\_

**PET DISCLOSURE**

**Are you a household pet owner?     Yes     No**

**If yes, type of pet and adult weight? \_\_\_\_\_ *Refer to Pet Policy & Agreement***

**PRIOR UNLAWFUL ACTIVITIES**

**Have you or any household member ever been arrested or convicted of a crime?**

**Yes     No    If yes, explain nature of crime: \_\_\_\_\_**

**Is any one in the household now on parole or probation?     Yes     No**

**STATEMENT OF UNDERSTANDING**

**Fort Howard Apartment swill be contacting all former landlords for the period three years prior to the date of application.**

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to Fort Howard Apartments by my/our employer(s), the Department of public Assistance, the Social Security Administration, and or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for residency at Fort Howard Apartments.

**Applicant signature:** \_\_\_\_\_ *Date signed*

**Co-applicant signature:** \_\_\_\_\_ *Date signed*

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.