

# Grand River Station

Temporary Office: 224 N. Sixth Street  
La Crosse, Wisconsin 54601  
(608) 784-0088

## Application for tenancy – 20 Market Units

### For office use only

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

**Please Check One:** Interested in:

\_\_\_\_\_ One BR Plus Den \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 2 BR Plus Den

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

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

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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.*

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

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### HOUSING STATUS

*Provide at least your last three years of rental history*

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Present Landlord:

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Address of Landlord:    Street      City      State      Zip      Phone #

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

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

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From (      ) to (      )

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

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

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From (      ) to (      )

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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.			\$ <span style="float:right">hour per week/month</span>
2.			\$ <span style="float:right">hour per week/month</span>

**OTHER SOURCES OF INCOME**

<u>HOUSEHOLD MEMBER'S NAME</u>	<u>TYPE OF INCOME</u>	<u>AMOUNT</u>
1.		\$ <span style="float:right">per</span>
2.		\$ <span style="float:right">per</span>
3.		\$ <span style="float:right">per</span>

**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 # \_\_\_\_\_

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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.)

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\*\* 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: \_\_\_\_\_