



WALWORTH COUNTY HOUSING AUTHORITY
affordable housing is the foundation to build a strong community

20 N. Church Street, Suite 1 • Elkhorn, Wisconsin 53121
Phone: 262-723-6123 • Fax: 262-723-2079

TOWN HALL APARTMENTS
LOW INCOME HOUSING TAX CREDIT (LIHTC) APPLICATION

These are NOT subsidized properties. Tenants must pay full rent. Rental rates are set by the State of Wisconsin.

Resident Screening and Selection Process

Thank you for your interest in our apartment community. Affordable Community Housing Inc. (ACHI) is an Equal Housing Opportunity provider and seeks to process all applicants in a fair and consistent manner. We comply with Fair Housing and offer Reasonable Accommodations to persons with disabilities. Affordable Community Housing, Inc. (ACHI) is the management agent representing the owner in determining applicant and tenant continued eligibility. All property oversight, maintenance and tenant relations are handled by MPC Property Management Company. For more information, please contact:

Walworth County Housing Authority
20 N. Church Street, Suite 1
Elkhorn, WI 53121
(262)723-6191
sboss@wchawi.com

Property Details:

- Town Hall Apartments offers country living that is close to the city. Town Hall Apartments are located at the intersection of Town Hall Road and Prairie Drive in the Town Of Delavan. Our property is located very near the Town of Delavan Police Department and a couple of blocks from Delavan Lake.
- Our community offers Two and Three bedroom upper and lower units.
- Some of the amenities offered are appliances, air conditioning, private entrance, playground, picnic pavilion, laundry room, off-street parking and full-time on-site manager.
- All units have a small storage room.
- Tenants are responsible for paying gas and electric utility service. Owner pays for water, sewer and garbage services.
- Security Deposit is equal to one month's rent amount and is required upon move-in.

Application Process:

- **EACH ADULT MEMBER IN THE HOUSEHOLD MUST COMPLETE A SEPARATE APPLICATION.**
- Head of Household: please read and complete this entire application packet. Additional adult household members must complete the Tax Credit Questionnaire, Statement of Student Intent, and Release of Information. **Incomplete applications will be denied.**
- Applications will be accepted in person, and through the U.S. Postal Service.

Admission/Rejection Policy

- Units are rented to the first approved applicant with a full security deposit paid. A security deposit will not be accepted until the Rental Application is approved.
- All incoming applications will be reviewed and initially approved applicants will be contacted.
- The application process may take several weeks. The application of income eligible applicants will be retained until an appropriate unit is available.
- All applicants will be notified in writing of any denial citing the reasons for denial.
- **There is no appeal process for a denied application.**

General Requirements

- Applicants must be at least 18 years of age, or married, or an emancipated minor. A Social Security card plus one other form of ID is required at application for each household member. Examples of acceptable forms include: a valid, state-issued driver's license, passport, visa or legal alien documentation, birth certificate.
- Applicants offered a unit will be required to pay a non-refundable deposit of \$150.00 to hold the unit. This \$150.00 will be credited towards the full security deposit that is due at move-in. Should you fail to move into the unit, the \$150.00 deposit will be forfeited.

Student Status

- According to the LIHTC Program or Section 42 of the IRS Code. **A household comprised entirely of full time students (adults and minors) is not eligible to reside in this apartment community.** There are five exceptions to this rule:
 - At least one adult in the unit is married, not necessarily to another adult living in the unit, and they have filed a joint federal tax return the previous year.
 - The household consists of one single parent and at least one child, neither of whom is listed as a dependent on another person's (outside the household) most recent tax return.
 - A household member is a recipient of Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF).
 - A household member is a participant in a federal, state, or local job training program comparable to those funded by the Job Training Partnership Act.
 - At least one household member who was, in the past 5 years has been under the care and placement responsibility of the state agency responsible for administering foster care.

NO PETS ARE ALLOWED AT TOWN HALL APARTMENTS. A companion or service animal may be approved with a Reasonable Accommodation for a disability.

Screening Criteria

- All applicants and co-signers must agree to the following by executing a rental application form:
I hereby consent to allow ACHI, through its designated agent and its employees, to obtain and verify my credit information and criminal background search for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, ACHI and its agent shall have a continuing right to review my credit information, criminal background, payment history, and occupancy history for account review purposes and for improving application methods.

Criminal Background Search

We will conduct a criminal background and/or public records search. It is our policy not to lease to applicants who have the following:

- A conviction of any felony in the last 5 years. Any applicant with a felony conviction older than 5 years will be assessed on a case by case basis.
- A background search that reveals a past history of violent, drug related, or criminal activity within the past 2 years.
- A review of the Dru Sjodin National Sex Offender Public Website will be completed on applicants that are 18 years of age and older.

Income/Asset Verification

- Income is required to be considered for tenancy.
- ACHI is required to verify all sources of income and assets. Failure to report or misrepresentation of application information will result in denial of the application.
- Income eligibility will be determined based on the information that was supplied on the initial application.
- An applicant exceeding the income limits of the Low-Income Tax Credit Program is not eligible.

Evictions/Rental History

- An applicant may be denied if they have been evicted within the past 2 years.
- Applicants with insufficient rental history may be denied.

Bankruptcy

- Any applicant who has declared bankruptcy in the past 5 years will be denied.

Acknowledgement

I have read and understand the Resident Screening & Selection Process. I understand the circumstances for which my application may be denied.

Print Name: _____
(Head of Household)

Signed: _____
(Head of Household)

Date: _____

Property Name: Town Hall Apartments
 Address: 2301-2231 Prairie View Drive, Delavan, Wisconsin
 Phone: (262) 723-6191
 Fax: (262) 723-2079

Please indicate below unit size interested in:	
2 Bedroom:	_____
3 Bedroom:	_____

TOWN HALL APARTMENTS
LOW INCOME HOUSING TAX CREDIT RENTAL APPLICATION
All co-applicants, age 18 or older, including spouse, must also complete separate forms.

The information you provide below will be used to determine if you meet the eligibility guidelines for becoming a resident of our community. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Please fill in every answer. If not applicable, write N/A. Misrepresentation of information is punishable by law.

Applicant Information

Name (First, Middle Initial, Last)		Phone Number
Current Address, City, State, Zip		
Mailing Address (if different from above)		
Current Landlord Name		Current Landlord Phone
How long have you lived at current residence?	Current monthly rent	Reason for moving?
Do you currently (circle one): OWN RENT	If renting, are you in a lease now? YES NO	

Previous Rental History

Address, City, State, Zip		
Landlord Name		Previous Landlord phone
Dates of residence?	Previous monthly rent	Reason for moving?

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Address, City, State, Zip		
Landlord Name		Previous Landlord phone
Dates of residence?	Previous monthly rent	Reason for moving?



HOUSEHOLD COMPOSITION AND STATUS:

Please answer all questions. Write N/A if a particular question is not applicable. Do not leave any questions blank or unanswered. List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months. **List member as a full-time or part-time student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. The educational institution defines student status. Please include all school-age children, even if home-schooled.**

Household Member's Full Name (first, M.I. and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child L=Live-In Attendant	Date of Birth	SEX M=Male F=Female	Social Security Number	Full time Student Y or N
	Head				

For each household member listed above please complete the following information below. This information is used for statistical purposes only:

Household Member Name	Marital Status M= Married D=Divorced SP = Separated S – Single W = Widowed N/A – not applicable	Race 1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Asian 5 = Hawaiian or Pacific Islander 6 = Other	Ethnicity 1 = Hispanic 2 = Not-Hispanic 3 = Other	Disability Status Yes = is a person with disabilities No = is not a person with disabilities



Sources of Income: Please indicate all income sources for all members of the household. Income includes, but not limited to: employment (full or part time), self-employment, welfare assistance, social security, pensions, SSI, SSDI, military pay/benefits, unemployment, child support, alimony, student grants/loans, lottery income, income from sale of property, income from trust, and any other income received from people not residing with you.

Name:	Source of income:	Source contact info(name, address, phone):	Annual Gross Income:
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Personal References: List 3 persons not related or living with you, whom you have known at least one year.

Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:

Who should we contact in case of an emergency?

Name:	Address:	Phone:
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Additional Information:

How did you find out about our property? Newspaper _____ Drive By _____ Family/Friends _____ Other _____	
When do you desire to occupy the apartment?	Have you given notice to your current landlord? Yes / No
Have you ever filed for Bankruptcy? Yes / No	If yes, list dates:
Have you or anyone listed on this application ever been evicted from tenancy? Yes / No	If yes, list dates:
Have you or anyone listed on this application ever been convicted of a felony? Yes / No	If yes, list dates:



Have you or anyone listed on this application had any criminal actions pending (including traffic or misdemeanors)? Yes / No If yes, list dates:		
Are you or anyone listed on this application been on probation or parole? Yes / No	If yes, please list probation/parole agent's name and phone number:	
Do you or anyone listed on this application owe any money to a utility company? Yes / No		
Will this be your only place of residence? Yes / No	If no, please explain:	
Will you have 50% or more physical custody of all minor members in the household? Yes / No		
Will you be receiving Section 8 Rental assistance while living at this community? Yes / No		
Do you owe any money to the Walworth County Housing Authority? Yes / No		
Have you ever used another name? Yes / No	If yes, please indicate other names:	

Vehicle Information:

Type of Vehicle: (car, truck, etc..)	License Plate #	
Make/Model: _____	Year:	Color:
Driver's License Number: _____		
Type of Vehicle: (car, truck, etc..)	License Plate #	
Make/Model: _____	Year	Color:
Driver's License Number: _____		

CERTIFICATION OF ACCURACY AND COMPLETENESS

I certify that all information provided in this rental application is true and complete to the best of my knowledge and understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I understand that we may be subject to eviction.

By signing this application I understand that I am authorizing ACHI, its employees and agents to make such investigations, inquiries, and verification requests into my income and asset information, rental history, credit standing, criminal history, employment history, and any other information necessary to verify my eligibility to live in this apartment community. I agree to release all parties from any and all liability for any damage which may result from the furnishing or receiving the information necessary to process this application. I understand that completing this application form does not guarantee me a rental unit.

Applicant's Signature

Date

Co-Applicant's Signature

Date



TOWN HALL APARTMENTS
APPLICATION QUESTIONNAIRE

Date: _____

Applicant/Resident Name: _____

Name(s) of dependent Children Covered by This Questionnaire: _____

A Separate Form is required for Each Adult Member (18 or older) of the Household including Household Members under the Age of 18 who will be designated as either the Head, Co-Head, Spouse.

INCOME- Include all income anticipated in the upcoming 12 months. Please circle yes or no for each question:

1. [Yes] [No] I am self-employed or own my own business. Provide a copy of your recent Federal income Return. List Nature of self-employment or business
2. [Yes] [No] I am employed. Please List Place of employment: _____
3. [[Yes] [No] I am employed at more than one place. Please list additional places of employment: _____
4. [Yes] [No] I am currently unemployed, however looking for work. Provide a copy of your recent Income Tax Return.
5. [Yes] [No] I am Currently Pregnant.
6. [Yes] [No] Do you expect any other person(s) to join the household in the next 12 months?
7. [Yes] [No] I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in my household.
8. [Yes] [No] I receive unemployment benefits or expect to receive in the upcoming 12 months.
9. [Yes] [No] I receive Military, Veterans, GI Bill or National Guard Benefits/Pay. (If yes please circle all that apply)
10. [Yes] [No] I receive Social Security Benefits.
11. [Yes] [No] I receive Supplemental Security Income (SSI) Benefits.
12. [Yes] [No] I receive Social Security or SSI Benefits on behalf of family members age 17 or under. Please List Name(s):

13. [Yes] [No] I receive disability or death benefits other than Social Security.
14. [Yes] [No] I receive **Cash** Public Assistance/Welfare/ Assistance or any other type of assistance from an agency that provides this type of assistance (example-TANF AFDC) Please list: _____
15. [Yes] [No] I am receiving assistance from a Housing Authority in the form of Section 8 assistance / vouchers to help with my rental payments.



- 16. [Yes] [No] I am entitled to receive child support payments; however, I am not receiving payments.
- 17. [Yes] [No] I am currently receiving child support payments.
- 18. [Yes] [No] I receive alimony/ spousal support payments.
- 19. [Yes] [No] I receive income from trust, annuities, inheritance, retirement funds, insurance policies, pensions or lottery winnings.
- 20. [Yes] [No] I receive income from real or personal property.
- 21. [Yes] [No] I am receiving other forms of income that are not listed above, If YES, please list sources: _____

Assets:

- 22. [Yes] [No] I have Checking Account(s). How Many? Interest Rate % Value: _____
- 23. [Yes] [No] I have Saving Account(s). How Many? Interest Rate % Value: _____
- 24. [Yes] [No] I have Certified Deposits (CD's) How Many? Interest Rate % Value: _____
- 25. [Yes] [No] I have Money Market Account(s) How Many? Interest Rate % Value: _____
- 26. [Yes] [No] I own Stocks or Bonds. How Many? Interest Rate % Value: _____
- 27. [Yes] [No] I have a trust. Interest Rate % Value: _____
- 28. [Yes] [No] I have a 401K account. Interest Rate % Value: _____
- 29. [Yes] [No] I have a retirement account. Interest Rate % Value: _____
- 30. [Yes] [No] I have money in a safety deposit box. Amount held:\$ _____
- 31. [Yes] [No] I own property.
- 32. [Yes] [No] I have a whole life or universal life insurance policy.
- 33. [Yes] [No] I hold assets for investment purpose (example- antique car, jewelry, stamp collection, etc...)
- 34. [Yes] [No] I have disposed of assets (gave away, sold cash or assets) for less than fair market value in the past 2 years. If YES list items and date disposed: _____
- 35. [Yes] [No] I have access to any other asset or receive income from any other asset not listed above. If YES, list type(s), how many, interest rate(s) and value(s): _____



Student Status Questions

36. [Yes] [No] I am currently a part-time or full-time student.

37. [Yes] [No] I am currently not a student; however I anticipate enrolling as a part-time or full-time student in the next 12 months.

38. [Yes] [No] There are currently minors in the household grades K-12 that are full-time students or will become full time students in the next 12 months. Please list names of minors: _____

39. [Yes] [No] I have been a full-time student for 5 months or more of the past twelve months. (This includes recent High School Graduates).

40. [Yes] [No] Are all members of the household (adults and minors) full-time students?

41. [Yes] [No] Does your Household anticipate becoming a household in which all persons (adults and minors) will be full-time students in the next 12 months?

If you answered yes to question #40 or question #41, please answer the following:

42. [Yes] [No] Are you receiving assistance under Title IV of the Social Security Act which is AFDC or TANF?

43. [Yes] [No] Are you enrolled in a local, state or federal job-training program?

44. [Yes] [No] Are you married and filling a joint tax return?

45. [Yes] [No] Are you a Household of a single parent and at least one child, where neither of you are claimed as dependents on another person's tax returns?

46. [Yes] [No] Are/Have in the past, you or any Household Member been under the care of a state Foster Care Program?

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes as act of fraud. False, misleading or incomplete information will result in denial of application or termination of the lease agreement.

Applicant/ Resident Signature

Date

