



Return to: Park Apts. Waiting List
c/o NHS of Southwest Wisconsin
125 E Seminary St.
Richland Center, WI 53581
Phone [608] 647-4949
Fax [608] 647-8792

Park Apts. Residents DO NOT Qualify for Homestead Tax Credit

To Be Completed in INK Only

**** Please Provide Proof of Income with Application; Such as Current Year's Social Security Benefit Letter and Previous Year's Federal Income Tax Return****

APPLICATION FOR RESIDENCY/WAITING LIST

The undersigned hereby makes application for Residency Waiting List
at the Park Hotel Senior Citizens Apartments, 213 S. Central Avenue, Richland Center, WI 53581

Applicant Name _____ DOB _____ SS # _____

Include Middle Initial

Co-Applicant _____ DOB _____ SS # _____

Current Address _____ Phone # _____

Married? Yes No

Do You file a Federal Income Tax Return? Yes No

Do You Own a Car? Yes No

Home Owner? Yes No

Is Move-In Dependent Upon Sale of Home? Yes No

Name of Current/Last Landlord _____

Landlord Address _____ Phone # _____

Length of Stay at Current Location _____ Have You Ever Been Evicted? Yes No

Apartment Preference: 1 Bedroom 2 Bedroom Veteran?: Yes No

Floor Preference: 1st Floor 2nd Floor 3rd Floor

References: List 3 People Who are NOT Related to You, Including Address and Phone # for Each

1. _____
Name Address Phone #

2. _____
Name Address Phone #

3. _____
Name Address Phone #

Income Information

Salary/Wages – Amount Earned Before Deductions

\$ _____ Annually from [Name, Address & Phone #] _____

\$ _____ Annually from [Name, Address & Phone #] _____

Income from Businesses, Profession, Rental Property or Personal Property

\$ _____ Annually from [Name, Address & Phone #] _____

\$ _____ Annually from [Name, Address & Phone #] _____

Social Security/SSI Payments

\$ _____ Monthly Social Security for Applicant: _____

\$ _____ Monthly Social Security for Co-Applicant: _____

Other Income: [i.e. Pensions, Annuities, Retirement, IRA's, CD's, Savings, Interest Earnings]

\$ _____ Annually from [Name, Address & Phone #] _____

\$ _____ Annually from [Name, Address & Phone #] _____

Bank Information: Please List Name, Address and Telephone Number of Institution(s) in Which You Have Checking and/or Savings Accounts. Do NOT List Account Numbers.

Have you ever had any evictions, judgments, liens or bankruptcy, or do you have a bankruptcy or eviction pending? _____ If yes, explain _____

Have you ever been convicted of a felony or misdemeanor, or do you have any charges pending? _____ If yes, explain _____

How did you hear about the Park Hotel Senior Citizens Apartments? _____

I/We Hereby State That All the Above Information is Correct and I'm Reporting **All** Income as Requested.

Signature

Date

Signature

Date

Neighborhood Housing Services of Southwest Wisconsin, Inc.
Park Hotel Senior Citizens Apartments
125 E Seminary St.
Richland Center, WI 53581
Phone [608] 647-4949 Fax [608] 647-8792

AUTHORIZATION FOR RELEASE OF INFORMATION

As Evidenced by My/Our Signature[s], I/We Hereby Authorize NHS/Park Hotel Senior Citizens Apartments to Obtain Verification of Any and All Information Regarding My: INCOME, EMPLOYMENT, CREDIT STANDING, PROPERTY OWNERSHIP, MORTGAGE STANDING, HOMEOWNER'S INSURANCE and HOUSING EXPENSES. Furthermore, I/We Authorize the Release of Such Information at the Request of NHS of Southwest Wisconsin/Park Hotel Senior Citizens Apartments.

I/We Understand That This Information Will Be Kept Confidential by NHS/Park Hotel Senior Citizens Apartments and Will Be Used Solely for the Purpose of Determining Eligibility for Residency at the Park Hotel Senior Citizens Apartments.

Date

Signature

Signature of Co-Applicant

Social Security Number

Social Security Number



APPLICATION INSTRUCTIONS FOR RESIDENCY/WAITLIST

Checklist for proof of income documentation:

Copy of your driver's license**

Copy of your most recent 1040 Federal Income Tax Form with all schedules (if you file taxes) **

Copy of your pay stubs for the last three (3) months (if currently employed) **

Name of Bank where accounts are held**

Copy of your unemployment statements (if applicable) **

Copy of your most recent annual Social Security and/or current disability award statement (if applicable)

** (You can request a copy from the Social Security Office: 1-800-772-1213)

Be sure to include any other documentation requested on the application form, if applicable**

NOTE:

Your application will not be considered until all required documentation is returned with a fully completed application.

If you are bringing originals with you, we can make copies for you here.

*All income sources will be verified to determine eligibility

** Must be supplied for all applicants

Intentionally providing false information to a federally funded program is considered fraud.