

Attached is the application for residency at
The Meadowlands
6834 Milwaukee St. Madison, WI 53718
(608) 721-6650

Please include the following when returning your application,
applications returned without supporting documentation **WILL NOT** be
accepted.

3 forms of ID for applicants over the age of 18 (Ex. Gov't issued
Photo ID or Driver's License, Passport, Social Security Card and Birth Certificate)

2 forms for anyone under 18 (Ex. Social Security card and Birth
Certificate)

\$16.00 application fee for **each applicant** over the age of 18. Please
be aware that a Cashier's Check is the only accepted payment for
this fee. Thank you.

Last **6** consecutive paystubs (**if paid bi-weekly**) or the last **9**
consecutive paystubs (**if paid weekly**)

Social Security or Supplemental Security Income award letters
(dated within the last 30 days)

Original Child Support Order **with** payout information from
Child Support Enforcement



HTC Form 600
UNDER \$5,000 / ZERO ASSET CERTIFICATION
 (For households whose combined net assets do not exceed \$5000)

Household Name: _____ Property and Unit #: _____

Complete all those that apply for 1 through 3:

1. My/our assets include:

Source of Asset	Cash Value*	Interest or Dividend Rate	Annual Income
Checking / Money Market Account	\$	%	\$
Savings / Certificate of Deposits (CD)			
Stocks / Bonds			
IRA / Keough / 401(k)			
Trust / Retirement / Pension Funds			
Other Retirement			
Equity in Real Estate / Land Contracts			
Life Insurance Policies (excluding term)			
Lump Sum Receipts			
Capital Investments			
Personal Property ** held as an Investment			
Cash on Hand / Safety Deposit Box			
Assets disposed of for less than Fair Market Value within the past two (2) years (see question # 2 below).			
Other (list)			
TOTAL	\$		\$

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding mortgage, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be [fully] accessible to you. Include only those amounts that are.

2. Yes No Within the past two (2) years I/we have sold or given away assets (including cash, real estate, etc.) for more than \$ 1,000 below its fair market value (FMV). If yes, the difference between the FMV and the amount received is referenced in the chart above and a separate Divestiture of Assets form has been completed.

3. I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000. The annual income from these assets as determined above is included in the total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant / Tenant _____ Date _____ Applicant / Tenant _____ Date _____

**HTC Form 800 A
STUDENT CERTIFICATION FORM**

Project Name: _____
Project Address: _____
City/State/Zip: _____
Resident/Applicant: _____

- | | | |
|--|-----|----|
| 1. Is there any member of the household who is not a full-time student? | YES | NO |
| 2. Are you married and entitled to file a joint federal income tax return? | YES | NO |
| 3. Are you a single parent who is not claimed as a dependent of any other person? | YES | NO |
| 4. Are any of the children in the household claimed as a dependent of any person other than the parent(s)? | YES | NO |
| 5. Are you receiving Aid to Families with Dependent Children (AFDC or TANF)? | YES | NO |
| 6. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act or funded by a State or Local government agency? | YES | NO |
| 7. Has any student formally received Foster Care assistance? | YES | NO |

If you are a full-time student and:

- 1) you answered **NO** to all of the above questions, you are **ineligible to rent a low-income apartment as defined under section 42 of the Internal Revenue Code.**
- 2) you marked **YES** to at least one of the above questions, please indicate the school you are attending so that we may request the following information:

STUDENT Completes:

I hereby certify that the statements above are true and complete to the best of my knowledge.

Applicant/Resident's Signature

Date

**SUPPLEMENTAL RENTAL APPLICATION
FOR UNITS UNDER GOVERNMENT REGULATED AFFORDABLE
HOUSING PROGRAMS**



Date: _____

(when this Application is filled out)

1. **SUPPLEMENTAL INFORMATION.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.
2. **EMPLOYMENT UPDATE.** Present employer: _____
Address: _____ City, State, Zip: _____
Work Phone: _____ Position: _____

3. **HOUSEHOLD COMPOSITION.** List all persons, including yourself, who will be living in your household.

Number of Persons	Full Name	Relationship	Age	Student Status
1 (Head of Household)				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A

Does anyone live with you now who is not listed above? Yes No. Does anyone plan to live with you in the future who is not listed above? Yes No. If you answered "Yes" to any question, please explain: _____

Are any of the household members listed above: Foster children? Yes No Live-in attendants? Yes No

4. **ANNUAL INCOME.** List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18).

Gross Monthly Income Source; Indicate whether anyone in your household receives income from the following	Applicant	Co-Applicant	Other Household Members	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Commissions and Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Interest and/or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Income from Business <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc., Received Periodically <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Support from Parents or Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Workers' Compensation, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Court Ordered Child Support or Alimony (regardless whether paid) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$	\$	\$
TOTAL				\$

5. **ASSETS.** List all assets of all adults and persons in your household, including those under the age of 18.

Listing of All Assets	Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
IRA/Keough Account <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Retirement/Pension Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Whole Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Cash Value				
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$		

6. **CERTIFICATION.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application.
7. **RECERTIFICATION.** If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the NAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application



**RENTAL APPLICATION FOR
RESIDENTS AND OCCUPANTS**
(Each co-applicant and each occupant 18 years old
and over must submit a separate application.)



Date when filled out: _____

APPLICANT INFORMATION

Full Name (Exactly as it appears on Driver's License or Govt. ID card) _____

Former Name (if applicable) _____ Gender (Optional) _____

Birthdate _____ Social Security # _____ Driver's License # _____ State _____

Government Photo ID card # _____ Type _____

Home Phone Number _____ Cell Phone Number _____ Work Phone Number _____

Email Address _____

Do you or any occupant smoke? yes no

I am applying for the apartment located at: _____

Is there another co-applicant? yes no

Co-applicant Name _____

Email _____

Co-applicant Name _____

Email _____

Co-applicant Name _____

Email _____

Co-applicant Name _____

Email _____

Co-applicant Name _____

Email _____

Co-applicant Name _____

Email _____

OTHER OCCUPANTS

Full Name _____ Relationship _____

Date of Birth _____ Social Security # _____ Driver's License # _____ State _____

Government Photo ID card # _____ Type _____

Full Name _____ Relationship _____

Date of Birth _____ Social Security # _____ Driver's License # _____ State _____

Government Photo ID card # _____ Type _____

Full Name _____ Relationship _____

Date of Birth _____ Social Security # _____ Driver's License # _____ State _____

Government Photo ID card # _____ Type _____

Full Name _____ Relationship _____

Date of Birth _____ Social Security # _____ Driver's License # _____ State _____

Government Photo ID card # _____ Type _____

Full Name _____ Relationship _____

Date of Birth _____ Social Security # _____ Driver's License # _____ State _____

Government Photo ID card # _____ Type _____

Full Name _____ Relationship _____

Date of Birth _____ Social Security # _____ Driver's License # _____ State _____

Government Photo ID card # _____ Type _____

RESIDENCY INFORMATION

Current Home Address (where you live now)

City _____ State _____ Zip Code _____ Do you q rent or q own?

Dates: _____ \$ _____
From _____ To _____ Monthly Payment

Apartment Name _____

Landlord/Lender Name _____ Phone _____

Reason for Leaving _____
(The following is only applicable if at current address for less than 6 months.)

Previous Home Address

City _____ State _____ Zip Code _____ Do you q rent or q own?

Dates: _____ \$ _____
From _____ To _____ Monthly Payment

Apartment Name _____

Landlord/Lender Name _____ Phone _____

Reason for Leaving _____

EMPLOYMENT INFORMATION

Present Employer _____ Address _____

City _____ State _____ Zip Code _____ Work Phone _____

Dates: _____ \$ _____
From _____ To _____ Gross Monthly Income

Position _____

Supervisor Name _____ Phone _____

(The following is only applicable if at currant employer for less than 6 months.)

Previous Employer _____ Address _____

City _____ State _____ Zip Code _____ Work Phone _____

Dates: _____ \$ _____
From _____ To _____ Gross Monthly Income

Position _____

Supervisor Name _____ Phone _____

ADDITIONAL INCOME

(Income must be verified to be considered)

Type _____ Source _____ \$ _____
Gross Monthly Amount

Type _____ Source _____ \$ _____
Gross Monthly Amount

CREDIT HISTORY (if applicable)

If applicable, please explain any past credit problem:

RENTAL HISTORY

(Check only if applicable)

Have you or any occupant listed in this Application ever:

- been evicted or asked to move out?
- moved out of a dwelling before the end of the lease term without the owner's consent?
- declared bankruptcy?
- been sued for rent?
- been sued for property damage?

We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above

REFERRAL INFORMATION

How did you find us?

- Online search. Website address: _____
- Referral from a person. Name: _____
- Social Media. Which one? _____
- Other _____

EMERGENCY CONTACT

Emergency contact person over 18, who will not be living with you:

Name _____		Relationship _____	
Address _____		City _____	
State _____	Zip Code _____	Home Phone # _____	Cell Phone # _____
Work Phone # _____		Email Address _____	

VEHICLE INFORMATION (if applicable)

List all vehicles owned or operated by you or any occupants (including cars, trucks, motorcycles, trailers, etc.).

Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____
Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____
Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____
Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____

PET INFORMATION (if applicable)

You may not have any animal in your unit without management's prior authorization in writing. If we allow your requested animal, you must sign a separate animal addendum, which may require additional deposits, rents, fees or other charges.

Name _____	Type _____	Breed _____
Gender _____	Weight _____	Color _____
Age _____	Assistance Animal Status: <input type="checkbox"/> yes <input type="checkbox"/> no	
Name _____	Type _____	Breed _____
Gender _____	Weight _____	Color _____
Age _____	Assistance Animal Status: <input type="checkbox"/> yes <input type="checkbox"/> no	

APPLICATION AGREEMENT

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease Contract. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease Contract. In order to continue with this application, you'll need to review the Application Agreement carefully and acknowledge that you accept its terms.

- Lease Contract Information.** The Lease Contract contemplated by the parties will be the current Lease Contract. Special information and conditions must be explicitly noted on the Lease Contract.
- Approval When Lease Contract Is Signed in Advance.** If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit or rent when the Lease Contract has been signed.
- Approval When Lease Contract Isn't Yet Signed.** If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit or rent when the Lease Contract has been signed.
- If you Fail to Sign Lease After Approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval. *If you or any co-applicant fails to sign, we may keep the application deposit to cover our actual costs and damages.*
- If You Withdraw Before Approval.** *If, before signing the Lease Contract, you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the apartment unit, we'll return the full deposit by first-class mail or deliver the full deposit to you by the end of the next business day.*
- Approval/Non-Approval in Seven Days.** We will notify you whether you've been approved within 7 days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within 7 days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval.
- Refund after Non-Approval.** If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we'll refund all application deposits within 1 day of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant by first-class mail or deliver to you by the end of the next business day.
- Extension of Deadlines.** If the deadline for signing, approving, or refunding under paragraphs 4, 6, or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
- Keys or Access Devices.** We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
- Application Submission.** Submission of a rental application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease Contract.

DISCLOSURES

- 1. Application Deposit.** You agree to pay to our representative an application deposit in the amount indicated in paragraph 3. *The application deposit is not a security deposit.* The application deposit will be credited toward the required security deposit or rent when the Lease Contract has been signed by all parties; OR, it will be refunded under paragraph 7 of the Application Agreement if your application is not approved; OR, we may withhold from the application deposit an amount sufficient to cover our actual costs and damages.
- 2. Fees Due.** Your Rental Application will not be processed until we receive your completed Rental Application (and the completed Rental Application of all co-applicants, if applicable) and the following fees:
 1. Application deposit: \$ _____
- 3. Completed Application.** Your Rental Application for Residents and Occupants will not be considered "completed" and will not be processed until we receive the following documentation and fees:
 1. Your completed Rental Application;
 2. Completed Rental Applications for each co-applicant (if applicable);
 3. Application deposit for the Unit.
- 4. Notice to or from Co-Applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.

AUTHORIZATION AND ACKNOWLEDGMENT

AUTHORIZATION

I authorize _____

(name of owner/agent) to obtain reports from any consumer reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Payment Authorization

I authorize _____

(name of owner/agent) to collect payment of the application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-Sufficient Funds and Dishonored Payments.

If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- (i) Applicant shall pay to us the NSF Charge; and
- (ii) We reserve the right to refer the matter for criminal prosecution

ACKNOWLEDGMENT

You declare that all your statements in this Application are true and complete. You authorize us to verify the same through any means, including consumer reporting agencies and other rental housing owners. If you fail to answer any question(s) or give false information, we may reject the application, and terminate your right of occupancy. Giving false information is a serious criminal offense. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations. Fax and electronic signatures are legally binding.

This Rental Application and the Lease Contract are binding legal documents when signed. Before submitting a Rental Application or signing a Lease Contract, you may take a copy of these documents to review and/or consult an attorney. Additional provisions or changes may be made in the Lease Contract if agreed to in writing by all parties.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Apt. name or apartment address (street, city) Unit # or type

Person accepting application Phone

Person processing application Phone

Applicant or Co-applicant was notified by telephone letter email, or in person of acceptance or non-acceptance on _____

(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)

Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):

Name(s)

Name of owner's representative who notified above person(s)

ADDITIONAL COMMENTS



**HTC Form 305
TENANT INCOME QUESTIONNAIRE**

To be completed by management:

Property Name: _____ Bldg/Unit # _____
 _____ Initial Certification _____ Recertification _____ Other

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY)	Social Security or Alien Reg. No.
1			HEAD		
2					
3					
4					
5					

Do you expect any changes to the household in the next twelve months? Y N
 If yes, please explain _____

Telephone #: (_____) _____

Income Information

Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

(Circle Y or N)
Yes No

Monthly
Gross Income

	Y	N		Monthly Gross Income
1			Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <u>Name of Employer(s)</u> _____ _____ _____	\$ _____ \$ _____ \$ _____
2			Self employed. (List nature of self employment) _____ _____	(use net income from business) \$ _____
3			Cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the unit.	\$ _____
4			Unemployment benefits and/or Worker's Compensation.	\$ _____
5			Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6			Social security payments.	\$ _____
7			Unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)	\$ _____

8	Y	N	Supplemental Security Income (SSI).	\$ _____
9	Y	N	Disability or death benefits other than Social Security.	\$ _____
10	Y	N	Public Assistance (examples: TANF, AFDC, W2)	\$ _____
11	Y	N	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources 1) _____ 2) _____	\$ _____ \$ _____
12	Y	N	Income from real or personal property. (examples: rental income, mortgage or tax payments paid by third-party)	(use net earned income) \$ _____
13	Y	N	Alimony/spousal maintenance payments.	\$ _____
14	Y	N	I am entitled to receive Child Support payments. If yes, then answer the following:	\$ _____
	Y	N	a. I am currently receiving child support payments	\$ _____
	Y	N	b. I am not receiving any child support payments but it is court ordered that I do.	
	Y	N	Circle one: 1) I am not pursuing the payments for the following reasons: _____ 2) I am making efforts to collect the child support owed to me. List efforts being made: _____	
15	Y	N	Section 8 rental assistance.	
16	Y	N	Income from a source other than those listed above. (Including Student Grants, Scholarships, etc.) If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____

Asset information Identify each asset, its value and rate of interest currently held by the household.

	(Circle Y or N)			Cash Value/ Balance	Interest Rate
	Yes	No			
17	Y	N	Checking account(s).		
			If yes, list bank(s) 1) _____	\$ _____	_____ %
			2) _____	\$ _____	_____ %
18	Y	N	Savings account(s).		
			If yes, list bank(s) 1) _____	\$ _____	_____ %
			2) _____	\$ _____	_____ %

19	Y N	Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____	_____ % _____ % _____ %
20	Y N	Revocable trust(s). If yes, list bank(s) 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
21	Y N	Real estate. If yes, provide description _____ _____	\$ _____ \$ _____	
22	Y N	Stocks, Bonds, or Treasury Bills. If yes, list sources/bank names 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
23	Y N	IRA / Lump Sum Pension / Retirement / Keogh / 401(K) Account, etc. If yes, list sources/bank(s) 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
24	Y N	Whole life insurance policy. If yes, how many policies _____ List Sources 1) _____ 2) _____	\$ _____ \$ _____	_____ % _____ %
25	Y N	More than \$500 cash on hand.	\$ _____	
26	Y N	Items held as an investment (antique car, coin collection, etc.) If yes, list items _____	\$ _____	
27	Y N	Safe deposit box. If yes, list contents _____	\$ _____	

28	Y	N	Disposed of assets (i.e. gave away money / assets) for less than the fair market value in the past 2 years.	\$ _____ \$ _____	
29	Y	N	Income from assets or sources other than those listed above. If yes, list type(s) below 1) _____ 2) _____	\$ _____ \$ _____	

Student Status

(Circle Y or N)
Yes No

30	Y	N	Does the household consist of persons who have been (in the past year) or who are all <u>part-time</u> or <u>full-time</u> students (1 st grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)?
31	Y	N	Does anyone in your household anticipate becoming a full-time student household in the next 12 months?
32	Y	N	If you answered yes to either question 30 or 31, are you: <ul style="list-style-type: none"> ◦ Receiving assistance under Title IV of the Social Security Act (AFDC/TANF) ◦ Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program ◦ Married and entitled to file a joint tax return ◦ Are you a single parent who is not claimed as a dependent of any other person? ◦ Are any of the children in the household claimed as a dependent of any person other than the parent(s)? ◦ Any student formally received Foster Care Assistance
	Y	N	
	Y	N	
	Y	N	
	Y	N	
	Y	N	

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 AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

_____ PRINTED NAME OF APPLICANT/TENANT	_____ SIGNATURE OF APPLICANT/TENANT	_____ DATE
_____ PRINTED NAME OF APPLICANT/TENANT	_____ SIGNATURE OF APPLICANT/TENANT	_____ DATE
_____ WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)		_____ DATE

For every item checked "yes" on the Questionnaire, provide the following information:

Question Number	Name of household member and Name of company, financial institution or source	Mailing address, telephone and fax number of company, financial institution or source

Authorization of Assistance

I/We _____
authorize an agent of Meadowlands (_____)
to assist with the forms. Assistance was requested because of
the length and complexity of the required forms for occupancy.
For this reason, there may be a noticeable difference in
handwriting throughout the forms.

Resident

Date _____

Agent of Meadowlands

Date _____

The Meadowlands

6834 Milwaukee St

Madison, WI 53718

608-721-6650

RESIDENT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of identifying or verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed above and/or the State and Local Agencies/Department 's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to: personal identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for an continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|-------------------------------|--------------------------------|-------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Support and Alimony Providers | Education Institutions | Retirement Systems |
| State Unemployment Agencies | Social Security Administration | Medical and Child Care |
| Banks and other Financial | Previous Landlords (including | Providers |
| Institutions | Public Housing Agencies) | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. Everyone 18 years of age and older must sign this form.

SIGNATURES

_____	_____	_____
Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
_____	_____	_____
Signature of Co-Applicant/Resident	Printed Co-Applicant/Resident Name	Date
_____	_____	_____
Signature of Co-Applicant/Resident	Printed Co-Applicant/Resident Name	Date
_____	_____	_____
Signature of Co-Applicant/Resident	Printed Co-Applicant/Resident Name	Date

NOTE: Section 1001 of title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.



RACE AND ETHNICITY SELF CERTIFICATION

KCG Residential LLC requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Complete one form for each household member.

Although KCG Residential LLC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to disclose it.

Head of Household Name: _____

Unit #: _____

Address: _____

City: _____

Household Member: _____

Date: _____

Ethnic Categories	Select One
Hispanic or Latino	
Not Hispanic or Latino	
I do not wish to disclose this information	
Racial Categories	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
I do not wish to disclose this information	

Definitions of categories may be found on the reverse side of this form.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Tenant Signature

Date