

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

# RENTAL APPLICATION

**PLEASE COMPLETE ALL SECTIONS.****If items do not apply, mark "N/A" for not applicable. People age 18+ must complete their own application.****1. PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
SSN \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_  
Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced How many times? \_\_\_\_\_  
Race (check all that apply) ☐ Asian ☐ Black or African American ☐ White ☐ American Indian or Alaskan Native  
☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Prefer not to answer  
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer  
Are you a student? ☐ No ☐ Yes ☐ Part-Time ☐ Full-Time School \_\_\_\_\_

**2. OTHER OCCUPANTS**

if no other occupants, complete N/A for Occupant #2 Full Name

**OCCUPANT #2**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
Gender \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_

**OCCUPANT #3**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
Gender \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_

**OCCUPANT #4**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
Gender \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_

**OCCUPANT #5**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
Gender \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_

**OCCUPANT #6**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
Gender \_\_\_\_\_ Relationship \_\_\_\_\_ SSN \_\_\_\_\_



**3. ADDRESS HISTORY: 2 CONSECUTIVE YEARS REQUIRED** For additional space, please attach a separate page

**CURRENT ADDRESS** Date of Residency (month/year) \_\_\_\_\_ to Present Monthly Amount \$ \_\_\_\_\_

Address / City / State / Zip \_\_\_\_\_

Residency Status ☐ I own a Home ☐ Apartment ☐ Lease Home ☐ Other \_\_\_\_\_

Landlord/Mortgage Company \_\_\_\_\_ Landlord/Mortgage Company Phone \_\_\_\_\_

Landlord/Mortgage Address / City / State / Zip \_\_\_\_\_

Reason for moving: \_\_\_\_\_ Is landlord a relative? ☐ No ☐ If yes, list relationship \_\_\_\_\_

Is your lease in any other name? ☐ No ☐ Yes Name & Reason \_\_\_\_\_

**PREVIOUS ADDRESS** Date of Residency (month/year) \_\_\_\_\_ to \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Address / City / State / Zip \_\_\_\_\_

Residency Status ☐ Owned Home ☐ Apartment ☐ Leased Home ☐ Other \_\_\_\_\_

Landlord/Mortgage Company \_\_\_\_\_ Landlord/Mortgage Company Phone \_\_\_\_\_

Landlord/Mortgage Address / City / State / Zip \_\_\_\_\_

Reason for moving \_\_\_\_\_ Was landlord a relative? ☐ No ☐ If yes, list relationship \_\_\_\_\_

Is your lease in any other name? ☐ No ☐ Yes Name & Reason \_\_\_\_\_

**4. EMPLOYMENT INFORMATION** If not currently employed, complete N/A for Current Company

**CURRENT COMPANY** \_\_\_\_\_ Date of Employment \_\_\_\_\_ to Present

Job Title \_\_\_\_\_ Hourly Wage \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Supervisor's Email \_\_\_\_\_ Is this job seasonal or temporary Yes ☐ No ☐

**PREVIOUS COMPANY** \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Wage \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Supervisor's Title \_\_\_\_\_ Supervisor's Email \_\_\_\_\_

**5. OCCUPANCY REQUIREMENTS / OTHER REQUIRED INFORMATION**

# of Bedrooms Needed \_\_\_\_\_ Date Needed \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Do you receive Section 8? ☐ No ☐ Yes Caseworker \_\_\_\_\_

**COMPLETE EACH OF THE BELOW STATEMENTS**

**NO YES**

☐ ☐ I expect additions to our household within the next 12 months. Details \_\_\_\_\_

☐ ☐ There are absent household members that would normally live with me. Details \_\_\_\_\_

☐ ☐ I have special needs. Details \_\_\_\_\_

☐ ☐ I have or anticipate having pets other than a service animal. Details \_\_\_\_\_

☐ ☐ I have primary physical custody of all children listed on the application. Details \_\_\_\_\_

☐ ☐ I have been evicted or asked to move from a rental unit of any type. Details \_\_\_\_\_

☐ ☐ I have broken a rental agreement or lease contract. Details \_\_\_\_\_

☐ ☐ I have filed for bankruptcy. Details \_\_\_\_\_

☐ ☐ I have been convicted of a felony. Details \_\_\_\_\_

☐ ☐ I have been arrested/convicted of a drug related crime. Details \_\_\_\_\_



## 6. ADDITIONAL INFORMATION

**EMERGENCY CONTACT** Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address / City / State / Zip \_\_\_\_\_

☐ In the event of a serious illness or death of resident, the above person **may** enter, remove and/or store all contents found in the dwelling, common areas or mailbox.

☐ In the event of a serious illness or death of resident, the above person **may not** enter, remove and/or store all contents found in the dwelling, common areas or mailbox.

**VEHICLE** (Car/Truck/SUV/Motorcycle) \_\_\_\_\_ Make/Model/Color \_\_\_\_\_

**VEHICLE** (Car/Truck/SUV/Motorcycle) \_\_\_\_\_ Make/Model/Color \_\_\_\_\_

**PETS** Do you have a pet? (Management Approval Required) ☐ No ☐ Yes Number of Pets \_\_\_\_\_

Description of Pets (Name/Tyoe/Breed/Weight) \_\_\_\_\_

## 7. APPLICATION FEE AND SIGNATURE CLAUSE

Applicant has submitted the sum of \$\_\_\_\_\_ which is non-refundable payment for a credit and processing charge, receipt of which is acknowledged by Management. Such sum is not a rental payment. In the event this application is disapproved by Management or canceled by the applicant, this sum will be retained by Management to cover the cost of processing the application as furnished by the applicant. This application, along with an applicant questionnaire completed by each adult in household, must be completed in total and signed before it will be processed by Management.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fee(2) and deposit(s) as liquidated damages for owner's time and expenses of processing this application and (3) terminate resident's right of occupancy. Owner receives the right to regularly and routinely furnish information to consumer reporting agencies about performance of leasing obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit program. This program requires us to certify all of your income, asset, and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility, and if such eligibility is granted, each subsequent year you remain in the unit.

Management has reviewed documentation, including but not limited to: Driver's License, Social Security ID, etc. to form a reasonable belief that the identity of the applicant is the same to whom the credit report pertains to the best of management's knowledge.

Management Initials: \_\_\_\_\_

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.



Signature of Applicant

Date

Signature of Management

Date



KCG Residential - Wisconsin



## 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. To continue with this application, you'll need to review the Application Agreement carefully and acknowledge that you accept its terms.

1. 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.
2. 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 collect the security deposit at Lease signing.
3. 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, and schedule a Lease signing, and collect the security deposit at the lease signing.
4. If you Fail to Sign Lease Contract 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 as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.
5. 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 dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.
6. Approval/non-approval. 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. The 10-day period may be changed only by separate written agreement.
7. If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, the application fee is non-refundable.
8. Extension of Deadlines. If the deadline for signing or approving under paragraphs 4 or 6, falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
9. Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
10. 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 Fee (Non-Refundable). You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 2. ***Payment of the application fee does not guarantee that your application will be accepted.*** The application fee partially defrays the cost of administrative paperwork. It is non-refundable.

2. Fees Due: Your Rental application will not be processed until we receive your completed application (and completed application of all co-applicants, if applicable), and the following fees:

1. Application Fee (non-refundable): \$ \_\_\_\_\_

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 Application for each co-applicant (if applicable);
3. Application fees for all applicants.

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.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Management

\_\_\_\_\_  
Date



**HTC Form 305**  
**TENANT INCOME QUESTIONNAIRE**

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)			Monthly
	Yes	No		Gross Income
1	Y	N	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation.  <u>Name of Employer(s)</u> _____ _____ _____	\$ _____ \$ _____ \$ _____
2	Y	N	Self employed. (List nature of self employment) _____ _____	(use <u>net</u> income from business) \$ _____
3	Y	N	Cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the unit.	\$ _____
4	Y	N	Unemployment benefits and/or Worker's Compensation.	\$ _____
5	Y	N	Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6	Y	N	Social security payments.	\$ _____
7	Y	N	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	<p>Certificates of Deposit (CD) or Money Market Account(s).</p> <p>If yes, list sources/bank names</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>_____ %</p> <p>_____ %</p> <p>_____ %</p>
20	Y	N	<p>Revocable trust(s).</p> <p>If yes, list bank(s)</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>_____ %</p> <p>_____ %</p>
21	Y	N	<p>Real estate.</p> <p>If yes, provide description</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p>	
22	Y	N	<p>Stocks, Bonds, or Treasury Bills.</p> <p>If yes, list sources/bank names</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>_____ %</p> <p>_____ %</p>
23	Y	N	<p>IRA / Lump Sum Pension / Retirement / Keogh / 401(K) Account, etc.</p> <p>If yes, list sources/bank(s)</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>_____ %</p> <p>_____ %</p>
24	Y	N	<p>Whole life insurance policy.</p> <p>If yes, how many policies _____</p> <p>List Sources</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>_____ %</p> <p>_____ %</p>
25	Y	N	<p>More than \$500 cash on hand.</p>	<p>\$ _____</p>	
26	Y	N	<p>Items held as an investment (antique car, coin collection, etc.)</p> <p>If yes, list items</p> <p>_____</p>	<p>\$ _____</p>	
27	Y	N	<p>Safe deposit box.</p> <p>If yes, list contents</p> <p>_____</p>	<p>\$ _____</p>	



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 <sup>st</sup> 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:
	Y	N	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
	Y	N	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
	Y	N	• Married and entitled to file a joint tax return
	Y	N	• Are you a single parent who is not claimed as a dependent of any other person?
	Y	N	• Are any of the children in the household claimed as a dependent of any person other than the parent(s)?
	Y	N	• Any student formally received Foster Care Assistance

**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

## UNDER \$50,000 ASSET CERTIFICATION

For households whose combined net assets does not exceed \$50,000. If net assets exceed \$50,000, assets must be third-party verified.  
Complete only one form per household; include assets of children.

Household Name: \_\_\_\_\_

Complete all that apply for 1 through 4: If you do not have the asset listed, mark cash value as N/A. Do not leave blank spaces.

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source	(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safe Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money Market Funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	Paycard	\$ _____	_____	\$ _____	Digital Wallet Account
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Revocable Trust
\$ _____	_____	\$ _____	Real Estate				
\$ _____	_____	\$ _____	Whole Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Cryptocurrency / Virtual Currency:				
\$ _____	_____	\$ _____	Other** (list) _____				

PLEASE NOTE: Certain funds (e.g., trusts) may or may not be (fully) accessible to you. Include only those amounts which are.

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

\*\*Other non-necessary personal property includes, but is not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc. Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment.

2. ☐ 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 their fair market value (FMV). Those amounts are included above and are equal to a total of: \$ \_\_\_\_\_ (the difference between FMV and the amount received, for each asset on which this occurred).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time.
5. The net family assets (as defined in 24 CFR 5.603) listed above do not exceed \$50,000 and the annual income from these assets is \$ \_\_\_\_\_. This amount is included in 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 _____
Applicant/Tenant _____	Date _____	Applicant/Tenant _____	Date _____
Applicant/Tenant _____	Date _____	Applicant/Tenant _____	Date _____
Applicant/Tenant _____	Date _____	Applicant/Tenant _____	Date _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



Revised December 2023

**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 <b>not</b> 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

## 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
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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