



EXCHANGE @ 104

Email: Exchange@accmanagementgroup.com

104 S. Main St.
Fond du Lac, WI 54935

Phone: (920) 979-5104
Fax:

RENTAL APPLICATION – Section 42

Date/Time: _____ Current Address: _____

Phone #: _____ City, State Zip: _____

Move-in date: _____ Email Address: _____

DESIRED UNIT:

of Bedrooms: _____ Building / Unit #: _____ Monthly rent: \$ _____

APPLICANT AND FAMILY

List ALL household members who will live in the apartment. Include temporarily absent family members, such as military/student family members who will be returning to the household, unborn children, live-in attendant, and/or foster children/adults.

#	FULL NAME (list ALL occupants) Last, First, MI	Relationship to Head-of-Household	Date of Birth (mm/dd/yyyy)	Social Security Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Do you expect any changes to your household within the next 12 months? ☐ YES ☐ NO

If yes, Explain: _____

If application is denied, do you wish to receive a written explanation of the denial of tenancy? ☐ YES ☐ NO

Do you have any pets? ☐ YES ☐ NO

If yes, what kind? _____

IMPORTANT:

Each adult applicant must complete a separate application form starting on page 2.

A 'Child Asset Verification Attachment' (page 6) must be completed for each minor family member listed above.



CERTIFICATION APPLICATION

Applicant Name: _____

SSN/Alien Reg. #: _____

Email: _____

Home/Cell #: _____

STUDENT STATUSIs this applicant currently a student or intending to become a student in the next twelve (12) months? ☐ YES ☐ NO**MARITAL STATUS:** ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed**INCOME:** *Please indicate each source of income that you receive or anticipate receiving in the next twelve (12) months*

TYPE OF INCOME	Receiving?	# of sources	Source Name
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prior Employment (if less than 3 months at current job)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-Employment Status	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Zero Income Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disability Compensation (other than SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No		
VA Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension / Annuities Income (required distribution)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Support / Family Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Kinship Care	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-Receipt of Child Support/Alimony/Family Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Educational Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Public Assistance / TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust Account Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Net Business or Self-Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recurring Gifts / Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lottery Payments (Periodic)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Adoption Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ASSETS: Please indicate the assets you currently have and/or expect to establish in the next twelve (12) months

DESCRIPTION	Receiving?	# of sources	Source Name
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash kept at Home	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash kept in a Safety Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CD / Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IRA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Keogh	<input type="checkbox"/> Yes <input type="checkbox"/> No		
401K	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension / Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Life Insurance (Whole or Universal)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Land Contract / Purchase Money Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Real Estate Property and Mortgage Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lottery Winnings (Lump Sum)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Property Held as an Investment (such as gems, jewelry, antique cars, stamp collections, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you sold any assets in the past two (2) years for MORE than \$1,000.00 LESS than Fair Market Value?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you expect to receive any Insurance Claim Settlements, Inheritance, Lottery Winnings, or Capital Gains. Or any other asset in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the value of your total household assets at or above \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Applicant Initials: _____

RESIDENCE HISTORY

A minimum of two (2) years of housing history is required. **NOTE:** Rental from a family member is not considered 'rental history' to satisfy the requirement as stated within the 'Resident Selection Criteria' (item #19).

CURRENT ADDRESS

Street Address: _____ Rent ☐ Own ☐ Monthly Payment: _____
City, State Zip: _____ Landlord Name: _____
Move-in Date (mm/yy) : _____ Landlord Phone #: _____
Reason for leaving: _____

PREVIOUS ADDRESS

Street Address: _____ Rent ☐ Own ☐ Monthly Payment: _____
City, State Zip: _____ Landlord Name: _____
Dates (mm/yy) from: _____ Through: _____ Landlord Phone: _____
Reason for leaving: _____

RENTAL ASSISTANCE

Are you currently receiving Rent Assistance? ☐ Yes ☐ No

Has Rent Assistance ever been terminated? ☐ Yes ☐ No If yes, please explain: _____

OTHER INFORMATION

Driver's license # _____ State: _____ Expires: _____

VEHICLE INFORMATION

AUTOMOBILE # 1	AUTOMOBILE # 2
License #: _____	License #: _____
State: _____	State: _____
Year: _____	Year: _____
Make: _____	Make: _____
Model: _____	Model: _____
Color: _____	Color: _____

Applicant Initials: _____

Have you ever filed for bankruptcy? ☐ YES ☐ NO

If yes, when? _____

Have you ever been evicted from tenancy? ☐ YES ☐ NO

If yes, please explain _____

Have you ever willfully or intentionally refused to pay rent when due? ☐ YES ☐ NO

If yes, please explain _____

Will this unit be your only place of residence? ☐ YES ☐ NO

If no, please explain _____

Will a business be run out of your home? ☐ YES ☐ NO

If yes, please explain _____

Have you ever been convicted of a felony? ☐ YES ☐ NO

If yes, please explain _____

EMERGENCY CONTACT

List the closest relative not living with you, who we may contact in case of emergency.

Name (First and Last)

Relationship

Phone #

Name (First and Last)

Relationship

Phone #

I hereby apply to lease the above described premises for the term of and upon the conditions set forth above. I understand and agree that inquiries may include information related to credit, employment, rental, and criminal records. I further agree that verification of all information and references, including all sources of income and assets, may be conducted and I release all parties for any liability for disclosing factual information obtained by the landlord.

I warrant that all statements set forth above are true and correct to the best of my knowledge. I understand that deliberately submitting false information or withholding information constitutes fraud for which federal law specifies fines up to \$10,000 and prison terms of up to five years. Should any statements made above in any way misrepresent or be an untrue statement of facts, the entire deposit will be retained by the landlord to offset the agent's cost, time and effort in processing my application.

I understand that this form is an application for residence only and that submission of the application in no way reserves or guarantees an apartment. I deposit \$100.00 as earnest money and \$15.00 as a nonrefundable processing fee. When this application is approved, I agree to execute a lease and to pay any security deposit, rent and additional fees prior to taking possession of the apartment.

If, once approved, I do not take possession of the apartment, I understand that any earnest money paid will be forfeited as liquidated damages of offset agent's cost, time, and effort in processing my application.

If this application is not approved, I understand that any earnest money deposit and/or any refundable application processing fee will be refunded to me and I waive any claim for additional damages by reason of non-acceptance.

Applicant Signature

Printed Name

Date

Community Manager Signature

Printed Name

Date Accepted

CERTIFICATION APPLICATION

Applicant Name: _____

SSN/Alien Reg. #: _____

Minor's Name: _____

Date of Birth: _____

CHILD ASSET VERIFICATION ATTACHMENT

Per Section 42 guidelines, assets must be verified for all children under the age of 18.
A separate form must be completed for each person under the age of 18 in this household.

ASSETS: *Please indicate the assets you currently have and/or expect to establish in the next twelve (12) months*

DESCRIPTION	Receiving?	# of sources	Source Name
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash kept at Home	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash kept in a Safety Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CD / Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IRA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Keogh	<input type="checkbox"/> Yes <input type="checkbox"/> No		
401K	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pension / Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Life Insurance (Whole, Universal, or Term)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Land Contract / Purchase Money Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Real Estate Property and Mortgage Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lottery Winnings (Lump Sum)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Property Held as an Investment (such as gems, jewelry, antique cars, stamp collections, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you sold any assets in the past two (2) years for MORE than \$1,000.00 LESS than Fair Market Value?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you expect to receive any Insurance Claim Settlements, Inheritance, Lottery Winnings, or Capital Gains. Or any other asset in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the value of your total household assets at or above \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature of Parent/Guardian_____
Printed Name_____
Date

Qualifications



Exchange @ 104 provides rent-restricted housing for residents whose income does not exceed the maximum allowable income for their household size.

The total annual income must be at or below the following income limits depending on number of occupants in the household*.

Set-Aside %	1 Person	2 People	3 People	4 People
60%	\$27,480	\$31,380	\$35,280	\$39,180
50%	\$22,900	\$26,150	\$29,400	\$32,650
40%	\$18,320	\$20,920	\$23,520	\$26,120
30%	\$13,740	\$15,690	\$17,640	\$19,590

Qualifying for our community:

There are two parts to the application process which must be met prior to being approved for move-in, these are: (1) Screening application and (2) Resident Eligibility. Each part of the process is outlined below.

Screening application: the screening application includes a credit, criminal, and landlord reference check. Please note that the screening fee of \$15 per person will be due at the time of the application and is non-refundable. Prior to submitting your screening application, please review our screening criteria.

Resident Eligibility: After the screening application is approved, resident eligibility will be completed to ensure that the total household income does not exceed the maximum allowable income for their household size.

All sources and amounts of current and anticipated annual income expected to be derived during the twelve months after move-in must be collected, verified, and reviewed by our compliance department. Our compliance department will review the resident eligibility documents and income verifications to certify eligibility with the program.

Our compliance department has a legal responsibility to ensure that all residents comply with the maximum allowable income limits at the time of move-in and are required to annually re-certify each household.

The current maximum allowable monthly rents as established by the Department of Housing and Urban Development (HUD) are:

Set-Aside %	1 Bedroom	2 Bedroom	3 Bedroom
60%	\$735	\$882	\$1,019
50%	\$613	\$735	\$849
40%	\$490	\$588	\$679
30%	\$367	\$441	\$509

*Reflects Fond du Lac County income limits