

Division of Community Housing

Ah Toh Wuk Court Application

N8618 Oak Street • Bowler, WI 54416 • Voice: 715-793-4219 • FAX: 715-793-4529

Applicants current information:

Full Name: _____

Address: _____

Phone: _____

How long at above address: _____

Social Security Number: _____

Current Employer: _____ Job Title: _____

Employer Address: _____

Employer Phone #: _____ Supervisor: _____

How long employed here: _____

Gross Monthly Income for entire household? _____

Any other income? _____

***Please attach 4 of your most recent pay stubs or other income verification. If you do not attach pay stubs your application will not be considered complete and you will not be put on the waiting list.**

List all persons that will reside in unit **including yourself**: (Full name and Birthdate required)

Full Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____



****Do you require handicap accessibility to a unit? (special preference will NOT be given and only if unit available) Yes or No If yes, explain:**

Credit Status: Credit history is important to us. Do you have any of the following: (circle)

Outstanding Judgments? Yes No

Outstanding Collections? Yes No

Bankruptcy? Yes No

Provide a bank reference here: Bank Name: _____

Type of Account: _____

I certify that the information presented here is true and correct to the best of my knowledge. I am aware of the penalties for fraud and I know that supplying false information can lead to a denial in selection for housing and/or eviction.

Applicants Signature

Date

!!Before signing this page please be aware that we do access the WI State Circuit Court Access Program on the internet that gives public information on crimes and convictions!!

Have you, the applicant or any other adult in your household, ever been found guilty of, entered a plea of no contest, or guilty to any offense under Federal, State, or Tribal law involving crimes of violence and/or, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution? Yes _____ No _____

If yes, describe who and when: _____

Have you, the applicant or any other adult in your household ever been found guilty of, entered a plea of no contest, or guilty to any offense under Federal, State, or Tribal law involving crimes against persons, which may include but are not limited to; assault, battery, disorderly conduct, resist/obstruct, theft, homicide, etc...?

Yes _____ No _____

If yes, describe who and when: _____

Have you, the applicant or any other adult in your household ever been found guilty of, entered a plea of no contest or guilty to any offense under Federal, State, or Tribal law involving illegal activities which may include but are not limited to; manufacture, sell, distribute, possession or use of a controlled substance or drug paraphernalia, (with intent to manufacture, sell, distribute or use) as defined under Federal Law?

Yes _____ No _____

If yes, describe who and when: _____

Have you, the applicant or any other adult in you household ever been found guilty of, entered a plea of no contest or guilty to any offense under Federal, State, or Tribal law involving the illegal use of alcohol, which may include but are not limited to; underage drinking or underage possession of alcohol, homicide by the intoxicated use of a vehicle, OWI, etc..?

Yes _____ No _____

If yes, describe who and when: _____

All applicant(s) and references must be satisfactory to the Landlord. Landlord will not be bound and possession will not be given until lease is signed by Landlord and delivered to Applicant. Landlord assumes no responsibility to the applicant for delay or failure to give possession due to failure of applicant to present true and current information, or because current occupant has not vacated, or for any other reason. Applicant acknowledges that Landlord is relying on the statements made above. Applicant warrants that any and all information and statements made on this application are true. **According to Policy, supplying false information will result in Applicant(s) being denied housing.**

Signature

Date

Signature

Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE: The Stockbridge-Munsee Division of Community Housing (DCH) may use this Authorization and the information obtained to conduct a check of my credit and prior rental histories as a part of my application for an apartment in the Stockbridge-Munsee Community Apartment Buildings.

AUTHORIZATION: I hereby authorize the release and disclosure of written and verbal information relating to my financial history, previous rental experiences or other related information to the DCH by credit agencies, financial institutions, companies, corporations, persons, educational institutions, law enforcement agencies, courts, former employers and military services. I hereby release all individuals, companies, corporations and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information.

I further authorize the use of a facsimile or photocopy of this form for the release or disclosure of information for the purpose described above.

I understand that this Authorization, except for action already taken, may be voided by me at any time. If I do not void this Authorization, I understand that it will automatically end when a decision is made as to my rental application.

APPLICANT:

(Signature)

(Date)

(Printed Name)

(Social Security Number)

(Address)

(Date of Birth)

REQUIRED LANDLORD INFORMATION

1. You **“must”** provide three (3) previous landlord names: If you have not had three landlords in the past, please indicate so in the area below.
2. **Our office will send the form to the landlord. Please DO NOT give this form to your landlord.**

Current Landlord
Landlord address _____

Landlord phone # _____

Previous Landlord
Address _____

Phone # _____

Previous Landlord
Address _____

Phone # _____

Have you ever been evicted? Yes___ No___ If yes,
Please indicate the reason why _____

In case of an emergency, please list someone (that will not reside with you in the apartment you are applying) we may contact, include name, address, and phone number: _____

Please list your vehicle information: make _____ model _____
and license plate number _____

I certify that the information presented here is true and correct to the best of my knowledge. I am aware that there are penalties for fraud and I know that supplying false information will be grounds for being denied housing and/or being evicted.

Applicant's Signature

Date
Application for Tribal Apartments

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Emergency Contact Information

In case of emergency, death or mental incapacity, ONLY the following person (s) may be contacted and/or allowed entry into the apartment that I am occupying or may be selected to occupy through the Division of Community Housing:

Name	Relationship of Lease Holder	Phone #
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By my signature below, I hereby hold the Landlord harmless for any loss or theft of property removed or occurring on or about the premises due to my authorization of allowing those persons listed above to enter any apartment that I occupy.

I am aware that I may change the names of persons allowed to enter the apartment, at any time, by contacting the Landlord and completing a new form which will then void this form.

Applicant/Tenant

Date

Other Adult in Household

Date



Mohican Nation—Stockbridge-Munsee Band