



210westfultonstreet.com

608-884-9593 | BHVleasing@gmail.com

**Building Hope Apartments**

**Rental**

**Application**





Dear Applicant,

Thank you for your interest in applying with us. In order to process your application appropriately, we ask your cooperation in the following:

- **Read the entire application carefully and completely**
- **Answer all questions**
- **Any incomplete applications WILL NOT be processed.**
- **Proof of Service Documents REQUIRED with waiting list application.**

***Your application will automatically be rejected if the above requirements are not met. Rejections are sent via mail.***

Upon completion of your application, your name will be added to the waiting list. We will contact you for further processing when a unit becomes available. Please make sure to update your contact information with us if anything changes after turning in the application at least every 6 months. ***Inactive contact information will result in your application being rejected for our waiting list.***

Thank you!

Edgerton Community Outreach | (608)884-9593

**Staff Only**

Date/Time application received \_\_\_\_\_

Staff Signature \_\_\_\_\_

\_\_\_\_\_  
Date of Application \_\_\_\_\_

***If left blank staff will use date applicant signs application.***

**Household Composition**

**Are you a Veteran?** Yes or No

FULL Name- First, MI, Last

Head: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

2 \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

3 \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

4 \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

5 \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

**Do you expect any changes in the household in the next year?**

Yes or No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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What Size Apartment do you require? \_\_Efficiency \_\_1 Bed \_\_2 Bed

Would you be open to a smaller unit if your preferred one is not available?

\_\_YES \_\_NO

**Other Contact Information**

**Emergency contact person**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Reasonable Accommodation/Modification**

A reasonable accommodation/modification is a change in policy or procedure to accommodate an applicant or resident with disabilities, which does not constitute either undue financial or administrative burdens, or fundamental alteration of the housing program.

If you require an accessible unit or reasonable accommodation/modification, you may voluntarily indicate here, ***along with the contact of the medical professional who can verify your requirements:***

\_\_\_\_\_  
\_\_\_\_\_

Do you have any pets? Yes or No

Are they a Service Animal? Yes or No

Pet Type + Weight: \_\_\_\_\_

**HEAD OF HOUSEHOLD DATA COLLECTION**

\*voluntary

- White
- Black
- American Indian
- Asian Pacific
- Hispanic
- Non-Hispanic
- Other
- I choose not to answer

\*voluntary

- Female
- Male
- Non-Binary
- Transgender
- Prefer to Self-Identify : \_\_\_\_\_
- Prefer Not To Answer

**Present Housing**

Currently live:

- alone
- with spouse
- with family
- nursing home
- group home
- hospital
- homeless
- other \_\_\_\_\_
- 

When are you looking to move? \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

### Occupancy History

Please list all addresses you have lived at within the last 3 years. Use back of application if necessary.

Incomplete rental history may result in rejection of your waiting list application.

I was homeless or without a permanent address during this period.

Please specify—accurate dates are required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's address: \_\_\_\_\_

Have you ever been evicted or had tenancy terminated?

- Yes
- No

If yes, give complete details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from subsidized housing for fraud, nonpayment of rent, or failure to cooperate with recertification procedures?

- Yes
- No

If yes, explain:

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Are you a registered sex offender or is anyone in the household a registered sex offender in any state?

- Yes
- No

Have you ever been convicted of a crime?

- Yes
- No

If yes, give complete details including the location and date of all convictions:

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Have you ever been convicted of a felony?

- Yes
- No

Have you ever been convicted of fraud, violent or drug related crime?

- Yes
- No

Do you currently use illegal drugs or abuse alcohol?

- Yes
- No

Do you currently have any open cases in the court system for a drug or violent related crime?

- Yes
- No

Have you ever been known by any other name?

- Yes
- No

If yes, names used: \_\_\_\_\_

**INCOME**

*Please list all incomes in the household. This can include a job, social security, SSI, VA disability, child support, alimony, unemployment compensation, interim assistance, pension, interest, dividends, annuities, rental earnings and other incomes not mentioned.*

Source: \_\_\_\_\_ monthly payment amt \$ \_\_\_\_\_

Source: \_\_\_\_\_ monthly payment amt \$ \_\_\_\_\_

Source: \_\_\_\_\_ monthly payment amt \$ \_\_\_\_\_

Source: \_\_\_\_\_ monthly payment amt \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Wage Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Salary Amount: \_\_\_\_\_

**Assets**

*Checking Acct*

➤ Bank \_\_\_\_\_ estimated balance \$ \_\_\_\_\_

*Savings Acct*

➤ Bank \_\_\_\_\_ estimated balance \$ \_\_\_\_\_

*Checking Acct*

➤ Bank \_\_\_\_\_ estimated balance \$ \_\_\_\_\_

*Savings Acct*

➤ Bank \_\_\_\_\_ estimated balance \$ \_\_\_\_\_

*Life insurance*

➤ Agency Name: \_\_\_\_\_

**Other Asset/Direct Deposit Cards** \_\_\_\_\_ estimated balance \$ \_\_\_\_\_

Do you own a house or trailer?

- Yes
- No

Do you own any stocks, bonds, IRA or other retirement accounts?

- Yes
- No

Have you disposed of any assets for less than fair market value within the last two years? Yes or No If yes, please explain \_\_\_\_\_



Are you a student? Yes or No

**If yes**, please answer the following:

Are you a full time student? Yes or No

Are you at least 24 years of age? Yes or No

Are you married? Yes or No

Do you have a dependent? Yes or No

Were you an orphan or a ward of the court through age 18? Yes or No

Are you receiving financial assistance? Yes or No

**Please note:** *Applicants must inform Edgerton Community Outreach of any change in address and/or phone number. Failure to do so may result in your name being removed from our waiting list.*

**Applicants Authorization and Certification:**

I/We hereby authorize Edgerton Community Outreach to contact any or all references listed above including obtaining a credit report and search of public or criminal records. I understand that the information obtained from these contacts will be considered in determining my/our eligibility for housing. My/our information will be kept confidential. I/We certify that I/We have read and understand all the questions on the application. I/We certify that all the information is true to the best of my/our knowledge and belief. I/We understand that we can be fined up to \$10,000, or imprisoned up to five years or not be offered housing assistance if I/We furnish false or incomplete information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Drop Off, Fax, or Email Completed Applications:

**Edgerton Community Outreach | 608-884-9593 | FAX: 608-531-2765 | EMAIL: bhvleasing@gmail.com**

**106 S. Main St Edgerton, WI 53534**



106 South Main Street, Edgerton WI 53534 608-884-9593 [www.edgertonoutreach.org](http://www.edgertonoutreach.org)

## Veteran Status Confirmation

### 1. Branch of the Military

- Please select the branch in which you served:
  - Army
  - Navy
  - Marine Corps
  - Air Force
  - Coast Guard
  - Space Force
  - Other: [Specify] \_\_\_\_\_
  -

### 2. Dates of Service

- Start Date: [MM/YYYY] \_\_\_\_\_
- End Date: [MM/YYYY] \_\_\_\_\_

### 3. Discharge Status

- Please select your discharge status:
  - Honorable
  - General (Under Honorable Conditions)
  - Other Than Honorable
  - Bad Conduct
  - Dishonorable
  - Medical Discharge
  - Still Serving

### 4. Proof of Service

- Please provide any supporting documentation (e.g., DD-214, discharge papers)