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Lakeside Towers

5800 Third Avenue, Kenosha, Wisconsin 53140 | lakesidetowersapts.com
262-654-2131 phone | 262-654-5994 fax

APPLICATION FOR HOUSING

Please complete all sections of this application packet. Incomplete applications will be returned. An Application does not guarantee housing.

1. Full Name: _____
Last First Middle Name

Current Address: _____ City: _____

State: _____ Zip Code: _____ Daytime Phone: _____

Unit size: 1 Bedroom _____ Assessable Unit _____

2. List all people that are expected to live in the unit:

Full Name (First, Middle, Last)	Age	Date of Birth	Relationship	Social Security #	Sex M/F <small>Prefer not to disclose</small>	Full or Part Time Student Yes/No	Marital Status Single Married Separated Divorced Widowed
			Head of household				

3. List all states and counties each person has lived in.

4. Is any member of your household a full- or part-time student at an institution of higher learning? Yes () No ()
If yes, please indicate the name of the member, name of the institution, address of institution, and student status (full and/or part-time).

5. Are you a U.S. citizen? Yes () No ()

6. Do you need special accommodations or modifications to the living unit based due to household members disability? Yes () No ()

If so, please explain: _____

7. Are you or any household member disabled? Yes () No ()

8. Have you or anyone in your household ever used another names other than the name listed above? Yes () No ()

If so, please explain: _____

9. Household Income: List all sources of income, SS, SSI, Job, Pension, Contributions, VA, Unemployment, Alimony, Child Support, Workman's Comp, Annuity, Business or Rental Income, Dividends, Other Income

Household Member Source of Income Gross MONTHLY Income On Debit Card? Y or N

Household Member	Source of Income	Gross MONTHLY Income	On Debit Card?	Y or N

10. Do you have a live-in aid? Yes () No ()

11. Have you received any lump sum payments (including but not limited to deferred SS or SSI benefits, lottery or gambling winnings, insurance settlements)? Yes () No ()

12. Have you disposed of any assets for less than Fair Market Value during the previous two years? Yes () No ()

If yes, please explain: _____

13. ASSETS: List all assets such as checking, savings CD's, cash on hand, trusts, IRA's 401K, Keogh Account, land, house, stocks, savings bonds, mutual funds, treasury bills, real estate mortgage or deed of trust, value of life /funeral insurance or policy, ANY benefit debit cards.

Household Member Type of Asset Held Where? (bank, brokerage, company) Cash Value

Household Member	Type of Asset	Held Where? (bank, brokerage, company)	Cash Value

14. Are you a homeowner? Yes () No ()

If not, please provide your rental history (add additional sheets if necessary). Include family information if you are currently living with family.

Address: _____ Dates of Occupancy: _____ to _____

Landlord Name: _____ Phone: _____

Landlord Address: _____ Relative Yes No

Reason for Leaving: _____

Address: _____ Dates of Occupancy: _____ to _____

Landlord Name: _____ Phone: _____

Landlord Address: _____ Relative Yes No

Reason for Leaving: _____

15. Are you currently living in a federally subsidized housing unit? Yes () No ()

16. Do you expect a change in your household composition? Yes () No ()

If so, please explain: _____

17. Are you or any member of your household a victim of domestic violence? _____

18. Have you ever been evicted from previous housing including subsidized housing? Yes () No ()

If yes, explain: _____

19. Are you or any member of your household a current drug user? Yes () No ()

20. Do you or any other household member use an illegal drug or other illegal controlled substance? Yes () No ()

If yes, explain: _____

21. Have your or any household member's alcohol abuse or pattern of alcohol abuse interfered with the health, safety, or right to peaceful enjoyment of other residents? Yes () No ()

22. Are you or any household member subject to lifetime registration requirement under any State Sex Offender Registration program? Yes () No ()

23. Have you ever been convicted of a crime? Yes () No ()

If yes, explain: _____

24. Have you ever been convicted of any felony or misdemeanor other than traffic violations? Yes () No ()

If yes, explain: _____

25. Do you have medical expenses (co-payments, prescriptions, dental fees, etc.)? Yes () No ()

26. Do you pay medical insurance premiums? Yes () No ()

If yes, explain: _____

27. Do you pay for any Special Equipment/Apparatus that allows the disabled member or other household member to work? Yes () No ()

If yes, explain: _____

28. Were you age 62 and over and living in Subsidized Housing on January 31, 2010? Yes () No ()

29. Do you have/plan to have a pet? Yes () No () If yes, what kind? _____

30. Do you own and/or drive a car? Yes () No () If yes, what model, make and year? _____
_____ License Plate Number _____

31. How did you hear about this location? _____

Applicant(s) understands that we will conduct the following background checks (please initial):

____ I/We authorize you to run a criminal conviction/current drug use check on all states.

____ I/We authorize you to run a sex offender registry on all states.

____ I/We authorize you to run a credit report (under the name of Lakeside Towers) for the purpose of renting an apartment.

____ I/We authorize you to contact my current or former landlord.

The information solicited on this application is requested by the owner in order to assure the Federal Government that Federal laws prohibiting discrimination against Resident applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

I understand that this is not a contract and does not legally obligate either party. The above information is full, true and complete to the best of my knowledge. I agree to notify management of any address change.

Signature - Head

Date

Signature - Spouse or Co-Head

Date

Owner/Agent
Initials

Date

HEAD OF HOUSEHOLD
(Completion of this section is optional)

Ethnicity

Race

____ Hispanic or Latino
____ Not Hispanic or Latino

____ American Indian/Alaskan Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White
____ Other