



SECTION 8 RENTAL APPLICATION

Property Name

Unit #

Return to: AHMC Asset Management
3806 Oakwood Hills Parkway Ste 1
Eau Claire, WI 54701-7779
(715) 831-3256

*This application is not a rental agreement, contract, or lease. No applicant will be judged on the basis of race, color, religion, sex, handicap, familial status, national origin, sexual orientation, marital status, legal source of income, age or ancestry. All applications are subject to the approval of the management.

*Persons who meet the definition of DISABLED or HANDICAPPED qualify for a \$400 deduction from their annual income when determining rent contribution and certain other deductions. See the attached addendum, which defines disabled or handicapped. If you feel that you qualify and would like to request this adjustment to your income, please indicate in this space provided: _____

If you have indicated your desire to request this adjustment then **we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information my result in the denial of these deductions.**

A. APPLICANT'S NAME SEX* BIRTH DATE RACE* SOCIAL SECURITY # **

SPOUSE/CO TENANT SEX* BIRTH DATE RACE* SOCIAL SECURITY # **

B. OTHER HOUSEHOLD MEMBERS SEX* BIRTH DATE SOCIAL SEC. # RACE* RELATIONSHIP TO TENANT

*This information is voluntary. You are not required to furnish this information, but are encouraged to do so. It will be used for statistical purposes only.

** If you are accepted for residency, you are required to provide copies of social security cards for all household members prior to move-in.

6. **Child Care Expense**-List amount paid by family for the care of minor children under 13 years of age when such care is necessary to enable a family member to further education or to be gainfully employed. \$ _____ [] Week [] Month [] Other

Name of caregiver: _____

Address: _____

Phone: _____

7. **Medical Expenses** – (To be completed for Elderly, Handicapped or Disabled Households)

Include total expenses incurred for the last twelve month period not covered by insurance. May include expenses for dental, prescription medicines, medical insurance premiums, eyeglasses, hearing aids/batteries, cost of live-in resident assistant, monthly payments required on accumulated major medical bill, including that portion of spouse's or child's nursing home care paid from the Tenant family income(s).

\$ _____ Annually for _____

\$ _____ Annually for _____

8. **Medicare** - \$ _____ Per Month X 12 = \$ _____ Annually

MEDICAL EXPENSES

(ONLY FOR ELDERLY, HANDICAPPED OR DISABLED HOUSEHOLDS)

Please provide names and addresses to verify any medical expenses you have PAID in the last year, such as doctor visits, prescriptions, eyeglasses, hearing aids, health insurance, etc.

Please note: Medical expense deductions cannot be used in the calculation of your rent until our office receives 3rd party verifications for any listed medical expenses.

NAME: _____
 ADDRESS: _____
 CITY: _____
 PHONE: _____

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NAME: _____
 ADDRESS: _____
 CITY: _____
 PHONE: _____

 TENANT'S SIGNATURE

 DATE

 TELEPHONE NUMBER

 DATE OF BIRTH

H. ASSET INFORMATION – List all information for Tenant, Spouse, Co/Tenant. Use additional paper if necessary.

1. **Cash On Hand**

Which applicant: _____ Amount on hand at present time \$ _____
Which applicant: _____ Amount on hand at present time \$ _____

2. **Checking Accounts:**

Which applicant: _____
Bank _____ Balance \$ _____
Address _____

Which applicant: _____
Bank _____ Balance \$ _____
Address _____

3. **Savings Accounts (Including IRA'S):**

Which applicant: _____
Bank/Credit Union _____ Balance \$ _____
Address _____

Which applicant: _____
Bank/Credit Union _____ Balance \$ _____
Address _____

4. **Stock And Or Bonds:**

Which applicant: _____
Type _____ Number Owned _____ Value _____
Address _____

Which applicant: _____
Type _____ Number Owned _____ Value _____
Address _____

5. **Real Estate Owned At Present Time Or Sold Within Last 2 Years:**

Which applicant: _____
Market Value _____ Amount sold for _____
Mortgage _____
Name and Address of Bank or Lender _____

(Enclose a copy of Real Estate Tax Statement for the last year)

Which applicant: _____
Market Value _____ Amount sold for _____
Mortgage _____
Name and Address of Bank or Lender _____

(ENCLOSE A COPY OF REAL ESTATE TAX STATEMENT FOR THE LAST YEAR)

6. Property Sold Under Land Contract:

Which applicant: _____
Original amount of Land Contract: _____
Outstanding balance at the present time: _____
Terms of the Land Contract \$ _____ Per Month or \$ _____ Per Year
Annual Interest Rate _____ %

(ENCLOSE A COPY OF THE LAND CONTRACT AGREEMENT)

Which applicant: _____
Original amount of Land Contract: _____
Outstanding balance at the present time: _____
Terms of the Land Contract \$ _____ Per Month or \$ _____ Per Year
Annual Interest Rate _____ %

(ENCLOSE A COPY OF THE LAND CONTRACT AGREEMENT)

7. List Of All Other Assets Owned:

Which applicant: _____
Type: _____ Value _____

Which applicant: _____
Type: _____ Value _____

AUTO _____ PLATE _____ DRIVERS LICENSE # _____

AUTO _____ PLATE _____ DRIVERS LICENSE # _____

I. IN CASE OF EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____
STREET CITY STATE

PHONE: _____

NAME: _____

ADDRESS: _____
STREET CITY STATE

PHONE: _____

J. CRIMINAL ACTIVITY (AHMC Asset Management (AHMC) will investigate all adult applicants, including future additions to the household. AHMC also reserves the right to investigate any and all reported claims that you have participated in any criminal activity.)

1. Are you or has **any member of your household** ever been involved in the use or possession other than with intent to manufacture, sell or distribution of a controlled substance in the last 5 years?

YES _____ NO _____ If yes, please explain: _____

2. Are you or has **any member of your household** ever been involved in any drug-related criminal activity? (Defined as the manufacture, sale or distribution, or the possession with intent to manufacture, sell or distribute, a controlled substance.)

YES _____ NO _____ If yes, please explain: _____

3. Have you or has **any member of your household** ever been involved in any violent criminal activity? (Defined as including any criminal activity that has as one of its elements: the use, attempted use, or threatened use of physical force against the person or property of another.)

YES _____ NO _____ If yes, please explain: _____

The information submitted herein is, to the best of my knowledge, true and correct. I understand that deliberately submitted information which is false or withheld and may affect eligibility and rent constitutes fraud. I also understand that this form is only an application and does not reserve a unit nor in any way guarantee residence in such. I authorize verification of all information given.

Tenant's Signature

Date

Tenant's Signature

Date

AHMC Asset Management
3806 Oakwood Hills Parkway
Suite 1
Eau Claire, WI 54701-7779

Date:

Dear Sir or Madam:

Federal Regulations stipulate that we verify income for all family members who are applicants or tenants of the federally subsidized units under our management. The information is used only to determine eligibility status and rental rate for the applicant or tenant.

In order to comply with these regulations, your assistance is needed in completing the following form. A prompt response to this request will be appreciated. A self-addressed envelope is enclosed for your convenience. Should there be any questions, please do not hesitate to call.

Sincerely,

Management Supervisor

I hereby authorize the release of the requested information.

Applicant's or Tenant's Signature

Co-applicant's or Co-Tenant's Signature

What is considered a disability:

- I. Person with a disability. A person is considered disabled if the person meets the criteria of either of the following:
 - A. The person has an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which;
 - B. Has lasted or can be expected to last for a continuous period of not less than 12 months or which can be expected to result in death,
 - C. Substantially impedes the ability to live independently,
 - D. Is of such a nature that such ability could be improved by more suitable housing conditions or,
 - E. In the case of a blind person who is at least 55 years old (within the meaning of blindness as determined in Section 223 of the Social Security Act) is unable, because of the blindness, to engage in substantial gainful activity in which he/she has previously engaged with some regularity over a substantial period of time.

NOTE: Receipt of veteran's benefits for disability, whether service oriented or otherwise, does not automatically establish disability.

- II. A person has a developmental disability; a severe, chronic disability which:
 - A. Is attributable to a mental or physical impairment or combination of mental or physical impairment,
 - B. Was manifested before age 22,
 - C. Is likely to continue indefinitely,
 - D. Results in substantial functional limitations in three or more of the following areas of major life activities;
 - 1. Self-care
 - 2. Repetitive and expressive language
 - 3. Learning
 - 4. Mobility
 - 5. Self-direction
 - 6. Capacity for independent living
 - 7. Economic self-sufficiency
 - E. Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care or treatment , or for other individually planned and coordinated.

- III. A person with a handicap is a person with a physical or mental impairment that:
- A. Is expected to be of long-continued and indefinite duration,
 - B. Substantially impedes the person's ability to live independently and could be improved by more suitable housing conditions,
 - C. Is of such a nature that the person's ability to live independently and could be improved by more suitable housing conditions.
- IV. The term handicapped (or handicap) further means, with respect to a person, a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. This term does not include current illegal use of or addiction to a controlled substance. As used in this definition, physical or mental impairment includes:
- a. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special senses organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine or,
 - b. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.
- V. Major life activities means functions such as caring for one's self, performing major tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- VI. Has a record of such an impairment means, has a history of, or has been misclassified as, having mental or physical impairment that substantially limits one or more of major life activities.
- VII. Is regarded as having an impairment means:
- a. Has a physical or mental impairment that does not substantially limit one or more major life activities, but that is treated by another person as constituting such a limitation,
 - b. Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment or,
 - c. Has one of the impairments defined in paragraph IVa and IVb of this definition but is treated by another person as having such an impairment.

HUD SECTION 8 HOUSING

TENANT SELECTION CRITERIA

As Approved March 1, 2003

The procedures for tenant selection will be administered on a first-come, first served basis as they appear in the log chronologically and taking into account HUD Handbook 4350.3.

- I.** Eligibility Criteria: To be eligible for admission, applicants must qualify in accordance with one or more of the following.
 - A. Income limits established by HUD.
 - B. Family size and household characteristics such as elderly, handicapped/disabled appropriate to available housing.
 - C. Applications will be ranked by date of application.

- II.** Fair Housing and Equal Opportunity. Management operates in compliance with all federal, state and local Fair-Housing laws. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin, sexual orientation, marital status, lawful source of income or age.

- III.** Denying Admission to Eligible Applicants.
 - A. Management reserves the right to deny admission to any otherwise-eligible applicants whose habits and practices may be expected to have detrimental effects on the other tenants or on the environment of the development. Criteria used in this determination include, but are not limited to:
 1. Applicants whose conduct in present or prior housing has been such as would interfere with the enjoyment of the premises by adversely affecting the health, safety, or welfare, or by affecting adversely the physical environment or financial stability of project if the applicant were admitted. Relevant information includes:
 - a. Applicant's past performance in meeting financial obligations, especially rent and utilities.
 - b. A record of disturbances to neighbors, destruction of property, or living or housekeeping habits.
 - c. A record of criminal activity involving acts of violence to persons or property, or drug-related acts which would adversely affect the health, safety, welfare of the other tenants or the applicant himself.
 - d. A record of possession of a controlled substance in the last 5 years.
 - e. An applicant will NEVER be approved if the applicant has a record of drug-related criminal activity (defined as the manufacture, sale or distribution, or the possession with intent to manufacture, sell or distribute a controlled substance).
 2. Applicants who have or have had problems involving chemical or drug dependency resulting in any of the other reasons for non-selection.
 3. If management determines that an applicant does not meet the selection criteria, applicant will be notified in writing within ten (10) days. Said written notice shall contain:
 - a. Reason for determination.
 - b. Statement that applicant has the right to an informal meeting with management.