

***NOTE:** Each rental unit must complete a form.
Please print duplicates

All TENANTS 18 years of age
and OLDER must attach a copy of
their **2012** Federal Income Taxes.

Community Development Block Grant

CITY OF SHEBOYGAN

DEPARTMENT OF CITY DEVELOPMENT

828 CENTER AVENUE, Suite 104

SHEBOYGAN, WI 53081

Development@ci.sheboygan.wi.us

(920) 459-3377

FAX: (920) 459-7302

APPLICATION FOR TENANT

TENANT'S NAME: _____

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

SPOUSE'S NAME (if married) OR OTHER's: _____

SPOUSE'S/OTHER'S SOCIAL SECURITY NO.: _____
DATE OF BIRTH: _____

ADDRESS OF PROPERTY: _____

NUMBER OF YEARS AT THIS PROPERTY: _____

HOME PHONE: _____ BUSINESS PHONE: _____

HUSBAND/HEAD OF HOUSEHOLD CELL PHONE: _____

SPOUSE / OTHER'S CELL PHONE: _____

CURRENT E-MAIL ADDRESS: _____

DO YOU HAVE ANY PETS? _____ YES _____ NO

If "yes" HOW MANY? _____

WHAT KIND(S)?

VACINATED FOR KENNELS?

_____	YES	_____	NO	_____
_____	YES	_____	NO	_____
_____	YES	_____	NO	_____

NOTE: Pets must be vaccinated for a kennel otherwise it is the owner/landlord's responsibility for the costs.
Renters should make every effort to find a home for their pets during tenant relocation.

NUMBER OF DEPENDENTS:

(THIS INCLUDES ALL RESIDENTS NOT LISTED ON FIRST PAGE)

	<u>NAME</u>	<u>BIRTH DATE</u>	<u>SEX</u> Male/Female	<u>FULL TIME</u>		<u>SOCIAL SECURITY NUMBER</u>
				<u>STUDENT</u> YES / NO	<u>RETIRED</u> YES / NO	
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____

11 _____

* Is anyone in this Household Pregnant? _____ Who? _____
(Please mark one) Yes No

OCCUPANT RACE *Optional Information*
 Please circle.

- W** - White
- HW** - Hispanic White
- B** - Black/African American
- A** - Asian
- AI** - American Indian
- NA** - Native Hawaiian/Other Pacific
- AIW** - American Indian/Alaskan/Native/White
- AW** - Asian White
- BW** - Black/African American - White
- AIB** - American Indian/Alaskan Native/Black African American
- O** - Other _____

HUSBAND/HEAD OF HOUSEHOLD

PRESENT EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

PREVIOUS EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

SPOUSE'S / OTHER'S

PRESENT EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

PREVIOUS EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

OTHER'S (Must have employers for all residents 18 years of age & older unless a full time student)

PRESENT EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

PREVIOUS EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

NOTE: If your project is not started within 6 months of income approval, or your family status has changed all tenants income must be verified again.

OTHER'S (Must have employers for all residents 18 years of age & older unless a full time student)

PRESENT EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

PREVIOUS EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

OTHER'S (Must have employers for all residents 18 years of age & older unless a full time student)

PRESENT EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

PREVIOUS EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

OTHER'S (Must have employers for all residents 18 years of age & older unless a full time student)

PRESENT EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

PREVIOUS EMPLOYER: _____ **HOW LONG?** _____

ADDRESS: _____

POSITION: _____ **MONTHLY SALARY:** _____

List other employers on back of this page if needed, must verify all occupants 18 years of age and older unless full time student.

OTHER INCOME & SOURCE

Please complete all other income listed below. If you have other sources please list as others:

Please Circle

1 **SOCIAL SECURITY:** YES / NO MONTHLY AMOUNT(S): _____

Name: _____

2 **SOCIAL SECURITY:** YES / NO MONTHLY AMOUNT(S): _____

Name: _____

3 **RETIREMENT/PENSION:** YES / NO MONTHLY AMOUNT(S): _____

Name: _____

4 **VETERANS BENEFITS:** YES / NO MONTHLY AMOUNT(S): _____

Name: _____

5 **RENTAL INCOME:** YES / NO MONTHLY AMOUNT(S): _____

6 **CHILD & MAINTENANCE SUPPORT:** YES / NO MONTHLY AMOUNT(S): _____

CHILD'S NAME: _____

7 **CHILD & MAINTENANCE SUPPORT:** YES / NO MONTHLY AMOUNT(S): _____

CHILD'S NAME: _____

8 **CHILD & MAINTENANCE SUPPORT:** YES / NO MONTHLY AMOUNT(S): _____

CHILD'S NAME: _____

9 **OTHER INCOME:** _____ MONTHLY AMOUNT(S): _____

Address: _____

10 **OTHER INCOME:** _____ MONTHLY AMOUNT(S): _____

Address: _____

SAVINGS ACCOUNT:
FINANCIAL INSTITUTION: _____ AMOUNT: \$ _____

CHECKING ACCOUNT:
FINANCIAL INSTITUTION: _____ AMOUNT: \$ _____

OTHER REAL ESTATE OWNED:
FINANCIAL INSTITUTION: _____ AMOUNT: \$ _____

SAVINGS BONDS & OTHER SECURITYS : AMOUNT: \$ _____

OWNER RELEASE STATEMENT

RELEASE OF INFORMATION

(MUST BE SIGNED BY **ALL TENANTS 18 YEARS AND OLDER**)

Document can be copied

The Right to Financing Privacy Act of 1978 requires that public bodies acting as agents of the U.S. Department of Housing and Urban Development (HUD) for the processing or approving of Section 312 and other residential rehabilitation housing loans provide the following notice to loan applicants.

NOTICE TO APPLICANTS

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration of administration of the Section 312 or other HUD rehabilitation loans for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development and the City of Sheboygan without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law.

I have read and understand the foregoing notice. This letter authorizes the Department of City Development of the City of Sheboygan, Wisconsin, to request any pertinent information pertaining to the following:

- | | |
|--|----------------------------------|
| _____ Request for Mortgage Status | _____ Social Security |
| _____ Asset Verification | _____ Title Verification |
| _____ Verification of Deposit | _____ Credit Report |
| _____ Verification of Employment | _____ Income Verification |

I (We), the undersigned, do hereby authorize the release information requested by the Department of City Development of the City of Sheboygan, Wisconsin.

SIGNATURE

SIGNATURE

DATE

DATE

SIGNATURE

SIGNATURE

DATE

DATE