

APPLICATION TYPE: OPEN WAIT LIST LOW-INCOME PROGRAM:

BEDROOM SIZE: Studio One Two Three

Please Print All Information. Do NOT Write Above This Line.

**Important: If application form is not completely filled out it will not be accepted.**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Landlord Name \_\_\_\_\_ Landlord Telephone Number \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Previous Address (If current address is less than 2 years) \_\_\_\_\_

Landlord Name \_\_\_\_\_ Landlord Telephone Number \_\_\_\_\_

**LIST ALL PERSONS WHO WILL BE LIVING WITH YOU DO NOT INCLUDE YOURSELF**

NAMES OF ALL MEMBERS			SOCIAL SECURITY #	SEX	BIRTH DATE	RELATIONSHIP TO HEAD OF HOUSEHOLD
LAST	FIRST	MI				

Is any household member a college student yes \_\_\_ no \_\_\_? Is household member full-time \_\_\_ or part-time \_\_\_ student?

What is your race/ethnicity? HUD requires Carnahan Corporation to collect this information for statistical purposes.

\_\_\_ African-American \_\_\_ Asian or Pacific Islander \_\_\_ White \_\_\_ Hispanic \_\_\_ American Indian or Alaskan Native \_\_\_ Other

**INCOME AND ASSET INFORMATION**

**What is your total gross monthly income? \$ \_\_\_\_\_**

Please check all applicable sources of income and assets for ALL members of your household.

\_\_\_ Social Security \_\_\_ SSI \_\_\_ Unemployment Compensation \_\_\_ Pension/Annuity \_\_\_ Employment \_\_\_ Child Support \_\_\_ W-2  
\_\_\_ Alimony \_\_\_ Savings Account \_\_\_ Checking Account \_\_\_ Stocks & Bonds \_\_\_ Rental Property/Real Estate Property  
\_\_\_ I/We have no source of income \_\_\_ Other (be specific) \_\_\_\_\_

**CURRENT EXPENSES: (Please only check one)**

**FAMILY APPLICANTS** Child Care Expenses: \_\_\_\_\_

List Name of Person Providing Child Care and Amount paid each week:

Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

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

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

**ELDERLY, DISABLED & HANDICAPPED APPLICANTS** Medical Expenses: \_\_\_\_\_

Name of Insurance Company and Amount paid monthly:

Name: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Do you have any of the following (please check all that apply)?

Prescriptions \_\_\_ Medicare \_\_\_ Medicaid \_\_\_

Are you or is any member of your household engaging in the use of illegally controlled substances? \_\_\_ YES \_\_\_ NO

Have you or any member of your household ever been convicted for the illegal manufacture, distribution, possession or use of an illegally controlled substance? \_\_\_ YES \_\_\_ NO

Have you or any member of your household ever been convicted of a felony or other serious crime? \_\_\_ YES \_\_\_ NO

Are you now living or have you lived in a government-subsidized development?  Yes  No  
If yes, when: \_\_\_\_\_ Name of Development \_\_\_\_\_ Address \_\_\_\_\_

Have you ever rented from Carnahan Corporation before?  NO  YES (If yes list dates) \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Are you being or have you ever been EVICTED?  NO  YES (if yes please list date, landlord and, address and details) \_\_\_\_\_  
\_\_\_\_\_

How did you hear about these apartments? \_\_\_\_\_

Why do you wish to move? \_\_\_\_\_

**SECTION 504 REHABILITATION ACT**

In accordance with American with Disabilities Act of 1990, Carnahan Corporation requests that you notify us if you need any special accommodations. This disclosure is STRICTLY VOLUNTARY on your part. Please check if you or any member of your household needs any of the following accommodations: Please be aware that if the accommodation being requested poses an undue financial burden to Carnahan Corporation, the accommodation need not be made.

Check all that apply:  
Wheel chair Accessibility { } Hearing Accommodations { } Sign or Braille Interpreter { } Handicap Parking { } other \_\_\_\_\_

**\*\*\*PLEASE NOTE ALL FAMILY LOCATIONS HAVE HANDICAP/WHEELCHAIR ACCESSIBLE UNITS\*\*\***

We may be able to offer you a unit at a development of your choice. Please check any of the buildings where you would like to apply:

**FOR INDIVIDUALS 62 YEARS AND OLDER OR NEAR ELDERLY NOT LESS THAN 50 & DISABLED, BUT BELOW THE AGE OF 62**  
\_\_\_\_\_na\_\_\_\_\_

**ALL AGE GROUPS WITH FAMILIES OF 2 OR MORE PERSONS. 2 & 3 BEDROOM UNITS**  
\_\_\_\_\_ Edgewater Terrace (7<sup>th</sup> Street, TWO RIVERS, WI)  
\_\_\_\_\_ Marinette Woods (Cleveland Ave, MARINETTE, WI)

**FOR INDIVIDUALS 55 YEARS AND OLDER OR NEAR ELDERLY NOT LESS THAN 50 & DISABLED, BUT BELOW THE AGE OF 62**  
\_\_\_\_\_ Mt. Zion (2121 N. 2<sup>ND</sup> & 2104 N MLKD)

**\*\*NOTE THAT SOME OF THE BUILDINGS DO HAVE WAITING LISTS\*\***

WE UNDERSTAND THAT IF THIS APPLICATION IS PLACED ON THE WAITING LIST, YOU MAY REQUEST SAMPLE COPIES OF THE RENTAL LEASE AND HANDBOOK. IF THIS APPLICATION IS APPROVED, AND MOVE-IN OCCURS, WE CERTIFY THAT WE WILL ACCEPT AND COMPLY WITH ALL CONDITIONS OF OCCUPANCY AS SET FORTH IN THE LEASE AND HANDBOOK, INCLUDING SPECIFICALLY ALL CONDITIONS REGARDING PETS, RENT, DAMAGE AND SECURITY DEPOSITS.

THE INFORMATION SUBMITTED HEREIN IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. I UNDERSTAND THAT DELIBERATELY SUBMITTING FALSE INFORMATION OR WITHHOLDING INFORMATION CONSTITUTES FRAUD. FEDERAL LAW SPECIFIES FINES UP TO \$10,000 AND PRISON TERMS UP TO FIVE YEARS FOR FRAUD. I ALSO UNDERSTAND THAT THIS FORM IS ONLY AN APPLICATION FOR RESIDENCE AND THAT THE SUBMISSION OF THIS APPLICATION DOES NOT RESERVE, NOR IN ANY WAY, GUARANTEE A UNIT. AT SUCH TIME AS A SPECIFIC UNIT IS OFFERED TO ME, I UNDERSTAND IT IS MY RESPONSIBILITY TO DETERMINE THAT SUCH UNIT HAS ADEQUATE FACILITIES AND/OR EQUIPMENT NECESSARY BECAUSE OF A SPECIFIC NEEDS I OR THE MEMBERS OF MY HOUSEHOLD MAY HAVE.

I HEREBY AUTHORIZE VERIFICATION OF ALL INFORMATION AND REFERENCES.  
**APPLICATION MUST BE SIGNED BY EVERYONE 18 YEARS AND OLDER.**

\_\_\_\_\_  
APPLICANT DATE \_\_\_\_\_

\_\_\_\_\_  
CO-APPLICANT DATE \_\_\_\_\_

\_\_\_\_\_  
OTHER FAMILY MEMBER 18 OR OLDER DATE \_\_\_\_\_

RETURN THIS FORM TO:

**CARNAHAN CORPORATION**  
1858 NORTH COMMERCE STREET  
MILWAUKEE, WI 53212  
OFFICE: (414) 267-3100 FAX: (414) 267-3112

**CARNAHAN CORPORATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, FAMILIAL STATUS OR HANDICAPPED STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, IT'S FEDERALLY ASSISTED PROGRAMS OR ACTIVITIES.**  
---EQUAL HOUSING OPPORTUNITY---



# CRIMINAL RECORDS CONSENT FORM

I,

\_\_\_\_\_ have  
Last Name      First Name      Middle Initial      Maiden Name

made an application with \_\_\_\_\_ for the rental of  
Apartment

\_\_\_\_\_ Address      City      State      Zip Code

I hereby authorize you to disclose my entire criminal history, including any and all arrests with or without convictions and any ordinance violations, contacts or any other activity for the previous 10 years. The information requested is a prerequisite for my application as a future tenant. The information provided by you will be held in **STRICT CONFIDENCE**. I ACKNOWLEDGE that a photographic copy or facsimile information below in order to assist the Carnahan Corporation, as managers of the above-named apartments, in obtaining this information. Please return all information to

\_\_\_\_\_ At 1858 N. Commerce Street, Milwaukee, WI 53212.  
Leasing Agent

\_\_\_\_\_ Date      Signature

Previous Addresses for the past ten years: (list address, city, state, & zip NO P.O. BOXES)

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

Other names known by or aliases: \_\_\_\_\_

\_\_\_\_\_ Date of Birth      Sex      Social Security Number

List all Driver's License and/or State Identification numbers for the past 10 years.

\_\_\_\_\_ Number      State      Number      State

\_\_\_\_\_ Number      State      Number      State