

---

Office  
4004 Oakwood Hills Pkwy Suite 100  
Eau Claire WI 54701

Mailing Address  
PO Box 720  
Eau Claire WI 54702-0720

715-834-3411  
Fax: 715-834-1535  
1-800-924-3256



Dear Potential Tenant:

Thank you for your interest in renting an apartment managed by Landmark Company. Attached is the application for housing that you requested. Please fill it out as completely as possible. **We do not charge an application fee.**

Landmark Company is committed to providing equal housing opportunity; we do not discriminate on the basis of race, color, religion, sex, handicap, national origin, familial status, marital status, sexual orientation, or lawful source of income or age.

After you return a complete application to us, we will collect credit, court record, employment and rental reference information before we approve or disapprove an application. Negative information disclosed by those searches may disqualify you. Please be aware that if any information on the application is misrepresented and found after a rental agreement is signed, the rental agreement will be terminated.

Some of the things that we will look at include a conviction of any type of crime that would be considered a serious threat to real property or to other residents' peaceful enjoyment of the premises, manufacture or distribution of controlled substances, court-ordered evictions, judgments for financial delinquency, bankruptcy, allowing persons not on the lease to reside on the premises, and reports of gambling or prostitution. Our house rules and guidelines are extensive and the mentioned items only suggest major categories of concern. Our rental manual applies in all cases.

Should you have any questions, if you are having difficulties completing any portion of the application, or if you wish to see the apartment for which you are applying, contact our office at 715-834-3411 and we will be happy to assist you.

Sincerely,

Landmark Company



---

November 2004

## THINGS YOU SHOULD KNOW

|  |
|--|
| Don't risk your chances for Federally assisted housing by providing false, incomplete or inaccurate information on your application forms. |
|--|

---

|         |  |
|---------|--|
| Purpose | This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information. |
|---------|--|

---

|                                |   |
|--------------------------------|---|
| Penalties for Committing Fraud | The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be: |
|--------------------------------|---|

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your state and local governments may have other laws and penalties as well.

---

|                  |  |
|------------------|--|
| Asking Questions | When you with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is. |
|------------------|--|

---

|                            |  |
|----------------------------|--|
| Completing The Application | When you answer application questions, you must include the following information: |
|----------------------------|--|

Income:

- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union or certificate of deposit: dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

Assets:

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you
  - Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
  - The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
-

## Signing The Application

- Do not sign any form unless you have read it, understand it and are sure everything is complete and accurate.
  - When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
  - Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.
- 

## Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members;
  - Any move in or out of a household member; and
  - All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.
- 

## Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
  - Do not pay any money to move up on the waiting list;
  - Do not pay for anything not covered by your lease;
  - Get a receipt for any money you pay; and
  - Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).
- 

## Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tried to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at 800-347-3735. You can also write to:  
HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, D.C. 20410.

HUD-1140-OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION



Office  
4004 Oakwood Hills Pkwy Suite 100  
Eau Claire WI 54701

Mailing Address  
PO Box 720  
Eau Claire WI 54702-0720

715-834-3411  
Fax: 715-834-1535  
1-800-924-3256



**PRELIMINARY APPLICATION FOR OCCUPANCY This is NOT a lease or Rental Agreement.**

The undersigned hereby makes application to rent a \_\_\_\_\_ bedroom apartment / unit located in \_\_\_\_\_, Wisconsin.

**APPLICANT INFORMATION Each Non-Married Co-Applicant must complete a separate Rental Application.**

**FULL NAME** (First): \_\_\_\_\_ (Last) \_\_\_\_\_ (MI) \_\_\_\_\_

Previous Name (if any): \_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**SPOUSE** (First): \_\_\_\_\_ (Last) \_\_\_\_\_ (MI) \_\_\_\_\_

Previous Name (if any): \_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Marital Status \_\_\_\_\_

**CURRENT MAILING ADDRESS** (Include City, State, and Zip) \_\_\_\_\_

Renting? Yes \_\_\_\_ No \_\_\_\_ How long? \_\_\_\_\_ Rent \$ \_\_\_\_\_

Landlord Name and Phone No. \_\_\_\_\_

**PREVIOUS MAILING ADDRESS** \_\_\_\_\_

Rented? Yes \_\_\_\_ No \_\_\_\_ How long? \_\_\_\_\_ Rent \$ \_\_\_\_\_

Landlord Name and Phone No. \_\_\_\_\_

| Names of Other Persons (Non-Applicants) to occupy unit | Relationship | Social Security No. | Date of Birth |
|--|--------------|---------------------|---------------|
| 1.   |              |                     |               |
| 2.   |              |                     |               |
| 3.   |              |                     |               |

Race or Head of Household White \_\_\_\_ Black \_\_\_\_ American Indian \_\_\_\_ Asian \_\_\_\_

Ethnicity of Head of Household Hispanic \_\_\_\_ Non-Hispanic \_\_\_\_

**IN CASE OF EMERGENCY CONTACT:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Present Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Is someone legally empowered to act on your behalf?**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

| Close relatives or friends (include children not living with you): |               |            |          |
|--|---------------|------------|----------|
| Name:  | Relationship: | Phone No.: | Address: |
| 1.   |               |            |          |
| 2.   |               |            |          |
| 3.   |               |            |          |

Are you a full-time student?  Yes  No

If you are a student, please answer the following questions.

Do you receive financial aid and/or grants?  Yes  No

Have you resided apart from your parent(s)/guardian(s) for the last year?  Yes  No

Does your parent/guardian claim you as a dependent on their income tax returns?  Yes  No

Single individuals who do not qualify for federally assisted housing under the definition of "family" must be either 62 years of age or handicapped. Are you either of these, and if so, which one?

62 years of age

Handicapped or Disabled

Persons who meet the definition of disabled or handicapped qualify for a \$400 deduction to their annual income when determining rent contribution and certain deductions. See the attached addendum that defines disabled or handicapped. If you feel that you qualify and would like to request this rent adjustment to your income, please check here: .

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 may result in the denial of these deductions.

Do you have any specific housing requirements, such as a special handicap accessible unit? Yes  No

What is your present living arrangement? \_\_\_\_\_

Do you hold a Letter of Priority Enrollment? Yes  No

Issued by FmHA? Yes  No

Will you require an on-premise vehicle parking space? Yes  No

Do you certify that this unit will be your permanent residence and that you do not / will not maintain a separate subsidized unit in a different location? Yes  No

Are you currently receiving a rental assistance subsidy? Yes  No

Our policy states that we will offer housing to non-subsidized people before currently subsidized people, unless they require the handicapped apartment.

|  |                |
|--|----------------|
| <b>APPLICANT'S EMPLOYER &amp; INCOME</b>         |                |
| Status: ___ Employed ___ Full Time ___ Part Time | ___ Retired    |
| ___ Student ___ Full Time ___ Part Time          | ___ Unemployed |

**PRESENT EMPLOYER** \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Since (date) \_\_\_\_\_ Weekly Take Home Pay \$ \_\_\_\_\_ Position \_\_\_\_\_

**PREVIOUS EMPLOYER** \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Since (date) \_\_\_\_\_ Weekly Take Home Pay \$ \_\_\_\_\_ Position \_\_\_\_\_

**Complete all applicable information for the Applicant and/or Spouse.**

**SOCIAL SECURITY / SSI --** List gross amount of all payments received.

\$ \_\_\_\_\_ per month for \_\_\_\_\_  
\$ \_\_\_\_\_ per month for \_\_\_\_\_  
\$ \_\_\_\_\_ per month for \_\_\_\_\_  
\$ \_\_\_\_\_ per month for \_\_\_\_\_

**PENSIONS / ANNUITIES / IRA ACCOUNT**

\$ \_\_\_\_\_ per month from \_\_\_\_\_  
\$ \_\_\_\_\_ per month from \_\_\_\_\_  
\$ \_\_\_\_\_ per month from \_\_\_\_\_

**ALL OTHER INCOME --** Include income from Unemployment, Child Support, VA Benefits, Public Assistance, AFDC or any other source.

\$ \_\_\_\_\_ per month from \_\_\_\_\_  
\$ \_\_\_\_\_ per month from \_\_\_\_\_  
\$ \_\_\_\_\_ per month from \_\_\_\_\_

**CHILD CARE EXPENSE --** List amount paid for the care of children 13 years of age that enables family members to further education or to be gainfully employed.

\$ \_\_\_\_\_ annually \_\_\_\_\_

**MEDICAL EXPENSES --** Elderly, Handicapped or Disabled households ONLY. List total medical expenses anticipated for the next twelve-month period that are not covered by insurance.

\$ \_\_\_\_\_ annually for \_\_\_\_\_  
\$ \_\_\_\_\_ annually for \_\_\_\_\_

**Cash on Hand** – amount on hand at present time \$ \_\_\_\_\_

**CHECKING AND SAVINGS ACCOUNTS**

Account # \_\_\_\_\_ Bank \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Account # \_\_\_\_\_ Bank \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

**SAVINGS ACCOUNTS**

Account # \_\_\_\_\_ Bank \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Account # \_\_\_\_\_ Bank \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Account # \_\_\_\_\_ Bank \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

**STOCKS AND / OR BONDS**

Type \_\_\_\_\_ No. Owned: \_\_\_\_\_ Value \$ \_\_\_\_\_

Type \_\_\_\_\_ No. Owned: \_\_\_\_\_ Value \$ \_\_\_\_\_

Type \_\_\_\_\_ No. Owned: \_\_\_\_\_ Value \$ \_\_\_\_\_

**REAL ESTATE OWNED AT PRESENT OR SOLD WITHIN THE LAST 2 YEARS**

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

Market Value: \$ \_\_\_\_\_ If sold within the last 2 years, amount sold for: \$ \_\_\_\_\_

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

Market Value: \$ \_\_\_\_\_ If sold within the last 2 years, amount sold for: \$ \_\_\_\_\_

**PROPERTY SOLD UNDER LAND CONTRACT**

Original Amount: \$ \_\_\_\_\_ Outstanding Balance: \$ \_\_\_\_\_  
 Terms: \$ \_\_\_\_\_ per month \_\_\_\_\_ or per year \_\_\_\_\_

**LIST ALL OTHER ASSETS OWNED**

Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Do you receive monetary gifts or non-cash contributions (food, clothing, utilities, etc.) on a recurring basis from a private individual?  Yes  No If so, approximately how much and from whom? \_\_\_\_\_

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

YOUR SIGNATURE ON THIS APPLICATION AUTHORIZES LANDMARK COMPANY TO CONTACT YOUR PRIOR LANDLORDS FOR INFORMATION REGARDING YOUR PRIOR TENANCIES, TO CHECK PERSONAL AND CREDIT REFERENCES AND TO OBTAIN CREDIT, EMPLOYMENT AND COURT RECORDS.

**APPLICANT'S PERSONAL AND RENTAL REFERENCES (within the last 10years)**

Have you ever filed for bankruptcy before? No  Yes  (date) \_\_\_\_\_

Have you ever been arrested and/or convicted of a crime? If yes, please explain: \_\_\_\_\_

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

Are you subject to any state's lifetime sex offender registration requirement? If yes, please list the state: \_\_\_\_\_

\_\_\_\_\_

Please list all states where all household members have every lived: \_\_\_\_\_

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

**PERSONAL / PROFESSIONAL REFERENCES – NOT FRIENDS OR FAMILY**

| Name | Telephone | Address |
|------|-----------|---------|
| 1.   |           |         |
| 2.   |           |         |
| 3.   |           |         |

**RENTAL REFERENCES (Starting with present landlord, if applicable)**

| Rental Address | Name, Telephone and Address of Landlord |
|----------------|---|
| 1.             |   |
| 2.             |   |
| 3.             |   |

Automobiles: Model: \_\_\_\_\_ Year: \_\_\_\_\_ License No.: \_\_\_\_\_

**PLEASE READ THIS CAREFULLY AND SIGN THIS APPLICATION**

The purpose of this application is to determine whether I qualify as a tenant. If my application is approved, a representative of Landmark Company and I shall sign a written lease or rental agreement. Landmark Company and I have no rental agreement until the time that the lease or written rental agreement is signed.

I acknowledge that the Manager and the agents and employees thereof represent the interests of the Landlord, but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

**LEASE OBLIGATIONS FOR ROOMATES:** When two or more adults sign a lease together, they are considered as one entity with regards to all lease obligations. This means that should one of the tenants not pay rent, lockout charges, late fees or follow any other item included in the lease, it is the other tenants' duty to fulfill the obligation.

**I/WE DECLARE THE ABOVE INFORMATION TO BE TRUE AND CORRECT. I/WE HEREBY AUTHORIZE LANDMARK COMPANY TO CONDUCT AN INVESTIGATION OF MY EMPLOYMENT, LANDLORD AND CREDIT HISTORY AND VERIFY ALL REFERENCES. LANDMARK COMPANY RESERVES THE RIGHT TO CONDUCT A CRIMINAL BAKCGROUND CHECK.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

“The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration, on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. 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.”

APPLICANT \_\_\_\_\_ SEX \_\_\_\_\_

Race/National Origin

(Not of Hispanic Origin)

- White       Black
- Hispanic       Asian or Pacific Islander
- Other (Specify) \_\_\_\_\_

- Male
- Female

**STATEMENT REQUIRED BY THE PRIVACY ACT**

The Farmers Home Administration (FmHA) is authorized by Title V of the Housing Act of 1949 as amended (42 U.S.C. 1471 et. seq.) to solicit the information requested on this form. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information may delay in the processing of your eligibility or rejection, except that it is unlawful for FmHA to deny eligibility because of the refusal to disclose the Social Security Account number.

The principle purposes for collecting the information are to determine eligibility for occupancy in the FmHA financed rental project and to determine the amount of tenant contribution for rent. The information collected on the form may be released to appropriate Federal, State and Local Agencies when relevant to civil, criminal or regulatory proceedings.

|  |   |  |
|--|---|--|
| <p><b>FOR OFFICE USE ONLY</b></p> <p>Income: _____</p> <p>Criminal: _____</p> <p>Rental History: _____</p> | <p>Date Received _____</p> <p>Credit Report: _____</p> <p>References: _____</p> <p>Other: _____</p> | <p>Accepted ___ Denied ___</p> <p>Notified _____</p> <p>_____</p> <p>_____</p> |
|--|---|--|





Addendum to Application for Occupancy  
Definitions based upon FmHA Instruction 1930-C, Exhibit B

**What is considered a disability:** A person is considered disabled if the person meets the criteria of either of the following:

1. The person has an inability to engage in any substantial gainful activity, but with use of auxiliary apparatus can otherwise participate in gainful activity, by reason of any medically determinable physical or mental impairment, where the disability:
  - a. 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, and
  - b. Substantially impedes the ability to live independently, and
  - c. Is of such a nature that such ability could be improved by more suitable housing conditions, or
  - d. In the case of a sight impaired person who is at least 55 years old (within the meaning of sight impairment as determined in Section 223 of the Social Security Act), is unable, because of the sight impairment, to engage in substantial gainful activity in which he/she has previously engaged with some regularity over a substantial period of time.
  - e. Receipt of veteran's or Social Security Disability payments benefits for disability, whether service-oriented or otherwise does not automatically establish disability.
2. The person has a developmental disability; a severe, chronic disability which;
  - a. Is attribute to a mental or physical impairment or combination of mental or physical impairment; and
  - b. Was manifested before age 22; and
  - c. Is likely to continue indefinitely; and
  - d. Results in substantial functional limitations in three or more of the following areas of major life activity:
    1. Self care
    2. Receptive 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 services which are of lifelong or extended duration and are individually planned and coordinated.

**Individual with a handicap:**

3. A person with a physical or mental impairment, that:
  - a. Is expected to be of long-continued and indefinite duration; and
  - b. Substantially impedes the person or is of such a nature that the person's ability to live independently could be improved by more suitable housing conditions.
4. The term 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:

- a. Physical or mental impairment includes:
  1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary, hemic and lymphatic, skin; and endocrine; or
  2. 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, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), and alcoholism.
5. Major life activities means functions such as caring for one's self, performing major tasks, walking, seeing, hearing, speaking, breathing, learning and working.
6. Has a record of such an impairment means has a history of, or has been misclassified as having a mental or physical impairment that substantially limits one or more major life activities.
7. Has a record of such an impairment means has a history of, or has been misclassified as having a mental or physical impairment that substantially limits one or more life activities.
8. 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 contributing such a limitation;
  - b. Has a physical or mental impairment that substantially limits one or more major lift activities only as a result of the attitudes of others toward such impairment; or
  - c. Has one of the impairments defined in paragraph 4a (1) and 4a (2) of this definition but is treated by another person as having such an impairment.
9. Means Farm Labor Housing Loans and/or grants

**RELEASE OF INFORMATION AUTHORIZATION**

To Whom It May Concern:

The individual(s) indicated below are participant(s) and/or have applied for housing. Landmark Company is the management agent of the housing development in which this individual(s) is residing or applying for residency.

Landmark Company is required by law to confidentially verify information provided by applicants. The applicants have indicated your Agency's/Institution's name as a source of information. Verification of applicant/participant statements is not limited to those shown in the following authorization.

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

- |   |  |
|---|--|
| Household Composition                   | AFDC/General Assistance  |
| Employment Income                       | Social Security/SSI  |
| Unemployment Income                     | Educational Scholarships/Stipends  |
| Alimony/Maintenance                     | Assets (Checking, Savings, IRAs, Trusts,<br>Stocks, Bonds, Mutual Funds, etc.) |
| Pension/VA/Annuities                    | Medical/Insurance Information, Child Care                                      |
| Previous/Current Landlord               | Expenses and/or Unusual Expenses   |
| Criminal Activity/Sex Offender Registry |  |

I/We hereby authorize Landmark Company to make any inquiries necessary or advisable in verifying the above information and to make any inquiries in verifying income and asset information.

I/We agree that photocopies of this authorization may be used for the purposes stated above.

**If I, or any adult member of my household, fail to sign this authorization, without disclosing all financial information relating to the certification, I/we understand that this action may constitute grounds for denial of eligibility or termination of assistance.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# LANDLORD REFERENCE

Current Landlord: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

Current Rental Address: \_\_\_\_\_

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

Dates Resided @ Address: \_\_\_\_\_

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

Apartment Applying For: \_\_\_\_\_

I hereby authorize the release of the requested information.

X

\_\_\_\_\_  
Signature of Applicant

We are hereby requesting a landlord reference for this applicant. Your prompt return of the information to the fax number or address below is appreciated. Thank you.

Landmark Company, P.O. Box 720, Eau Claire WI 54702-0720  
Fax #: 715-834-1535

-----  
To be completed by **CURRENT OR MOST RECENT LANDLORD:**

1. Length of Occupancy: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

2. Was the tenant ever late in rental payments? Yes  No

3. Does the tenant owe you any money now? Yes  No

4. Was the tenant ever evicted or served an eviction? Yes  No

5. Did the tenant maintain desirable living conditions? Yes  No

6. Did the tenant get along well with other tenants? Yes  No

7. Was the tenant destructive to the property? Yes  No

8. Were any pets on the premises? Yes  No

9. The applicant's overall conduct while residing in my apartment would be considered:

Excellent     Good     Fair     Poor

10. If this tenant moved and re-applied for housing in the future, would you rent to him/her again? If no, why not? \_\_\_\_\_

11. Please explain any "yes" answers or make additional comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Reference

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

# LANDLORD REFERENCE

Previous Landlord: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

Previous Rental Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Dates Resided @ Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

Apartment Applying For: \_\_\_\_\_

I hereby authorize the release of the requested information.

X \_\_\_\_\_

Signature of Applicant

We are hereby requesting a landlord reference for this applicant. Your prompt return of the information to the fax number or address below is appreciated. Thank you.

Landmark Company, P.O. Box 720, Eau Claire WI 54702-0720  
Fax #: 715-834-1535

To be completed by **PREVIOUS LANDLORD:**

1. Length of Occupancy: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

2. Was the tenant ever late in rental payments? Yes  No

3. Does the tenant owe you any money now? Yes  No

4. Was the tenant ever evicted or served an eviction? Yes  No

5. Did the tenant maintain desirable living conditions? Yes  No

6. Did the tenant get along well with other tenants? Yes  No

7. Was the tenant destructive to the property? Yes  No

8. Did tenant receive all of their security deposit back? Yes  No

9. Were any pets on the premises? Yes  No

10. The applicant's overall conduct while residing in my apartment would be considered:

Excellent  Good  Fair  Poor

11. If this tenant moved and re-applied for housing in the future, would you rent to him/her again? If no, why not? \_\_\_\_\_

12. Please explain any "yes" answers or make additional comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Reference

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants  
**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |   |  |   |
|--|---|--|---|
| <b>Applicant Name:</b>   |   |  |   |
| <b>Mailing Address:</b>  |   |  |   |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>   |  |   |
| <b>Name of Additional Contact Person or Organization:</b>  |   |  |   |
| <b>Address:</b>  |   |  |   |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>   |  |   |
| <b>E-Mail Address (if applicable):</b>   |   |  |   |
| <b>Relationship to Applicant:</b>  |   |  |   |
| <b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>Emergency</b><br/> <input type="checkbox"/> <b>Unable to contact you</b><br/> <input type="checkbox"/> <b>Termination of rental assistance</b><br/> <input type="checkbox"/> <b>Eviction from unit</b><br/> <input type="checkbox"/> <b>Late payment of rent</b> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>Assist with Recertification Process</b><br/> <input type="checkbox"/> <b>Change in lease terms</b><br/> <input type="checkbox"/> <b>Change in house rules</b><br/> <input type="checkbox"/> <b>Other:</b> _____                 </td> </tr> </table>                                      |   | <input type="checkbox"/> <b>Emergency</b><br><input type="checkbox"/> <b>Unable to contact you</b><br><input type="checkbox"/> <b>Termination of rental assistance</b><br><input type="checkbox"/> <b>Eviction from unit</b><br><input type="checkbox"/> <b>Late payment of rent</b> | <input type="checkbox"/> <b>Assist with Recertification Process</b><br><input type="checkbox"/> <b>Change in lease terms</b><br><input type="checkbox"/> <b>Change in house rules</b><br><input type="checkbox"/> <b>Other:</b> _____ |
| <input type="checkbox"/> <b>Emergency</b><br><input type="checkbox"/> <b>Unable to contact you</b><br><input type="checkbox"/> <b>Termination of rental assistance</b><br><input type="checkbox"/> <b>Eviction from unit</b><br><input type="checkbox"/> <b>Late payment of rent</b>   | <input type="checkbox"/> <b>Assist with Recertification Process</b><br><input type="checkbox"/> <b>Change in lease terms</b><br><input type="checkbox"/> <b>Change in house rules</b><br><input type="checkbox"/> <b>Other:</b> _____ |  |   |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |   |  |   |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |   |  |   |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |   |  |   |

Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.  
Form HUD- 92006 (05/09)