



Coachlight Communities LLC
8828 South Park Drive, Oak Creek, WI 53154

APPLICATION - INCOME ELIGIBLE

Apartment Name: _____ Apartment # _____ Underground Parking: Yes No Stall# _____

List all persons to occupy the unit. All applicants 18 years of age & older, not related by blood, marriage or adoption, must complete their own application. Proof of age will be requested if you are applying for a senior development.

Last Name, First, MI	Relationship	Social Security #	Date of Birth	Student?
1.				Yes No
2.				Yes No
3.				Yes No
4.				Yes No
5.				Yes No
6.				Yes No

Phone Number: _____

E-mail Address: _____

Two full years of housing history required

Current Address: _____ City: _____ State: _____ Zip: _____

Dates Resided here (month/year): From: _____ to _____

Did you own this residence? Yes No If no, did you rent this residence? Yes No Rent per month: \$ _____

If rented, landlord name: _____ Phone: _____ Address: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Dates Resided here (month/year): From: _____ to _____

Did you own this residence? Yes No If no, did you rent this residence? Yes No Rent per month: \$ _____

If rented, landlord name: _____ Phone: _____ Address: _____

Do you own any pets? Yes No If yes, type of pet: _____ How many? _____ Weight? _____
(If Yes, Pet Addendum to be completed)

Do you smoke? Yes No

How did you hear about the Apt Home you are interested in? _____

Please sign below and submit a \$20.00 (non-refundable) processing fee per applicant for a total of \$_____.

Upon acceptance of this application, I agree to execute the lease to begin on the date agreed upon and to pay any deposits due within 5 days of notice of approval. I understand that if my application is denied I will receive a refund of the earnest money paid with this application stated above. I further understand that if I cancel I will forfeit the earnest money paid with this application.

All applications are subject to and approved by program regulations. If you are currently renting, do not give notice until you received written approval of your application from Coachlight Communities LLC.

Applicant's Signature: _____ Co-Applicant's Signature: _____

Co-Applicant's Signature: _____ Co-Applicant's Signature: _____

Representative's Signature: _____ Today's Date _____ Time _____



Name of Applicant(s) : _____

In order to determine if you qualify, please answer all questions and provide complete information. All information will be kept confidential.

Month/Date Desired to move-in: _____

- Y N 1. Are you separated, but not yet divorced from your spouse?
#1 If yes, please attach a copy of your separation or pending divorce agreement to this application.
- Y N 2. Are any household members temporarily absent? If yes, who & how long? _____
- Y N 2a. Are any household members permanently absent? Who? _____
- Y N 3. Do you expect any changes in the household in the next 12 months? If yes, clarify: _____
- Y N 4. Are you or anyone in the household now or anticipating on becoming a student in the next 12 months? If yes, complete name and check box below. **If yes, please complete Student Certification Form.**
#4 Name: _____ Full Time Part Time
 Name: _____ Full Time Part Time
 Name: _____ Full Time Part Time
- Y N 4a. Have you or anyone in the household been a full time student in the current calendar year? If yes, who & when & where? _____
#4

ASSETS Copies of the most recent statements for ALL accounts listed *Must* be Provided

- Y N 5. Are any assets held jointly? If yes, which assets and with whom? _____
- Y N 6. Do you have any of the following: checking, savings, certificate of deposit, money market, trust accounts? **If yes, fill in the table below listing each individual account.**
#6

BANKING ASSETS TABLE	Type of Asset/ Account #	Where is Asset Held? (Complete Address: Street, State, Zip Code Phone# & Fax #)	Balance of Account	Interest Rate %

Name of Applicant(s) : _____

Y N 7. Do you own any stocks, savings bonds, bonds, mutual funds or investment accounts?
#7 If yes, fill in the table below.
 If you own Savings Bonds, please provide a copy of each bond and fill in the table below.

Y N 8. Do you have any IRA, Keogh or 401(k) accounts?
#8 If yes, fill in the table below.

INVESTMENT / RETIREMENT	Type Of Asset/ Account #	Where is Asset Held? (Complete Address: Street, City, Zip Code Phone # & Fax #)	Value of Stock/Bond	How Many?	Interest Rate% or Annual Dividend

Y N 9. Do you own any real estate? **If YES, the applicant MUST complete the Real Estate Affidavit (form #9B), complete table below, include a copy of the most recent tax assessment with this application and:**

Circle One: Owned Jointly Sole Owner
 In what City or Township is your property assessed? _____

Y N 9A. Do you own a mobile home? **If YES, the applicant MUST complete the Real Estate Affidavit (form #9B) and if the mobile home is real estate, include a copy of the most recent tax assessment, OR if the mobile home is personal property, include a copy of the most recent appraisal, and: Complete table below.**

Circle One: Real Estate Personal Property
 Provide manufacturer: _____ Year: _____ # of Bdrms: _____
 Dimensions: _____

Y N 10. Do you have a mortgage on the property listed in #9 above or any other type of property owned?
#10 If yes, provide a copy of your most recent mortgage statement.

Name of Mortgage Company: _____
 Street Address: _____
 City, State & Zip code: _____

Y N 11. Are you selling your home or any type of real estate on a Land Contract?
#11 If yes, complete table below and attach a full copy of the Amortization Schedule.

REAL ESTATE	Type of Real Estate	Address	Fair Market Value
			\$
			\$

Name of Applicant(s) : _____

Y N 12. Do you own any life insurance policies? **Cash surrender value will be verified.**
#12 If yes, complete the table below listing each policy, and provide the most recent statement.

CASH VALUE POLICIES	Policy #	Policy Holder	Insurance Agent Name, Address & Phone/Fax Number

Y N 13. Do you hold any personal property as an investment, such as Coin or Stamp Collections?
 Explain: _____
Please have the collection appraised and provide a written statement from the appraiser.

Y N 14. Do you have a safe deposit box or more than \$500.00 **cash** on hand or at home (do not include
#14 money in checking accounts)? **If more than \$500 cash, explain:** _____
Please complete the Safe Deposit/Cash questionnaire.

Y N 15. Have you received any LUMP SUM payments in the last 24 months, such as insurance settlements,
#15 lottery winnings, inheritance, or capital gains?
Please complete the Lump Sum questionnaire.

Y N 16. In the past two years have you; sold your home or any other asset worth more than \$1,000, given away
#16 assets or cash totaling \$1,000 or more?
Please complete the Disposal/Change of Asset questionnaire.
Copy of Real Estate settlement statement is required for sale of home.

****** If the applicant has answered "NO" to questions #6 through #16,
 they MUST complete the "Less than \$5,000 Affidavit" form.**

This form should ONLY be completed for those applicants who are claiming that they have no "Assets".

Name of Applicant(s) :

INCOME Copies of the most recent financial statements *MUST* be provided.

DO YOU NOW OR WILL YOU WITHIN THE NEXT 12 MONTHS RECEIVE PAYMENTS FROM:

- Y N 17. Employment
#17 Household Member: _____ Weekly Gross Amount: \$ _____
Employer #1 Name and Address: _____
Employer #2 Name and Address: _____
- Employment
Household Member: _____ Weekly Gross Amount: \$ _____
Employer #1 Name and Address: _____
Employer #2 Name and Address: _____
- Y N 18. Unemployment Compensation? Household member: _____ Weekly Amount \$ _____
#18
- Y N 18a. Are any adult household members currently unemployed with zero income? If yes, who? _____
#18a
- Y N 19. Social Security (Be sure to include Medicare supplement, if received.)
#19 Household Member: _____ SS #: _____ *Monthly Gross Amount: _____
Household Member: _____ SS #: _____ *Monthly Gross Amount: _____
***Provide Soc. Sec # under which you receive benefits:** _____
- Y N 20. Social Security Disability received from the State of Wisconsin? Yes No
#20 Household Member: _____ SS #: _____ *Monthly Gross Amount: _____
Household Member: _____ SS #: _____ *Monthly Gross Amount: _____
***Provide Soc. Sec # under which you receive benefits:**
- Y N 21. Are you receiving Section 8 Rental Assistance?
#21 Housing Authority: _____ Housing Specialist: _____
- Y N 22. Veteran's Benefits? Provide name of Veteran: _____
#22 File No.: _____ Monthly Amount: \$ _____
- Y N 23. Pensions, Annuities or Retirement? ***INCLUDING ANNUITIES THAT HAVE NOT MATURED,
#23 BUT ARE EARNING DIVIDENDS & INTEREST.**
- Household Member:** _____
Plan No.: _____ Monthly Amount: \$ _____
Name of Provider: _____ Or
Address: _____ Account Balance \$ _____
- Household Member:** _____
Plan No.: _____ Monthly Amount: \$ _____
Name of Provider: _____ Or
Address: _____ Account Balance: \$ _____
- Household Member:** _____
Plan No.: _____ Monthly Amount: \$ _____
Name of Provider: _____ Or
Address: _____ Account Balance \$ _____

Name of Applicant(s) : _____

Y N 24. Do you receive rental income from property you own? **If yes, enter monthly rent amount \$** _____
#24 **Name and Address of renter (s):** _____

Y N 25. Do you receive or are you entitled to receive Child Support or Alimony? If yes, month amount?
#25 Source: _____

Y N 26. Do you receive recurring money gift? If yes, from who? _____
#24

Y N 27. Do you have **any** other household income or other anticipated income not listed? (i.e. insurance benefits,
#24 regular assistance with your expenses from a person or organization, disability pay, General Assistance from
the Dept of Human Services, income from a business owned, or any other income not
listed)? _____

I/We certify that all of the above information is complete and correct. I/We understand that providing or making false statements may be grounds for denial of my application and may subject me to criminal penalties. I/we understand that I/we must immediately notify Coachlight Communities LLC of any income and/or asset changes from the time of this application to the time that my/our lease starts. I/we further understand that all information required in determining my eligibility may be submitted to the government for their use in reviews or for gathering statistical data. If you believe you have been discriminated against, you may call the Fair Housing & Equal Opportunity National Hotline at 1-800-424-8590.

I hereby authorize the Landlord and Manager to investigate my credit and financial responsibility, rental and evictions history, criminal background and the statements made in this application, and to obtain a consumer credit report on me from a consumer reporting agency that compiles and maintains files of consumers of a nationwide basis.

Thank you for completing this application. Once your income and assets have been verified and your annual gross income determined, you will receive a letter indicating whether or not you are eligible to lease an Income Eligible apartment. If you are eligible, you will immediately have to choose your lease start date that is within 30 days of approval.

Signature of Head of Household Date

Signature of Co-Head of Household Date

Signature of Co-Head of Household Date

Signature of Co-Head of Household Date

Signature of Coachlight Representative Date

Name of Applicant(s) : _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose:

This form enables Coachlight Communities LLC to comply with federal regulations requiring verification of all sources of income and assets of household members residing in federally financed housing.

Conditions:

This consent granted by this form may be used as a basis to collect income and asset information via facsimile, mail, telephone, which is confidential and protected by the Federal Privacy Act. Such information will be used by Coachlight Communities LLC to determine eligibility to reside in federally financed housing. Such information will not be disclosed or released outside of Coachlight Communities LLC., except to appropriate Federal, State and local agencies monitoring Coachlight Communities LLC compliance with federal regulations.

Authorization:

I, here by authorize release of any information requested by Coachlight Communities LLC, regarding my income and assets. I agree that photocopies of this authorization may be used for the purpose stated above.

Signature of Head of Household

Date

Social Security Number

Signature of Co-Head
(or other Adult Member of Household)

Date

Social Security Number

Signature of Co-Head
(or other Adult Member of Household)

Date

Social Security Number

Signature of Co-Head
(or other Adult Member of Household)

Date

Social Security Number



Coachlight Communities LLC
8828 South Oak Park Drive
Oak Creek, WI 53221 53154

Phone : 414.764.1350 Fax: 414.764.1374

Name of Applicant(s) : _____



Coachlight Communities LLC
4200 South 35th Street
Greenfield, WI 53221
Phone: (414) 282-1188 Fax: (414) 282-1188

Home Owner / Real Estate Affidavit

Date:			
Dev:		Apt#:	
RE:			
Parcel:			

The purpose of this affidavit is to outline my/our intentions as to the status of the sale/non-sale of my/our Real Estate.

Please check one for TYPE of Real Estate: House Duplex Mobile Home Land

1. Please indicate what your intentions are for your Real Estate by checking one of the following:

At this time my/our Real Estate is not for sale and I/we do not intend to sell it.
Explanation: _____

At this time my/our Real Estate is not for sale but I/we do anticipate placing it on the market no later than: _____
Explanation: _____

My/our Real Estate is currently on the market, AND
 I/we **do not** have a buyer at this time (Attach a copy of the Listing Contract).

I/we have a buyer (Attach a copy of the Offer to Purchase)

2. In the event that my Real Estate is not sold immediately,

- I would consider renting the Real Estate out at a rent amount of \$_____ per month
- I have no intention of renting the Real Estate in the next twelve (12) months.

3. Are you selling your Real Estate through a Land Contract? YES NO

(Attach a copy of the Amortization Schedule)

Additional comments: _____

I/we hereby certify that the information provided above is accurate and complete to the best of my/our knowledge. I/We understand that providing false or misleading information may be grounds for denial of my/our application.

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Name of Applicant(s) : _____

Date: _____

Resident: _____

Development: _____

Apt #: _____

SAFE DEPOSIT BOX CONTENTS VERIFICATION

LIST CONTENTS OF SAFE DEPOSIT BOX AND/OR AMOUNT OF CASH AT HOME (\$500+)

The Name and Address of Bank where the Safety Deposit Box is held:

Bank _____ Telephone _____

Address _____

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramification of my breach of this agreement.

Resident Signature

Date



Coachlight Communities LLC
8828 South Oak Park Drive
Oak Creek, WI 53221 53154

Phone : 414.764.1350 Fax: 414.764.1374

Name of Applicant(s) : _____



Date:	
Resident:	
Development:	
Apt:	

VERIFICATION OF LUMP SUM PAYMENTS

This information is necessary in order to correctly determine your eligibility for Section 42 tax credit housing. Please complete every blank line.

1. I received a lump sum payment in the last twenty-four months.

Source: _____ Date: _____

2. Why did you receive this payment?

Reason: _____

3. What was the dollar amount of the payment?

\$ _____

4. Where is the money now? Please provide receipts, if possible.

I certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing. I understand that making false statements may disqualify me for this program.

Signature

Date

Signature

Date



Coachlight Communities LLC
8828 South Oak Park Drive
Oak Creek, WI 53221 53154
Phone : 414.764.1350 Fax: 414.764.1374

Name of Applicant(s) : _____

CHANGES IN or DISPOSAL OF ASSETS

I hereby certify that during the two year (24 month) period preceding the effective date of my certification or recertification of eligibility for program participation, I have disposed of the following asset(s) as identified below.

A ASSET	B CASH VALUE*	C DATE DISPOSED	D ACTUAL AMOUNT RECEIVED
1.			
2.			
3.			

If you state in column D that you received money, where is the money now? (Please provide receipts if possible)

- 1. _____
- 2. _____
- 3. _____

***CASH VALUE is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:**

- 1. Penalties for withdrawing funds before maturity.**
- 2. Broker/legal fees for the sale or conversion of assets.**
- 3. Settlement costs for real estate transaction.**

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

Signature of Resident/Applicant

Date



Coachlight Communities LLC
8828 South Oak Park Drive
Oak Creek, WI 53221 53154

Phone : 414.764.1350 Fax: 414.764.1374

Name of Applicant(s) : _____

INCOME & ASSET CALCULATION TABLE

Recurring Income

	Type of Income	GROSS amount	How often?	Multiply	Annualized Income
<i>Example</i>	Social Security	\$750.00	Monthly	(750.00 x 12= 9000.00) →	\$9000.00
	Employment	\$			\$
	Employment	\$			
	Social Security	\$			\$
	Social Security	\$			\$
	Pension/Annuity	\$			\$
	Pension/Annuity	\$			
	Other	\$			\$
	TOTAL				\$

Step 1

Assets

	Type of Asset or Account	Value or Balance	Interest rate or Dividend	Multiply the balance times the interest rate to get annual interest	Annual interest or dividends earned
<i>Example</i>	Savings	\$1000.00	.05%	(1000 x .05% = \$0.50) →	\$0.50
	Checking	\$			\$
	Checking	\$			\$
	Savings	\$			\$
	CD #1	\$			\$
	CD #2	\$			\$
	Stocks/Bonds/MF	\$			\$
	Savings Bonds	\$			\$
	IRA	\$			\$
	Equity (FMV)	\$			\$
	Life Policy #1	\$			\$
	Life Policy #2	\$			\$
	TOTAL	\$			\$

Step 2

Step 3

Step 4: Multiply total from Step 2 \$ _____ x 6% = \$ _____

Step 4

Step 5: Determine Annual Income

Step 1 \$ _____ plus Step 3 **or** Step 4, whichever figure is higher \$ _____ equals _____.
 Income Limit \$ _____ Circle appropriate limit 30% 40% 50% 60%

Does your applicant qualify for the unit they are applying for? Circle **YES** or **N O**

If yes, forward the application to the corporate office.