



Wisconsin Veterans Village Association, Inc.

2919 W. Glenpark Dr. Suite 500

Appleton, WI 54914

[P] 920-574-3350

Rental Application

Wisconsin Veterans Village Association Inc.

A \$25.00 non-refundable fee must be submitted with this application.

Name First, Middle, Last	Relationship to Family Head	Social Security Number	Date of Birth	Sex M/F	Veteran/ Military Status

Number of Bedrooms Desired: _____ One _____ Two _____ Three

Current Pet	Dog/Cat/Other	Spayed/Neutered/Vaccinated	Notes

Please provide pet records and pet license.

Current Address: _____

City _____ State _____ Zip _____

Cell Phone Number _____

Cell Phone Number _____

Email _____

Work Phone Number or Other Number _____



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Landlord's Name _____

Landlord's Phone Number _____

Landlord's Address _____

Rented Since _____

Previous Landlord's Name: _____

Previous Phone Number: _____

Previous Landlord's Address: _____

Previous Address _____

City _____ **State** _____ **Zip** _____

Rented from: _____ **To:** _____

All adults in household (including yourself) must disclose all states they have lived in:

How did you hear about us?



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Please answer YES or NO to the following questions:

1. Has anyone in your family ever been evicted from rental housing? No [] Yes []

If yes, please explain:

2. Has anyone in your family ever been convicted of a felony or other criminal act other than a traffic violation? No [] Yes []

If yes, please explain:

3. Has anyone in your family ever been charged with possession, manufacture or sale of illegal drugs? No [] Yes []

If yes, please explain:

4. Has anyone in your family ever been required to register on any Sexual Offender Registry list? No [] Yes []

If yes, please explain:

5. If you are disabled, is your sole disability due to drug addiction or alcoholism? No [] Yes [] Not Applicable []

6. Does anyone in your family require the use of a unit that is specifically designed for wheelchair accessibility? No [] Yes []

6. Do you have a housing voucher? No [] Yes []

If yes, which agency provides voucher?

Please list two people we can call if you cannot be reached:

Name: _____ **Phone #** _____

Name: _____ **Phone #** _____



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Income: List all sources of income and assets:

Household Member Name: _____

Employer's Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone Number: _____

Monthly income: _____

Household Member Name: _____

Employer's Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone Number: _____

Monthly income: _____

Household Member Name: _____

Employer's Name: _____

Address: _____

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Telephone Number: _____

Monthly income: _____



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Please list below any other sources of income:

Interest/Dividends _____

Child Support: _____

Social Security: _____

SSI: _____

VA Pension: _____

Retirement Pensions: _____

Other _____

Please provide the following documents:

Veteran: DD214 letter

Social Security Card

Picture I.D. or Drivers License

Copy of most recently filed tax return

PLEASE READ BEFORE SIGNING:

I/We certify that all of the above information is true and correct. I/We have no objections to inquiries being made for the purpose of verifying the statements made herein as well as verifying military service, checking my/our credit, landlord reference(s) and criminal history. I/We understand that I/We can be denied housing up to five years if I/We knowingly furnish false or incomplete information.

Date _____

Signature of Applicant

Date _____

Signature of Co-Applicant/Spouse