



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, MI, Last)	Date of Birth	Veteran Military Status
Veteran		
Spouse		
Dependent Names		

Number of Bedrooms Desired: One _____ Two _____ Three _____

Current Address: _____

City _____ State _____ Zip _____

Cell Phone Number(s) _____

Email(s) _____

Work Phone Number or Other Number _____

Please list emergency contacts we can call if you cannot be reached:

Name: _____ Phone # _____

Name: _____ Phone # _____



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Landlord's Name _____

Landlord's Phone Number _____

Landlord's Address _____

City _____ State _____ Zip _____

Rented Since _____

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

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 []

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

If yes, which agency provides voucher?



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Income: List all sources of income and assets:

Employer Name _____

Address: _____

Telephone Number: _____

Monthly income: _____

Employer Name _____

Address: _____

Telephone Number: _____

Monthly income: _____

Please list below any other sources of income (Monthly):

Social Security or SSI : _____

VA Pension: _____

Retirement Pensions: _____

VASH Voucher _____

Other Financial Assistance _____



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Copies of the following documents must be submitted with your application:

Veteran: DD214 letter

Social Security Card

Driver's License or Picture ID

Copy of most recently filed tax return or proof of income

PETS

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

Pet medical records and license due at lease signing along with \$200 pet deposit.

SERVICE OR ASSISTANCE ANIMALS

If you believe your animal qualifies as a service or assistance animal, please request Schedule A – Service or Assistance Animals. Complete and return with this application.

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 if I/We knowingly furnish false or incomplete information.

Date _____

Signature of Applicant

Date _____

Signature of Co-Applicant/Spouse