

NEW LONDON HOUSING AUTHORITY
505 Division Street • New London, WI 54961
Phone: 920-982-8509 • Fax: 920-982-8613

Date Received: _____ (Office Use Only)

Franklin Park Apartments

Time Received: _____

PRE-APPLICATION FOR WAITING LIST

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home and/or Mobile Phone: _____ Work Phone: _____ Email: _____

What is your preference of contact? (Please circle) Mail Email Phone

Alternate Contact/Relationship: _____ Phone: _____

It is important that you complete the application entirely and that you answer each question. It is your responsibility to notify the Housing Authority in writing or by phone of any changes in your household or mailing address. Please note, if we are unable to contact you at the address provided, your name will be removed from the Waiting List and you will be required to sign up again.

HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you

Name (First, Middle Initial, Last)	Relationship to Head of Household <i>Co-Head Spouse/Child</i>	M / F	SS#	Birth Date (MM/DD/YY)	U.S. Citizen (Y/N)	Head of Household/ Spouse Receiving Income Based on <u>Inability To Work?</u> (ex. SSI/SSDI) (Y/N)	Adult Working 20 hrs. per Week (Y/N)	Adult Lives in - Works in - Or Hired to Work in New London? (Y/N)
	HEAD							

*Co-Head / Spouse / Child

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Are you a Full-Time Student? Y/N

Are you a Veteran? Y/N

Estimated Annual Household Income: \$ _____ OR Monthly Income: \$ _____

Race: White/Non-Minority Hispanic Native American African American Asian Other

Choose not to answer *You will not be discriminated against for not answering.*

When your name is reached on the Waiting List, documentation will be required for all marked preferences

Housing Reference: *(List all residences & applicable landlord references for the past thirty-six (36) months)*

(1) **Present Address:** _____

From: _____ **To:** _____ **Rent/Own/Live with Someone** *(circle one)* **Landlord Phone #:** _____

Landlord: _____ **Address:** _____

(2) **Address:** _____

From: _____ **To:** _____ **Rent/Own/Live with Someone** *(circle one)* **Landlord Phone #:** _____

Landlord: _____ **Address:** _____

(3) **Address:** _____

From: _____ **To:** _____ **Rent/Own/Live with Someone** *(circle one)* **Landlord Phone #:** _____

Landlord: _____ **Address:** _____

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1. **Do you own a pet or Service Animal?** Y/N

2. **Have you or anyone else named on this application been convicted OR are in the process of being convicted of a misdemeanor or felony?** Y/N
If yes, please explain:

3. **Have you or anyone else on this application been convicted OR are in the process of being convicted of dealing or manufacturing illegal drugs?** Y/N
If yes, please explain:

4. **Have you or anyone else named on this application ever been evicted from OR are in the process of being evicted from an apartment for any reason?** Y/N
If yes, please explain:

5. **Have you or anyone else named on this application been convicted OR are in the process of being convicted of property damage?** Y/N
If yes, please explain:

6. **Do you or anyone else named on this application require a reasonable accommodation?** Y/N

I/We certify that all of the information on this application is true and correct. I/We hereby authorize the verification of all above information by ATS, Inc, including my/our credit, housing court filings, landlord reference(s), rental history, check writing history, employment history including salary and criminal background. I/We understand that I/We can be denied housing and can be fined up to \$10,000 or imprisoned up to five years if knowingly furnish false or incomplete information. I/We understand that when our name(s) reach the top of the waiting list and a unit is available for rent, we will be contacted to complete the application process. I/We also understand that this Pre-application provides only preliminary information to the management staff and that no final determination of eligibility will be made until the final application process is completed.

Signature of Head of Household

Date

Signature of Other Adult Member

Date