



#### The Meadowlands

6834 Milwaukee St Madison WI 608-721-6650 TTY: 711

Congratulations on making the decision to call The Meadowlands your new home! Now you're ready to begin the application process – it's a few simple steps to follow. Please note: all steps below must be followed, or your application will not be accepted. ☐ Step One: Submit \$16.00 Application Fee and Application for anyone 18 years or older \*Each person 18 years or older must complete a separate application. L Step Two: Provide us with two forms of government issued identification to accompany the application. Example: Driver License, Government issued photo ID, passport and a social security card. Anyone under the age of 18: 2 Forms of ID: Social Security card and Birth Certificate ☐ **Step Three:** Provide us with proof of income.  $\square$  Last 4 – 6 consecutive paystubs ☐ Original Child Support order with 12 months of payment history from child support enforcement ☐ Social Security Award letter or Supplemental Security Income Award letter (dated within the last 60 days) ☐ Additional Documents: \_\_\_\_\_

Disclaimer: All Applications are subjected to credit, criminal and compliance eligibility screening & approval.

☐ If you bank with Chime, Cash App or any other bank, you will need to

bring in the most recent bank statement. All Pages Required.

☐ **Step Four:** Provide us with proof of assets





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## **Eligibility Guidelines**

Size	Square Footage	# Persons	Rental Rates
1 BR / 1 BATH	710 SF	1 – 2 Persons	\$1,129 - \$1,373
2 BR / 2 BATH	1,070 SF	2 – 4 Persons	\$1,357 - \$1,600
3 BR / 2 BATH	1280 SF	3 – 6 Persons	\$1,850
3 BR TOWNHOME 2.5 BATH	1760 SF	3 – 6 Persons	\$1,894

<sup>\*</sup>Income guidelines apply. Rents are listed as net, after current utility allowance. Section 8 Vouchers Welcome.

# Maximum Income per Household Size (HUD) 2025 Low Income Housing Tax Credit Program

	2025 Income Limit 4/5/2025							
Limit%	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
50%	\$45,450	\$51,950	\$58,450	\$64,900	\$70,100	\$75,300	\$80,500	\$85,700
60%	\$54,540	\$62,340	\$70,140	\$77,880	\$84,120	\$90,360	\$96,600	\$102,840

The income limits in the chart do not apply to Section 8 Voucher Holders.



### **Rental Application Attachment for State and Federally Regulated Properties**

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below For all household members and each household member aged 18 or older must sign below to consent to a background check.

1) Have you or any members of your household ever lived in any federally or state assisted housing?

±,	Yes No
2)	Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? Yes No If yes, list where and when:
3)	Are you or any member of your household currently engaging in the use of illegal drugs?  Yes No
4)	Have you or any member of your household ever been convicted of a felony?  Yes No If yes, please explain:
5)	Are you or any member of your household currently abusing alcohol? Yes No
6)	Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring? Yes No If yes, please explain:
7)	Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state? Yes No
8)	List all addresses where you and all other household members have previously resided. You must provide a complete list of ALL states in which any household member has resided:
on	e applicant hereby certifies that the above information is true and correct. I understand that making false statements this form is grounds for rejection or termination of my lease. I authorize (insert name of property) to verify the above ormation and I consent to the release of the necessary information to determine my eligibility.
Ар	plicant Date
Со	-Applicant Date
Ot	her Adult Date
Ot	her Adult Date

Title18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the purposes cited above. Any person who knowingly or willing requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subjected to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408, (a) (6) (7) and (8).



Winr	Residential	Applicant/Resident Name: Unit #:	Phone #:	
Wisconsin In	terview Certification		Email:	
each adult household	member must complete the interview	v certification.		
Section VIII	CERTIFICATION			

Each adult ho	ousehold member must com	plete the inter	view certification.							
Section	on VIII CERTIFICA	TION								
RESIDENCY	HISTORY									
List ALL the	e places you have live		two (2) years -	- use additi		necessary				
	Street Address, City Sta	te & ZIP			From Date		Name of Ap	artment / Lar	ndlord	
Current										
Address	City		State	ZIP	To Date		Landlord Ph	one		
Reason for N	<u>I</u> Moving						Street Addre	ess		
			T				City		State	ZIP
Circl	le One RENT or	OWN	Current Rent	Amount \$			Oity		Otato	
	Street Address, City Sta	te & ZIP			From Date		Name of Ap	artment / Lar	ndlord	
Previous										
Address	City		State	ZIP	To Date		Landlord Ph	one		
71441000										
Reason for N	Moving						Street Addre	255		
110000111011	1011118						oti ooti tuur	500		
							O'tr.		0+-+-	710
Circl	le On RENT or	OWN 🔲	Current Rent	Amount \$			City		State	ZIP
Once			Garrenericite	/ ιι ποαιτέ φ						
Please circl	le the number below tha	t best descri	bes your curren	nt housing ci	rcumstances.	,				
			on to be Without		3) Standard		4) Conventi	ional / Public	Housing	
<i>'</i>					,	11000116	1) 001110111	ionati i abiic	7110401118	
	ng a Fixed Nighttime Resid	terice 6)	Fleeing / Attem	pling to Flee	violence					
HOUSEHOL	.D INFORMATION	l l								Student
Last Na	E' 111 M		Security #	Relatio	nship to	Date	of Birth	Age	Disabled	Status
Last Name, First Name ML L Social Security # L			l		Date	OI DII (II	Age			
2001110	ame, First Name Mi	Social	occurry "	Head of	Household				Y or N	
	ame, First Name Mi	Social		Head of	Household				Y or N	FT, PT or NO
	ame, First Name MI	Social		Head of	Household			Ü	Y or N	
	ame, First Name MI	Social		неас от	Household				Y or N	
	ame, First Name MI	Social		Head of	Household				YorN	
	ame, First Name MI	Social		Head of	Household				YorN	
	ame, First Name MI	Social		Head of	Household				YorN	
	ame, First Name MI	Social		Head of	Household				YorN	
	ame, First Name MI	Social		Head of	Household				YorN	
	ame, First Name MI	Social		Head of	Household				YorN	
	ame, First Name MI	Social		Head of	Household				YorN	
	ame, First Name MI	Social		Head of	Household				YorN	
	ame, First Name MI	Social		Head of	Household				YorN	
	esidents who were age 62 o					mber (SSN) a	nd were receiv			FT, PT or NO
Applicants / r		r older as of 01	/31/2010, who do	not have a So		mber (SSN) a	nd were receiv			FT, PT or NO
Applicants / ro	esidents who were age 62 o	r older as of 01	/31/2010, who do	not have a So		mber (SSN) a	nd were receiv			FT, PT or NO
Applicants / r. location on 0:	esidents who were age 62 o 1/31/2010, qualify for an exe	r older as of 01	/31/2010, who do SSN requirements	not have a So	cial Security Nu	mber (SSN) a	nd were receiv			FT, PT or NO
Applicants / r. location on 0:  HOUSING IN	esidents who were age 62 o 1/31/2010, qualify for an exe NFORMATION ed a mobility accessible	r older as of 01 emption of the	/31/2010, who do SSN requirements	not have a So	cial Security Nu	mber (SSN) a	YES			another NO
Applicants / r. location on 0:  HOUSING IN	esidents who were age 62 o 1/31/2010, qualify for an exe	r older as of 01 emption of the	/31/2010, who do SSN requirements	not have a So	cial Security Nu	mber (SSN) a				FT, PT or NO
Applicants / r· location on 0: HOUSING II Do you nee	esidents who were age 62 o 1/31/2010, qualify for an exe NFORMATION ed a mobility accessible ed to request a reasona	r older as of 01 emption of the se e or audio / v ble accomm	/31/2010, who do SSN requirements	not have a So	cial Security Nu	mber (SSN) a	YES			another NO
Applicants / relocation on 0:  HOUSING IT  Do you need  Do you need  How did you	esidents who were age 62 o 1/31/2010, qualify for an exe NFORMATION ed a mobility accessible ed to request a reasona ou hear about our comr	r older as of 01 emption of the se e or audio / v ble accomm	/31/2010, who do SSN requirements	not have a So	cial Security Nu	mber (SSN) a	YES			another NO
Applicants / r· location on 0:  HOUSING II  Do you nee  Do you nee	esidents who were age 62 o 1/31/2010, qualify for an exe NFORMATION ed a mobility accessible ed to request a reasona ou hear about our comr	r older as of 01 emption of the se e or audio / v ble accomm	/31/2010, who do SSN requirements	not have a So	cial Security Nu		YES	ing HUD rental		another NO





Property Name:	The Meadowlands	
Applicant Name:		
Unit #:		

#### **Interview Guidelines**

Each adult household member must review the Interview Guidelines with their management representative.

		t household member must review the Interview Guidelines with their management representative.
Applicant /Resident Initials	Agent Initials	Please initial each section to show that management has explained and the applicant understands this information.
		A person with a disability has the right to request a reasonable accommodation to assist with the interview process. Assistance can be provided for any language or literacy barriers.
		The applicant/resident has provided an acceptable form of legal identification that has been reviewed by management.
		This application is for an apartment that falls under one or more affordable housing programs that are governed by: Department of Housing and Urban Development (HUD), the Department of Treasury/Internal Revenue Service (IRS), a state or local government agency, or the Department of Agriculture.
		Part of completing this application or recertification is participating in an interview where the applicant/resident will answer questions and provide information about their situation. These questions will apply to everyone who will be living in the household. Many of these questions are personal and confidential in nature. All applicants/residents are required to provide the same types of information and answer the same types of questions.
		Each household member who is 18 years of age or older must complete a Rental Application or Recertification Application, interview, Interview Questionnaire, and any additional documents required by the property and/or programs governing the property.
		Information must be provided for the entire household. Children who are 17 years of age or younger are only required to complete an interview if they are a spouse or an emancipated minor. During the interview the Head of Household must provide information for themselves and all minor children.
		Management is required to verify information provided by the applicant/resident and the applicant/resident agrees to sign verification forms and provide verification documents as needed.
		The information and documents the applicant/resident provides will only be used to determine eligibility for the apartment, property, and affordable housing programs and to determine the correct rent amount. These documents will be safeguarded by management and made available during audits required under the affordable housing programs.
		It is important that the information provided by the applicant/resident is complete and accurate. Misrepresentation of information will lead to the cancellation/rejection of the application or the termination of residency or subsidy. It is also possible that making false statements or providing false documents could lead to criminal and/or civil penalties.
		WinnResidential employees will not discriminate on the basis of race, color, religion, national or ethnic origin, gender, familial status, disability or handicap, or other classes protected by local, state or federal law.







Applicant/Resident Name:	
Unit #:	

#### **Household Composition Interview Questionnaire**

The Head of Household must complete a Household Composition Interview Questionnaire for the entire household.

1	The Head of Household is determined by the applicants/residents. The following person has been selected to be the Head of Household:							
0								
Se				Household Composition Information				
	Yes	No	N/A					
2				Do you expect any additions to the household within the next twelve months? If yes:				
				Name: Relationship:				
3				Is any household member a foster child or foster adult? If yes, list name:				
4				Is any household member temporarily or permanently absent? If yes, list name:				
5				Do you, or another adult in the household, have <u>at least 50% custody</u> of each child in the household? If no, explain:				
			<u>-                                    </u>	Site must review the household documents related to custody.				
				I.e. birth certificates or guardianship documents (formal or informal).				
6				Move-In Only: Required at properties with resident paid utiliites: Can you establish utility accounts for				
				this apartment in the name of the head of household, co-head of household, or spouse? If no, please explain:				
7				Required at properties with HOME funding: Are you or any member of your immediate family, including				
				those by blood, marriage or adoption, the spouse, parent (including a stepparent), child (including stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, or in-laws, an officer, employee, agent, elected or appointed official, or consultant of the owner, developer, or sponsor of this property? If yes, list individual and relationship:				
8				Does your household have a [ ] Housing Choice Voucher, [ ] other rental assistance from the local housing authority, or [ ] other rental assistance program? If yes, list the source of assistance:				
ma	anage	emen	t. Ih	uestions on this interview checklist have been asked of me at my personal interview with have understood and answered all questions. I have reviewed my answers on this checklist with Signature  Date				
Ma	anage	ment	Signa	ture Date				







Applicant/Resident Name:	
Unit #:	

#### **Income Interview Questionnaire**

Each adult household member must complete an Income Interview Questionnaire.

Sect	ion I	III: Income Information			
Repo	ort all	l income for adult and minor household members. Exc	clude income for foster children or fo	oster adults beg	inning
		. Answer YES or NO to <u>each question</u> . Complete addit	-	red YES. List gro	oss
		currently received or anticipated to be received in the	next 12 month.		
Yes	No	Employment Information:	Dhone #.	Hiro Doto	
		Employer Name:	Phone #: 608-721-6650	Hire Date:	
		Select Hourly or Salaried:	Other Employment	Income:	
		Hourly Hourly Rate: \$	Shift Differentials: Yes No	1	06:
		Average Weekly Hours:	Tips: Yes No		
		Salaried Pay Rate: \$		_	Yes No
		Frequency	Commissions: Yes No Other Pay: Yes No		· <u>–</u>
		Employer Name:	Phone #:	Hire Date:	Yes No
		Employer Name.	Thore w.	Time Bate.	
		Select Hourly or Salaried:	Other Employment	Income:	
		Hourly Hourly Rate: \$	Shift Differentials: Yes No	1	es:
		Average Weekly Hours:	Tips:		Yes No
		Salaried Pay Rate: \$	Commissions: Yes No	_ =	Yes No
		Frequency	Other Pay: Yes No	_	Yes No
		I have additional employment income. If yes, ad		Wiene Bused	1051110
If all	of t	he employment questions above are answered w		lent should co	mnlete a
		ployment Affidavit before continuing through the		che should col	inpicte a
IVOII		bioyment Amdavit before continuing through the	Terrianning questions.		
Yes	No	Income Type	Income Source	Amount	Frequency
		Self-Employment or net income from a		\$	
		business. (Including day labor work, individual		\$	
		contracts, and gig economy.)		\$	
		Unemployment		\$	
		Social Security		\$	
		SSI (Supplemental Security Income)		\$	
		SSP (State Supplemental Payment)		\$	
		Periodic Payments: i.e. Pensions, Retirement,		\$	
		Investment, Annuities, Trusts, Long Term Care Insurance,		\$	
		Life Insurance, Settlement or Legal Judgement, Lottery or		\$	
		Other Contest Winnings		\$	
		Veterans Benefits or VA Disability		\$	
		Military Pay		\$	
		Welfare: i.e. AFDC, TANF (excluding Food Stamps)		\$	
		Worker's Compensation		\$	
		Beginning 1/1/2024, workers' com	pensation is excluded as income.	<u></u>	
Yes	No	Income Type	Income Source		Frequency
		Financial Aid		\$	
		Utility Assistance (from sources other than HUD)		\$	
		Job Training Program		\$	
		Are you entitled to receive alimony through a co	Lurt order or senaration agreemen	J	
		Do you receive alimony?		le l	







Applicant/Resident Name:	
Unit #:	

#### **Income Interview Questionnaire**

Each adult household member must complete an Income Interview Questionnaire.

Sect	ion	III: Income Information				
Repo	rt al	l income for adult and minor household members. Exc	lude income fo	r foster children or f	oster adults beg	ginning
		. Answer YES or NO to <b>each question</b> . Complete addit			ered YES. List gr	oss
amoı	amounts currently received or anticipated to be received in the next 12 month.					
Ш		Are you entitled to receive child support through	a court order	?		
All a	dult	household members with a minor in the residence	e must compl	lete Child Support	Affidavit[s].	
		Do you receive child support payments from an			\$	
		enforcement agency or attorney?			\$	
		Do you receive assistance from the other			\$	
		parent/guardian in the form of items			\$	
		purchased, bill/service payments, cash			\$	
		payments, and/or other types?			\$	
		Adoption Assistance			\$	
If all	of t	he income questions above are answered with a r	o, then mana	gement should rev	view a Zero Ind	come
Inter	viev	w Questionnaire with the applicant/resident befo	re continuing	through the remai	ning questions	S.
		Assistance/contributions from someone who is			\$	
		not part of this household in the form of items			\$	
		purchased, bill/service payments, cash			\$	
		payments, and/or other types?			\$	
		Crowdfunding (i.e. Go Fund Me)			\$	
		Any income from sources not mentioned				
		above?				
		Do you anticipate any changes to income within	the next 12 m	onths? If yes, expl	ain:	•
$\vdash\vdash$		la anni in anna adiana ann da dh'an CCI ali aibilite ann da	Dla., t. Att	ania Calf Cofficiana	· /DACC\2	
		Is any income disregarded for SSI eligibility unde		tain Seit-Sufficiency	y (PASS)?	
		Does anyone else in the household have income?	)			
Lcer	tifv ·	that all questions on this interview checklist have	heen asked of	f me at my nersona	al interview wi	th
		ment. I have understood and answered all question				
	_	ment.	5115. THAVE TE	viewed iiiy diiswei	5 off this check	Kilot With
man	age					
Appli	icant	:/Resident Signature		Date		
Mana	Management Signature Date					







Applicant/Resident Name:	
Unit #:	

#### **Asset Interview Questionnaire**

Each adult household member must complete an Asset Interview Questionnaire.

#### Section IV Asset Information

Report all assets for adult and minor household members. Exclude assets for foster children or foster adults beginning 1/1/2024. Answer YES or NO to each question. Answer the additional questions for each row with a YES. Some asset types have multiple rows to list more than one account of that type. Additional accounts can be listed as other or on another form

Yes	No	Asset Type	Asset Source	Current Cash Value	Is this a eligible income inter divide	to earn e? i.e. rest,
			i.e. bank or financial organization name		Yes	No
		Cash		\$		
		Checking Accounts		\$		
				\$		
		Savings Accounts (including money market accounts)		\$		
		CD (Certificates of Deposit)		\$		
		Direct Deposit Debit or Pay Cards	[ ] Yes [ ] No SSA (Direct Express)	\$		
		Report: Cards/Accounts issued by an	[ ] Yes [ ] No Welfare	\$		
		Agency, Organization, or Employer	[ ] Yes [ ] No Child Support	\$		
		Report: Cards/Accounts personally	[ ] Yes [ ] No Unemployment	\$		
		obtained and owned	[ ] Yes [ ] No Employment	\$		
		Report: Virtual Debit Card Accounts		\$		
		Do not report debit cards issued on bank		\$		
		accounts reported above		\$		
		Virtual Accounts (i.e. Cash App, Venmo, PayPal)		\$		
		Stocks		\$		
		Bonds		\$		
		Mutual Funds and Investments		\$		
		Life Insurance (Include Whole Life,		\$		
		Universal, or Annuity Accounts. Do not include Term Life Insurance.)		\$		
		Annuity Accounts		\$		
		Trust Accounts (Revocable by or under the control of a household member)		\$		
		Personal Property Held as an		\$		
		Investment: Non-Necessary items		\$		
		(i.e. gems, jewelry, coin collections,		\$		
		antique cars, etc.)		\$		
		Other current assets		\$		
				\$		
		Retirement Accounts		\$		







Applicant/Resident Name:	
Unit #:	

#### **Asset Interview Questionnaire**

Each adult household member must complete an Asset Interview Questionnaire.

Sect	Section IV Asset Information						
			Real Estate or Real Property				
Yes	No	Asset Type	Asset Source	Cash Value		income arned?	
					Yes	No	
		Real Estate - Land only	Address/Location:	\$			
				4			
		Real Estate - Commercial or	Address/Location:	\$			
		other property type					
		Real Estate - Own a Home	Address: 6834 Milwaukee Street, Madison, WI 53718	\$			
		If yes, is the property:		<u> </u>			
			aking payments for mortgage, insurance, taxe	es, repairs, or			
		other expenses					
		* For sale	I Doos not most the dischility veleted nos	de for all bouse	مرم مم مام	horo	
		*Suitable for occupancy by your household. If no, select reason:	Does not meet the disability related need	as for all nouser	iola mem	bers	
		illouseriola. Il lio, select reason.	[ ] A joint owner is living in the home				
			[ ] Geographic location is prohibitive	.			
			[ ] Physical condition poses a risk to our head condition of the property cannot be easily re	· —	<u>na</u> tne		
			[ ] Other - Please explain on a separate pag				
			Additional Information				
		Word any lump sum assets receiv	red in the last 12 months? If yes, explain t	ho type of acc	ot courc	o and	
		amount:	ed in the last 12 months? If yes, explain t	ne type or assi	et, sourc	e and	
		Do any of the above assets contain	in a tax refund received within the last 12	months? If ye	s, list the	9	
		account and the amount:					
		Are any of the assets listed above	owned jointly with someone who will no	t be part of thi	s housel	nold?	
		If yes, explain which asset, who th	ne other owner[s] are, and what percenta	ge you own.			
		Do you own any assets that are b	eing held in an account that belongs to so	meone who w	ill not be	part	
		of this household? If yes, explain	the type of asset, who it belongs to, whe	re it is held, an	d the ca	sh	
		value in that account that belong	s to you.				
		Were there any assets that were disposed of (given away or sold) in the last two years (24 months) for					
		less than fair market value?					
l1	If yes, have applicant/resident complete Section III, Asset Disposition Information, on the Asset Disposal Certification.						
l cer	tifv t	hat all guestions on this interview of	hecklist have been asked of me at my perso	nal interview w	rith		
	-		red all questions. I have reviewed my answ			1	
		nent.	, , , , , , , , , , , , , , , , , , , ,				
	J						
IqqA	icant	/Resident Signature	 Date				
1- 1	-,		2410				
Man	agem	nent Signature	Management Signature Date				





Each adult household member must complete a Prior Year Income Certification.

#### Section V Last 12 Months' Income Information

List gross amounts received in the **last 12 months**. Report all income for adult and minor household members (except for foster children or foster adults). Answer YES or NO to **each question**. Complete additional questions for each row answered YES.

'es	No	Income Type	Income Source	Total Income-Last 12 Months		
		Employment		\$		
				\$		
				\$		
				\$		
				\$		
		Self-Employment or net income from a		\$		
		business. (Including day labor work,				
		individual contracts, and gig economy.)		\$		
		I la casalo use cast		\$		
		Unemployment		\$		
		Social Security		\$		
		SSI (Supplemental Security Income)		\$		
		SSP (State Supplemental Payment)		\$		
		Periodic Payments: i.e. Pensions, Retirement,		\$		
		Investment, Annuities, Trusts, Long Term		\$		
		Care Insurance, Life Insurance, Settlement or		\$		
		Legal Judgement, Lottery or Other Contest				
		Winnings  Veterans Benefits or VA Disability		\$		
		,		\$		
		Military Pay		\$		
		Welfare: i.e. AFDC, TANF (excluding Food Stamps)		٥		
		Financial Aid		\$		
		Utility Assistance (from sources other than HUD)		\$ \$		
		Job Training Program				
		Alimony		\$		
		Child support payments from an enforcement		\$		
		agency or attorney		\$ \$		
		Child Support/Assistance from the other		\$		
		parent/guardian in the form of items purchased,		\$		
		bill/service payments, cash payments, and/or		\$		
		other types Adoption Assistance		\$		
		Assistance/contributions from someone who is				
		not part of this household in the form of items		\$		
		purchased, bill/service payments, cash payments,		\$		
		and/or other types		\$		
		Crowdfunding (i.e. Go Fund Me)		\$		
		Any income received from sources not		\$		
		mentioned above?		\$		
		Was any income disregarded for SSI eligibility	under a Plan to Attain Self-Su	fficiency (PASS)?		
		Did anyone else in the household have income?				

I certify that all questions on this income certification have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on this certification with management.



Applicant/Resident Name:	
Unit #:	

#### **Interview Questionnaire Certification**

Each adult household member must complete this Interveiw Questionnaire Certification.

#### Section VII Certification

This Interview Questionnaire Certification applies to all pages of the Interview Questionnaire.

I certify that all questions on the interview questionnaires have been asked of me at my personal interview with management. I have understood and answered all questions. I have reviewed my answers on each interview questionnaire with management. I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Program[s].

I understand I must report any changes to management as soon as they occur.

I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements.

I consent to have management verify the information contained in this questionnaire for the purpose of determining eligibility for occupancy.

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection, and that my misrepresentation of information will lead to cancellation/rejection of my application or termination of my residency or subsidy.

#### **WARNING:**

Title18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the purposes cited above. Any person who knowingly or willing requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subjected to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408, (a) (6) (7) and (8).

Head of Household Signature	Print Name	Date	
Adult Household Member Signature	Print Name	Date	
Adult Household Member Signature	Print Name	Date	
Adult Household Member Signature	Print Name	Date	
Management Signature	Print Name	 Date	





### Race and Ethnic Data Reporting Form

# U.S. Department of Housing and Urban Development Office of Housing

OMB Approval No. 2502-0204 (Exp. 06/30/2017)

The Meadowlands 4204 6834 Milwaukee Street, Madison, WI 53718 Name of Property Project No. Address of Property WinnResidential HUD/ LIHTC Name of Owner/Managing Agent Type of Assistance or Program Title: Name of Head of Household Name of Household Member Date (mm/dd/yyyy): \_\_ Select Ethnic Categories\* One Hispanic or Latino Not-Hispanic or Latino Select

Racial Categories\*

Select All that Apply

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other

There is no penalty for persons who do not complete the form.

Signature	Date

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

<sup>\*</sup>Definitions of these categories may be found on the reverse side.

#### Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

#### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

- 1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  - 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  - **2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **2.** The five racial categories to choose from are defined below: You should check as many as apply to you.
  - 1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  - 2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  - **3. Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  - **4.** Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - **5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



PROPERTY NAME:		
APPLICANT / RESID	DENT NAME:	UNIT #:
	ousing under a program of the U.S. Department of Hous Revenue Service and understand that income/asset ver	
I hereby certify tha	at I am (please initial below):	
Mar	ried	
Nev	er Married	
Wid	ow	
	arated ne of Spouse:	Date of Separation:
Nan	orced ne of Spouse:	Date of Divorce: thin the past 3 years)
Dec	line to Disclose	
	aration or divorce, I certify that my spouse / ex-spouse ing in the apartment.	is <u>NOT</u> a member of this household
Circle (a) or (b) a	as applicable:	
a) I am <u>NOT</u> an	d WILL NOT be receiving any form of spousal contribut	ion to my household.
	anticipate receiving spousal contributions to my housel Should this amount change, I will notify Management o	
prior notification to	rstand that a condition of the regulatory program gove Management of any potential change in household sta- program must be certified before the approval of any a	tus. Eligibility for continued
knowledge. The under	ury, I certify that the information presented in this certifical ersigned further understands that providing false represent fraud. False, misleading or incomplete information may rest agreement.	ation or misleading information herein
Appl	icant / Resident Signature	Date



## HTC Form 800 A STUDENT SELF-CERTIFICATION

This an	nual Stud	lent Self-Certification is in connection with the undersigned's application/occupancy in the follow	wing apart	tment:		
Head of Household Name: Unit No. if assigned:						
Develo	pment Na	ame and Address:				
Move-i	n Date if	applicable: Effective Date:				
junior l	high scho	as applicable (note that "students" include those attending public or private elementary schools ols, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but tending on-the-job training courses):				
Α.	Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed ( <b>Do not answer questions 1-5</b> ). Sign and date below.					
В.	Household contains all students but is qualified because the following occupant(s)  is/are a PART-TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.) Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (Do not answer questions 1-5). Sign and date below.					
C.	Household contains <u>all</u> students who were, are, or will be FULL-TIME for five months or more out of the curre and/or upcoming calendar year (months need not be consecutive). <b>If this item is checked, questions 1-5 below must be completed:</b>					
1.	Is any r return)	nember married and entitled to file a joint tax return? (attach marriage certificate or tax	☐ YES	□ NO		
2.	Is at lea	ast one student a single parent with child(ren) and this parent is not a dependent of someone and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's ecent tax return and, if applicable, divorce/custody decree or other parent's most recent tax	☐ YES	□ №		
3.	Is at lea	ast one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of ation for verification purposes)	☐ YES	□ NO		
4.	Does at	tion for verification purposes)  I least one student participate in a program receiving assistance under the Workforce tion and Opportunity Act or under other similar federal, state, or local laws? (attach tion of participation)	☐ YES	□ NO		
5.	Does th	ne household consist of at least one student who has ever been under the care and placement sibility of the state agency responsible for administering foster care? (provide verification of	☐ YES	□ №		
Full-tin	ne student	households that satisfy any one of the above conditions are considered eligible. If C is checked and questio <b>NO</b> or verification does not support the exception indicated, the household is considered ineligible.	ns 1-5 are	marked		
the bes	st of my/ t status.	of perjury, I/we certify that the information presented in this Annual Student Certification is tru our knowledge and belief. I/we agree to notify management immediately of any changes in The undersigned further understands that providing false representations herein constitutes g, or incomplete information may result in the termination of the lease agreement.	this hous	sehold's		
All hou	sehold m	embers aged 18 or older must sign and date.				
Printed	l Name					

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	 Date



### **Release and Consent Form**

I. THIS SECTION TO BE COMPLETED BY OWNER/MANAGEMENT		
Owner/Management Name: The Meadowlands	Site Number: 4204	
Contact Name:	Contact Title:	
Address: 6834 Milwaukee Street, Madison, WI 53718	Phone: 608-721-6650	
Email Address: Themeadowlands@winnco.com	Fax: 608-721-6650	

II. THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT			
I/We, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for the purposes of verifying information on my/our application for participation in an affordable housing program regulated by the government. I/We authorize release of information without liability to the owner/management agent listed above.			
INFORMATION COVERED:  I/we understand that previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include e, but are not limited to personal identity, student status, employment, income, assets and medical or childcare allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in an affordable housing program.  GROUPS OR INDIVIDUALS THAT MAY BE ASKED:			
The groups of individuals that may be asked to release the above information include, but are not limited to:			
Past or Present Employers	Welfare Agencies	Veterans Administrations	
Support & Alimony Providers	State Unemployment Agencies	Retirement Systems	
Educational Institutions	Social Security Administration	Medical and Child Care Providers	
Bank & Financial Institutions	Utility Providers	Previous Landlords	
Public Housing Agencies	Appraisal Districts	Insurance Carrier	
Credit Bureaus	Criminal Background	Sex Offender Registry	
Enterprise Income Verification (EIV) System		Work Number	
III. APPLICANT CERTIFICATION  I/we understand that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Management Office. I/we understand I/we have a right to review this file and correct any information that is incorrect.			
Applicant/Resident Printed Name	Signature	Date	
Co-Applicant/Resident Printed Name	Signature	Date	
Adult Member Printed Name	Signature	Date	
Adult Member Printed Name	Signature	Date	