



Boscobel Housing Authority

213 Wisconsin Avenue #209 Boscobel, WI 53805

(608)375-4228

Request for Occupancy- Center Street Apartments

Applications may be mailed to or dropped off at the Housing Authority Office located in the Gazebo Apartments, 213 Wisconsin Avenue, #209, Boscobel, WI 53805 Monday through Friday, 8:00 a.m. - 4:00 p.m.

It is requested that the Boscobel Housing Authority consider this as an application for occupancy for admission to a unit in a project under their jurisdiction and that when more details than set forth herein are required for the purpose of determining eligibility, applicant will be so advised.

Date: _____

Applicant Information:

Name: _____ Phone: _____

Current Address: _____

Date of Birth: _____ US Citizen Yes No Social Security Number: _____

Employer: _____ Address: _____

Occupation: _____ Monthly Income: _____

Start date at current place of employment: _____

Co-Applicant Name: _____ Phone: _____

Date of Birth: _____ US Citizen Yes No Social Security Number: _____

Employer: _____ Address: _____

Occupation: _____ Monthly Income: _____

Start date at current place of employment: _____

Other household members who will live in the unit:

Name Date of Birth

Name	Date of Birth

I/We certify that this unit will serve as my/our primary residence. Initial _____

Past Residence Information (Must be provided in full or application will be returned):

Dates From/To: _____ Landlord Name: _____ Landlord Address: _____ Phone #: _____

Dates From/To	Landlord Name	Landlord Address	Phone #

Have you ever been evicted from rental housing? Yes No If yes, explain: _____

Are you current on your utility bills: Yes No If no, explain: _____

Do you or any member in the household smoke? Yes No **Note***Our buildings are smoke free.

Have you previously lived in an apartment with bed bugs? Yes No

Do you have a pet? Yes No A pet deposit is required. Please inquire on the Pet Policy with the Housing Authority Office.

The Housing Authority has information on VAWA; The Violence Against Women Act. Would you like information on this Act? Yes No

Relative or Friend to notify if we are unable to reach you for information or to inform you of a vacancy:

Name: _____ Address: _____ Phone: _____

Preference Factors:

Eligible applicants will be selected on a first-come, first-serve basis according to chronological order and based on unit bedroom size.

Authorization for Release of Information

I consent to allow the Boscobel Housing Authority to request and obtain information necessary for verifying my eligibility. I agree that a photocopy of this authorization may be used for the purpose of requesting and obtaining information.

Groups or individuals that may be asked to release information include but are not limited to:

Previous Landlords	Schools and Colleges	Child Support Agencies
Courts and Post Offices	Law Enforcement Agencies	ZIP Reports
Past and Present Employers	Human Services Agencies	Social Security Administration
Child Care Providers	Banks or other Financial Inst.	Utility Companies

***Provide a photocopy of your Driver's License and Social Security Card.**

All individuals over the age of 18 who will reside in the project must sign this consent:

Applicant Signature: _____ Date: _____

Co- Applicant Signature: _____ Date: _____

Adult Member Signature: _____ Date: _____

Adult Member Signature: _____ Date: _____

Attachments: Criminal Background Information



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Request for Occupancy- Applicant-Criminal and Sex Offender Background Information

All household members age 18 and older must answer the questions below. If you need additional forms, please inform the Housing Authority. All adult members must also consent to a background check.

The Boscobel Housing Authority will deny the application of any person who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted for drug related criminal activity within the past three years? Yes No
2. Do you currently use drugs or alcohol? Yes No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No
4. Have you been convicted of any drug related crime within the past five years? Yes No
5. Have you been convicted of any felony within the past five years? Yes No
6. Have you been convicted of any crime involving fraud or dishonestly within the past five years? Yes
No
7. Have you been convicted of any crime involving violence within the past five years?
Yes No
8. Are you currently charged with any of the above criminal activities? Yes No
9. Please list all states in which you have lived or have held licenses to drive (include Driver's License numbers). _____
10. Have you ever used or been known by any other name? Yes No If yes, please list:

I understand the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection of my application or termination of my lease. I authorize the Boscobel Housing Authority to verify the above information and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Boscobel Housing Authority.

Applicant Signature: _____ Date: _____

Applicant Name (Please Print): _____

"This institution is an equal opportunity provider and employer."



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Request for Occupancy- Co-Applicant-Criminal and Sex Offender Background Information

All household members age 18 and older must answer the questions below. If you need additional forms, please inform the Housing Authority. All adult members must also consent to a background check.

The Boscobel Housing Authority will deny the application of any person who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted for drug related criminal activity within the past three years? Yes No
2. Do you currently use drugs or alcohol? Yes No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No
4. Have you been convicted of any drug related crime within the past five years? Yes No
5. Have you been convicted of any felony within the past five years? Yes No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes
No
7. Have you been convicted of any crime involving violence within the past five years?
Yes No
8. Are you currently charged with any of the above criminal activities? Yes No
9. Please list all states in which you have lived or have held licenses to drive (include Driver's License numbers). _____
10. Have you ever used or been known by any other name? Yes No If yes, please list:

I understand the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection of my application or termination of my lease. I authorize the Boscobel Housing Authority to verify the above information and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Boscobel Housing Authority.

Applicant Signature: _____ Date: _____

Applicant Name (Please Print): _____

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