



**HOUSING PARTNERSHIP OF THE FOX CITIES, INC.  
AFFORDABLE RENTAL AND  
TRANSITIONAL HOUSING PROGRAMS APPLICATION**

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**Program Description:**

The Housing Partnership is a local non-profit agency that provides *rental housing* to families in need in our community. Families in our programs are provided with an affordable rental unit (apartment or house). Rent is based upon household income (25-30% of gross monthly income, from all sources, including wages, child support received, disability payments, unemployment, and public assistance).

**Program Qualifications:**

To be eligible for our programs, tenant family income cannot exceed the following amounts:

|                            |                            |
|----------------------------|----------------------------|
| \$21,950 for a family of 1 | \$33,850 for a family of 5 |
| \$25,100 for a family of 2 | \$36,350 for a family of 6 |
| \$28,200 for a family of 3 | \$38,850 for a family of 7 |
| \$31,350 for a family of 4 | \$41,400 for a family of 8 |

**Program Expectations:**

The Housing Partnership provides housing at a rent that families can afford. As with any other housing opportunity, the tenants are required to:

- Pay expected rent in a timely manner. Communicate any difficulties/income changes to Housing Partnership staff prior to the time that rent is due.
- Provide the Housing Partnership with monthly verifications of income.
- Care for the apartment in an appropriate manner, by keeping the home clean and maintaining the yard by mowing, weeding, and shoveling.
- If selected for the transitional housing program, work cooperatively with an assigned case manager and keep scheduled appointments.

**Return Applications To:**

Families in need of housing should complete the attached application and return it to the Housing Partnership at:

**The Housing Partnership of the Fox Cities  
P.O. Box 5101  
Appleton, WI 54912-5101**

The application may also be returned to our offices at 611 N. Morrison Street in Appleton or faxed to 731-7087.

**Application Process:**

Once we receive the application, **we will contact you when a suitable unit becomes available. All applicants that qualify for the apartment that is available will be contacted for an interview.** At that time, the Housing Partnership will also conduct a criminal background check and will contact landlord references. *You must call our office if your phone number or address changes so that we can contact you to schedule the interview.* If you schedule a housing interview and do not attend, or call to cancel, we will not reconsider your application for a one-year period. Our phone number is (920) 731-6644.



**Statement of Fair Housing:**

The Housing Partnership complies with the Federal Fair Housing Act and does not discriminate on the basis of race/color, national origin, religion, sex, sexual orientation, familial or marital status, disability, lawful source of income, and any other protected class.

**HOUSING PARTNERSHIP OF THE FOX CITIES, INC.**  
**P.O. Box 5101**  
**Appleton, WI 54912- 5101**

**APPLICATION FOR RENTAL**

Name of Applicant \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Current Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ ZIP \_\_\_\_\_ Message Phone \_\_\_\_\_  
 Primary Language \_\_\_\_\_ Need for Interpreter \_\_\_\_\_ Veteran? Y N

**LOCATION PREFERRED (check all locations where you are willing to reside):**

Appleton       Neenah       Menasha       Kaukauna

Comment: \_\_\_\_\_

**CURRENT AND PAST RENTAL INFORMATION**

1. Please list all individuals who would live in the new location

| Name | Relation to Family Head | Age | Date of Birth | Social Security Number | Employed |    |
|------|-------------------------|-----|---------------|------------------------|----------|----|
|      |                         |     |               |                        | Yes      | No |
|      | Head of Family          |     |               |                        |          |    |
|      |                         |     |               |                        |          |    |
|      |                         |     |               |                        |          |    |
|      |                         |     |               |                        |          |    |
|      |                         |     |               |                        |          |    |
| *    |                         |     |               |                        |          |    |

*\*Please list others on a separate sheet of paper.*

2. What is your current living arrangement? (example: "We have a two-bedroom apartment", "I am living with my parents") \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What is your current monthly rent or mortgage? \$ \_\_\_\_\_

4. Do you pay for utilities? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Are your utilities past due? YES \_\_\_\_\_ NO \_\_\_\_\_ Amount \_\_\_\_\_

\*5. Are you in danger of losing your home because it is being sold, due to building code violations, or because your landlord has asked you to leave? YES \_\_\_ NO \_\_\_

\*6. Has there ever been a judgment of foreclosure against you? YES \_\_\_ NO \_\_\_

\*7. Have you ever been evicted from an apartment/home you rented? YES \_\_\_\_\_ NO \_\_\_\_\_

8. Please list your last three residences and the length of time you lived at each address, including your current address. We will contact these landlords as references.

| Address and City | Time you lived here (dates) | Landlord Name and Phone # |
|------------------|-----------------------------|---------------------------|
|                  | To                          |                           |
|                  | To                          |                           |
|                  | To                          |                           |

\* If you answered **YES** to questions 5, 6, or 7 on the previous page, please write an explanation below. Use additional paper if necessary. A previous foreclosure or eviction does not necessarily disqualify your application.

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**EMPLOYMENT/INCOME INFORMATION**

1. Please list all employment held by members of the family over the age of 18. Begin by listing the name of the family member employed and indicating all jobs held for the last five years. Repeat for each family member holding a job. Use additional paper if necessary.

| Household Member (Name) | Name of Employer | # of hours Full/Part-time | Job Title | Length of Employment (Provide dates) |
|-------------------------|------------------|---------------------------|-----------|--------------------------------------|
|                         |                  |                           |           |                                      |
|                         |                  |                           |           |                                      |
|                         |                  |                           |           |                                      |
|                         |                  |                           |           |                                      |
|                         |                  |                           |           |                                      |
|                         |                  |                           |           |                                      |

2. Please explain periods of unemployment or reason for current unemployment:

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3. Please list all sources of household income (income received by any household member) for the last two years, including income from employment.

Income History:

|                                       | <b>Current Monthly Income</b> |
|---------------------------------------|-------------------------------|
| Wages, Salaries from EMPLOYMENT       |                               |
| Unemployment Comp., Disability Income |                               |
| Social Security                       |                               |
| Welfare Payments/W2                   |                               |
| Total Child Support                   |                               |
| Other: (pension, income, etc.)        |                               |
| <b>TOTAL: ALL HOUSEHOLD INCOME</b>    |                               |

4. Please list outstanding debt (example: medical bills, civil judgements, auto, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. YES NO We/I currently have a Housing Voucher or Existing Section 8 Certificate for a \_\_\_\_ bedroom unit from the Housing Authority.

6. YES NO We/I are on the Section 8 waiting list. If yes, when did you apply?  
 Month/Year \_\_\_\_\_

**OTHER INFORMATION**

1. Please provide us with three NON-FAMILY references we may contact:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |

**KEEP US UPDATED!**  
 We cannot reach you if your phone number changes or is disconnected.  
 Please remember to contact the Housing Partnership to update your application!



**RELEASE OF INFORMATION**

I, *(print name)* \_\_\_\_\_, understand that in order to receive the most comprehensive service, I must authorize **The Housing Partnership** to request and release information regarding my family’s development and needs along with pertinent personal information to the agencies/organizations listed below. This will expedite my application for housing. Withholding information will slow down or may stop the application process. I understand that I may revoke this agreement at any time by submitting the request in writing.

| May We Contact? (circle) |   | Name:  | Contact Name:       | Contact Telephone:        |
|--------------------------|---|--|---------------------|---------------------------|
| Y N                      | Educational Institutions                | <i>(example: FVTC, UW-Fox Valley, etc)</i>                 |                     |                           |
| Y N                      | Business/ Job Sites                     |  |                     |                           |
| Y N                      | County Health & Human Services Agencies | <i>(example: Outagamie County, Winnebago County, etc.)</i> |                     |                           |
| Y N                      | Probation & Parole                      | <i>(provide jurisdiction/institution)</i>                  |                     |                           |
|                          | <b>OTHER :</b>                          |  | <b>Case Worker:</b> | <b>Contact Telephone:</b> |
| Y N                      |   | FISC   |                     | 886-1000                  |
| Y N                      |   | LEAVEN   |                     | 738-9635                  |
| Y N                      |   | Emergency Shelter  |                     | 734-9192                  |
| Y N                      |   | Harbor House<br>Christine Ann                              |                     | 832-1667<br>729-6395      |
| Y N                      |   | Salvation Army   |                     | 734-3324                  |
| Y N                      |   |  |                     |                           |

I do understand this statement and hereby agree to allow the request of pertinent information to the above agencies and organizations.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**