

APPLICATION for OCCUPANCY

Casco Community Housing Corporation

Return To: **Kenneth Beine, Manager**
Casco Community Housing Corp
115 Wiesner Ave Casco, WI 54205
[920.755.4078 ExcaliburHousing@charter.net]

[App Section 1 of 3 – Contact Info]

ELIGABILITY *The Casco facility is a USDA Rural Development (RD) project. Opened in 1980, located in the Village of Casco, single ground level building, low rent housing with RA (Rent Assistance) available on 18 of the 22 one & two bedroom units.*

- **Seniors** *Defined as age 62 (the minimum retirement age) or older.*
- **Disabled (or Handicapped)** *Age 18 with Disability Verification / ADA regulations.*

APPLICANT'S INFORMATION

Applicant's Full Name _____ Age _____

Present Address _____

Social Security # _____ Date of Birth _____

Phone _____ Email _____

Spouse / Co-Tenant _____ Gender _____ Age _____

Social Security # _____ Date of Birth _____

Other Members of the Household:

Name	Gender	Age	Relationship
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_____	_____	_____	_____
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Social Security # _____ Date of Birth _____

_____	_____	_____	_____
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Social Security # _____ Date of Birth _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone _____

Address _____ Relationship _____

City/State/Zip _____

Email _____ Business or Cell Phone _____

[App Section 2 of 3 – Rights / Obligations]

IS SOMEONE LEGALLY EMPOWERED TO ACT IN YOUR BEHALF?

Yes or No _____ (If yes, complete requested information.)

Name _____ Telephone _____

Address _____ Relationship _____

City/State/Zip _____

Email _____ Business or Cell Phone _____

DISABILITY STATUS See the attached addendum which defines disabled or handicap. If you feel you qualify please ask for a copy of the “*Verification of Disability HUD-90102 – WI USDA RD*” form & have it completed by a doctor to confirm your disability.

Do you have any specific housing requirements? _____

Do you hold a Letter of Priority Entitlement (LOPE)? _____ Issued by USDA RD? _____

OTHER INFO What is your preferred moving date? _____

What is your present living arrangement? _____

REFERENCES Current or prior landlord, personal or banking, other:

Landlord Name _____ Address _____

Phone _____ Email _____ Contact _____

Personal or Bank Name _____ Address _____

Phone _____ Email _____ Contact _____

ANNUAL HOUSEHOLD INCOME Applicants are required to provide income and assets (income generation) from all sources of all household members, to complete the “Check List Asset & Income Verification” [Attach 1] and sign the “Verification of Income Assets” [Attach 2] forms to consent to release of matching data to RHS, USDA & Casco. This applies to the applicant, co-applicant, dependents & other household members.

PRIMARY RESIDENCE Furthermore the applicant(s) hereby certify that the Casco unit will be their primary residence. (They are not securing this unit for use by anyone other than the individuals listed on Pg 1.)

APPLICANT CERTIFICATION *All prospective occupants are required to be listed on the lease & must be 18 or older to sign. By signing below you are attesting that the information provided on this application and associated forms is true and accurate to the best of your knowledge.*

[App Section 3 of 3 – Signatures]

SIGNATURES Applicant _____ Date _____
 Co-applicant _____ Date _____
 Other _____ Date _____

ETHNICITY & RACE The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race: (Mark one or more)

- 1. American Indian/Alaska Native _____
- 2. Asian _____
- 3. Black or African American _____
- 4. Native Hawaiian or Other Pacific Islander _____
- 5. White _____

Received by Facility Date _____ Time _____ Mgr _____



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This Institution is an Equal Opportunity Provider and Employer.