



Sawyer County Nonprofit Housing Development, Inc.
P.O. Box 331
Hayward, WI 54843-0331
(715) 634-3861

Thank you for your interest in the Galaxie Apartments. Enclosed is an application form that you need to complete the best you can. Be sure to indicate on the top of the form which city/town your application is for. Our current rental rates as of January 1, 2017 are as follows:

	Basic Rent	Market Rent
Hayward – Galaxie One	\$399	\$485
Hayward – Manor	\$400	\$560
Radisson (two bedroom)	\$380	\$460
Winter	\$365	\$440

A certification is done prior to your rental, and each year thereafter to verify income and deductions. If you would be paying more than 30% of your income as rent, you could qualify for a subsidy should one become available. Currently all our subsidies are in use.

The Hayward locations have 2nd floor apartments. The Hayward and Winter locations have laundry facilities.

All apartments have wall-to-wall carpeting and vinyl in the kitchen and bath areas. The refrigerators are self-defrosting and the ranges, and heat are electric. Tenants are responsible for their electric bills. All apartments are wired for cable TV for which the tenant is responsible for. We provide sewer, water and trash collection. A maintenance personnel is available. ***"We offer a worry-free environment!"***

After we receive your completed application, a background and reference check will be done and your name will be placed on our waiting list. If you are called and are unable to take the apartment your name will still be retained on the list, if you wish. A security deposit equal to 1 months' rent will be required.

If you have any questions, feel free to call. If no answer, please leave a message.

Sincerely,

Nancy Mercer
Executive Director, SCNPHD

Housing for the elderly and disabled
"This institution is an equal opportunity provider!"

APPLICATION FOR HOUSING AT GALAXIE APARTMENTS



DATE: _____ 2017

PLEASE PRINT LEGIBLY

HEAD OF HOUSEHOLD NAME _____

HOME/CELL NUMBER _____ EMAIL ADDRESS _____

DATE OF BIRTH ___/___/____ DRIVER'S/ID NUMBER _____

SOCIAL SECURITY # _____ GENDER MALE / FEMALE / PREFER NOT TO ANSWER

MARITAL STATUS SINGLE / MARRIED / DIVORCED / WIDOWED

RACE WHITE / BLACK / AMERICAN INDIAN / ASIAN / ALASKAN NATIVE / PACIFIC ISLANDER

ETHNICITY NON-HISPANIC / HISPANIC PLACE OF BIRTH _____

CITIZENSHIP UNITED STATES/ CANADA / MEXICO

LIST EVERY STATE YOU HAVE LIVED IN _____

HAVE YOU EVER BEEN CONVICTED, PLEAD GUILTY, NO-CONTEST, RECEIVED PROBATION, DEFERRED ADJUDICATION, COURT-ORDER SUPERVISION, OR PRE-TRIAL DIVERSION FOR A FELONY, SEX-RELATED CRIME OR MISDEMEANOR ASSAULT AGAINST ANOTHER PERSON? YES / NO

CO-HEAD/SPOUSE/OTHER ADULT OF HOUSEHOLD NAME _____

DATE OF BIRTH ___/___/____ DRIVER'S/ID NUMBER _____

SOCIAL SECURITY # _____ GENDER MALE / FEMALE / PREFER NOT TO ANSWER

MARITAL STATUS SINGLE / MARRIED / DIVORCED / WIDOWED

RACE WHITE / BLACK / AMERICAN INDIAN / ASIAN / ALASKAN NATIVE / PACIFIC ISLANDER

ETHNICITY NON-HISPANIC / HISPANIC PLACE OF BIRTH _____

CITIZENSHIP UNITED STATES/CANADA / MEXICO

DO YOU CONSIDER YOURSELF MOBILITY IMPAIRED / VISION IMPAIRED / HEARING IMPAIRED / IMPAIRED

LIST EVERY STATE YOU HAVE LIVED IN _____

HAVE YOU EVER BEEN CONVICTED, PLEAD GUILTY, NO-CONTEST, RECEIVED PROBATION, DEFERRED ADJUDICATION, COURT-ORDER SUPERVISION, OR PRE-TRIAL DIVERSION FOR A FELONY, SEX-RELATED CRIME OR MISDEMEANOR ASSAULT AGAINST ANOTHER PERSON? YES / NO

APPLICATION FOR HOUSING AT GALAXIE APARTMENTS



APPLICANT NAME _____

#1 CHILD OF HEAD OF HOUSEHOLD NAME _____

DATE OF BIRTH ___/___/_____

DRIVER'S/ID NUMBER _____

SOCIAL SECURITY # _____

GENDER CIRCLE MALE / FEMALE / PREFER NOT TO ANSWER

MARITAL STATUS CIRCLE SINGLE / MARRIED / DIVORCED / WIDOWED

RACE CIRCLE WHITE / BLACK / AMERICAN INDIAN / ASIAN / ALASKAN NATIVE / PACIFIC ISLANDER

ETHNICITY CIRCLE NON-HISPANIC / HISPANIC

PLACE OF BIRTH _____

CITIZENSHIP CIRCLE UNITED STATES / CANADA / MEXICO

DO YOU CONSIDER YOURSELF CIRCLE MOBILITY IMPAIRED / VISION IMPAIRED / HEARING IMPAIRED / IMPAIRED

HAVE YOU EVER BEEN CONVICTED, PLEAD GUILTY, NO-CONTEST, RECEIVED PROBATION, DEFERRED ADJUDICATION, COURT-ORDER SUPERVISION, OR PRE-TRIAL DIVERSION FOR A FELONY, SEX-RELATED CRIME OR MISDEMEANOR ASSAULT AGAINST ANOTHER PERSON? CIRCLE YES / NO

#2 CHILD OF HEAD OF HOUSEHOLD NAME _____

DATE OF BIRTH ___/___/_____

DRIVER'S/ID NUMBER _____

SOCIAL SECURITY # _____

GENDER CIRCLE MALE / FEMALE / PREFER NOT TO ANSWER

MARITAL STATUS CIRCLE SINGLE / MARRIED / DIVORCED / WIDOWED

RACE CIRCLE WHITE / BLACK / AMERICAN INDIAN / ASIAN / ALASKAN NATIVE / PACIFIC ISLANDER

ETHNICITY CIRCLE NON-HISPANIC / HISPANIC

PLACE OF BIRTH _____

CITIZENSHIP CIRCLE UNITED STATES/ CANADA / MEXICO

DO YOU CONSIDER YOURSELF CIRCLE MOBILITY IMPAIRED / VISION IMPAIRED / HEARING IMPAIRED / IMPAIRED

HAVE YOU EVER BEEN CONVICTED, PLEAD GUILTY, NO-CONTEST, RECEIVED PROBATION, DEFERRED ADJUDICATION, COURT-ORDER SUPERVISION, OR PRE-TRIAL DIVERSION FOR A FELONY, SEX-RELATED CRIME OR MISDEMEANOR ASSAULT AGAINST ANOTHER PERSON? CIRCLE YES / NO

IF MORE CHILDREN, PLEASE MAKE A COPY OF THIS PAGE AND COMPLETE

APPLICATION FOR HOUSING AT GALAXIE APARTMENTS



APPLICANT NAME _____

RENTAL HISTORY

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN: **EVICTED** CIRCLE YES / NO **SUED FOR RENT** CIRCLE YES / NO
SUED FOR PROPERTY DAMAGE CIRCLE YES / NO **BROKEN A LEASE** CIRCLE YES / NO

CURRENT RESIDENCE

ADDRESS _____ LANDLORD NAME _____

_____ PHONE NUMBER _____

RENT AMOUNT _____ LENGTH OF RESIDENCY _____

REASON FOR MOVING _____

ARE YOU NOW LIVING IN A FEDERALLY SUBSIDIZED UNIT? CIRCLE ONE **YES / NO**

WHEN DO YOU WISH TO MOVE IN? _____

DO YOU HAVE ANY SPECIFIC HOUSING REQUIREMENTS, SUCH AS A SPECIAL HANDICAPPED ACCESSIBLE UNIT?

DO YOU SMOKE CIRCLE YES / NO

DO YOU HAVE A VEHICLE CIRCLE YES / NO **MAKE** _____ **MODEL** _____

COLOR _____ **LICENSE PLATE #** _____

DO YOU HAVE A PET CIRCLE YES / NO (Note: \$250 Pet Security Deposit required; certain pets are not allowed)

TYPE _____ **GENDER** _____

BREED _____ **NAME** _____

APPLICATION FOR HOUSING AT GALAXIE APARTMENTS



APPLICANT NAME _____

FINANCIAL INFORMATION QUESTIONNAIRE

IN ORDER TO PROCESS YOUR APPLICATION, WE NEED TO KNOW ALL INCOME THAT EVERY MEMBER OF YOUR HOUSEHOLD EARNS. THE FOLLOWING IS A LIST OF ITEMS THE GOVERNMENT COUNTS AS INCOME IN DETERMINING ELIGIBILITY FOR FEDERAL HOUSING ASSISTANCE. PLEASE CIRCLE THE APPROPRIATE ANSWER. FOR YES WE WILL PROCESS THAT INFORMATION AFTER YOUR APPLICATION HAS BEEN ACCEPTED.

ADULT EMPLOYMENT INCOME

THIS DOES NOT INCLUDE EMPLOYMENT INCOME OF CHILDREN YOUNGER THAN 18 OR LIVE-IN AIDES. CIRCLE ONE

WAGES/SALARIES YES / NO
OVERTIME PAY YES / NO
WORK FOR CASH YES / NO

BENEFITS PAYMENTS

THIS INCLUDES LUMP SUM PAYMENTS RECEIVED BECAUSE OF DELAYS IN PROCESSING BENEFITS, BUT NOT LUMP SUM PAYMENTS RECEIVED UNDER SETTLEMENTS WITH INSURANCE COMPANIES OR LUMP SUM PAYMENTS OF SOCIAL SECURITY OR SUPPLEMENTAL SECURITY INCOME. CIRCLE ONE

SOCIAL SECURITY YES / NO
SUPPLEMENTAL SECURITY INCOME (SSI) YES / NO
VETERANS ADMINISTRATION YES / NO
CHILD SUPPORT YES / NO
PENSIONS YES / NO
RETIREMENT BENEFITS YES / NO
UNEMPLOYMENT BENEFITS YES / NO
WELFARE ASSISTANCE YES / NO
WORKERS COMPENSATION YES / NO

HAVE YOU RECEIVED OR EXPECT TO RECEIVE ANY LUMP SUM PAYMENTS SUCH AS:

SOCIAL SECURITY LUMP SUM YES / NO
LOTTERY WINNINGS YES / NO
INHERITANCES YES / NO

DO YOU HAVE MONEY IN:

CHECKING YES / NO
SAVINGS YES / NO
IRA OR RETIREMENT YES / NO
MONEY MARKET OR C/D YES / NO
STOCKS OR BONDS YES / NO
TRUSTS YES / NO

DO YOU OWN A HOME OR REAL ESTATE YES / NO

DO YOU RECEIVE RENTAL INCOME YES / NO

HAVE YOU DISPOSED OF ANY ASSEST FOR LESS THAN FAIR MARKET VALUE IN THE PAST 2 YEARS?
YES / NO

DO YOU RECEIVE OR EXPECT TO RECEIVE:

ANNUITY OR DIVIDENDS YES / NO
DISABILITY BENEFITS YES / NO
INSURANCE POLICY PAYMENTS YES / NO

IS ANY MEMBER OF YOUR HOUSEHOLD ENROLLED AS A STUDENT AT AN INSTITUTION OF HIGHER EDUCATION YES / NO

DO YOU RECEIVE REGULAR CASH CONTRIBUTIONS FROM INDIVIDUALS NOT LIVING IN THE UNIT (USED FOR RENT, GROCERIES, PERSONAL SUPPLIES, ETC)
YES / NO

APPLICATION FOR HOUSING AT GALAXIE APARTMENTS



APPLICANT NAME _____

FINANCIAL INFORMATION

INCOME

PLEASE LIST THE SOURCE AND TYPE OF INCOME

GROSS MONTHLY INCOME
(BEFORE TAXES OR DEDUCTIONS)

ASSETS

PLEASE LIST ALL CHECKING AND SAVINGS ACCOUNTS. ALSO INCLUDE IRA'S, KEOGH ACCOUNTS, AND CERTIFICATES OF DEPOSITS OF ALL HOUSEHOLD MEMBERS.

LIST YOUR BANK NAME

TYPE OF ACCOUNT

BALANCE

APPLICATION FOR HOUSING AT GALAXIE APARTMENTS



APPLICANT NAME _____

MEDICAL EXPENSES **APPLICABLE FOR ELDERLY OR DISABLED FAMILIES ONLY**

DO YOU HAVE MEDICARE? CIRCLE YES / NO

DO YOU HAVE ANY OTHER KIND OF MEDICAL INSURANCE? CIRCLE YES / NO

IF YES, NAME OF CARRIER _____

POLICY # _____ PREMIUM PER MONTH _____

DO YOU HAVE ANY OUTSTANDING MEDICAL BILLS? YES / NO

IF YES, PLEASE LIST THE NAME OF THE MEDICAL FACILITY AMOUNT OWED
OR PROVIDE A CURRENT STATEMENT OF THE AMOUNT OWED

_____	_____
_____	_____
_____	_____

DO YOU EXPECT TO INCUR ANY MEDICAL EXPENSES IN THE NEXT 12 MONTHS?

DO YOU PAY FOR PRESCRIPTION MEDICATIONS: YES / NO

IF YES, PLEASE LIST THE PHARMACY NAME OR PROVIDE A STATEMENT FROM THE PHARMACY LISTING THE TOTAL AMOUNT OF COPAYS PAID FOR THE PREVIOUS YEAR

DO YOU HAVE ANY NON-PRESCRIPTION MEDICATIONS THAT YOUR DOCTOR HAS PRESCRIBED? YES / NO
IF YES, PLEASE PROVIDE A PRINTOUT FROM YOUR DOCTOR'S OFFICE.

APPLICATION FOR HOUSING AT GALAXIE APARTMENTS



APPLICANT NAME _____

IF APPLICATION IS NOT ACCEPTED, IT WILL BE KEPT ON FILE AND ON THE WAITING LIST FOR THE PERIOD YOU DESIGNATE: CIRCLE 6 MONTHS 12 MONTHS 18 MONTHS 24 MONTHS 30 MONTHS 36 MONTHS

PERSONS APPLYING FOR HOUSING SUBSIDY IN PROJECTS DESIGNED FOR THE **ELDERLY AGE 62 OR OLDER, HANDICAPPED OR DISABLED WHO ARE UNDER THE AGE OF 62** MUST PROVIDE SUFFICIENT INFORMATION AND DOCUMENTATION TO CONFIRM THE QUALIFICATION FOR THIS STATUS. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN REJECTION

APPLICANT CERTIFICATION

I CERTIFY THAT IF SELECTED TO RECEIVE ASSISTANCE, THE UNIT I OCCUPY WILL BE MY ONLY RESIDENCE, AND ONLY FOR THOSE INDIVIDUALS LISTED ON THIS APPLICATION OR CERTIFIED TO LIVE IN THE UNIT.

I UNDERSTAND THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY ELIGIBILITY.

I AUTHORIZE THE MANAGEMENT AGENT SCNPHD TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS AND OTHER SOURCES FOR VERIFICATION OF INCOME, ASSETS AND MEDICAL EXPENSES. THIS INFORMATION MAY BE RELEASED TO THE APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCIES.

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION IS PUNISHABLE UNDER FEDERAL LAW.

I ALSO UNDERSTAND I AM EXPECTED TO COMPLY WITH THE TERMS OF A LEASE AGREEMENT FOR ADMISSION TO A DWELLING UNIT.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE/CO-HEAD OF HOUSEHOLD

DATE

PLEASE RETURN COMPLETED APPLICATION TO:

Sawyer Co. Nonprofit Housing Development, Inc.
ATTN: Nancy Mercer, Executive Director
PO Box 331
HAYWARD, WI 54843

PHONE 715-634-3861
FAX 715-634-3861