

# WILSON BUILDING APARTMENTS

777 Overland Tr., Ste. 131 | Casper, WY 82601 | P: 307.233.7035

## APPLICATION & RESIDENT SELECTION INFORMATION

*Note to applicant: This page is for you to retain in reference to our resident selection criteria.*

Submit your completed application to:

Wilson Building Apartments  
777 Overland Tr., Ste. 131  
Casper, WY 82601  
307-233-7035

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The application must be signed and the following must be included for the application to be accepted:

- Copies of picture identification on all occupants age 18 and older.
- Copies of Social Security card or Birth Certificate on all occupants.

Once received, the application will be dated and reviewed for completeness. A pre-eligibility determination will be made based upon the information contained in the application.

Eligibility will be determined based upon the following factors:

- The applicant(s) meet the income criteria.
- References (i.e. employer, current & former landlords) will be contacted to verify employment, length of time on the job and verify rental payment history.
- A Credit & Criminal background check will be obtained and reviewed.
- **Once qualified** a \$39 application fee will be charged to **each adult applicant**.

Applicant(s) will be notified in writing within ten (10) days of receipt of the application as to the acceptance or denial of this application. If no unit is available at the time of acceptance, applicant's name will be placed on the waiting list.

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Wilson Building Apartments is committed to the non-discrimination provision in the Fair Housing Act and Section 504 of the Americans with Disabilities Act. If you require assistance in the form of readers, interpreters, large print or any other way to enable you to fully participate in our housing program, please let us know and we will assist you to the fullest extent feasible.

USDA is an equal opportunity provider, employer and lender.  
To file a complaint of discrimination write USDA, Director, Office of Civil Rights,  
1400 Independence Ave., S.W., Washington D.C. 20250-9410  
Or call (800)795-3272(voice) or (202)720-6382 (TDD)  
APPLICATION FOR HOUSING at 777 Overland Tr., Ste. 131



**OFFICE USE ONLY**

Please Return Application to: <b>WILSON BUILDING</b> CHA Office: 777 Overland Tr., Ste. 131 Casper, WY 82601	Date Rec'd		Annual Income		# Occupants	
	Time Rec'd		Set Aside %		App. Fee Paid	
	Manager's Signature:				Background CK ran	

**APPLICATION FOR RESIDENCY**

**I. Applicant/Co-Applicant**

Applicant's Name: _____	Co-Applicant's Name: _____
Driver License #: _____ State: _____	Driver License #: _____ State: _____
SS#: _____ DOB: _____	SS#: _____ DOB: _____
Phone #: _____ Cell #: _____	Phone #: _____ Cell #: _____
Email: _____	Email: _____
Student Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Student	Student Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Student
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated

**II. Other Household Members**

**\*List only children who are dependents of the household and will reside in the unit 50% or more of the time.\* Check Student Status:**

Name: _____	Current Age: _____	DOB: _____	SS#: _____	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Not Student
Name: _____	Current Age: _____	DOB: _____	SS#: _____	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Not Student
Name: _____	Current Age: _____	DOB: _____	SS#: _____	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Not Student
Name: _____	Current Age: _____	DOB: _____	SS#: _____	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Not Student
Name: _____	Current Age: _____	DOB: _____	SS#: _____	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Not Student
Name: _____	Current Age: _____	DOB: _____	SS#: _____	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Not Student

Are there any other household members not listed on this or a separate application (i.e. spouse, roommate, etc)?

No  Yes If yes, please explain: \_\_\_\_\_

Do you anticipate any changes in the size of your household *within the next 12 months*?

No  Yes If yes, please explain: \_\_\_\_\_

**III. Residency History**

List the past **two** years of residency history. If additional space is needed, please attach additional pages to application:

<b>Current Address:</b> _____	<b>Previous Address:</b> _____
City, State, Zip: _____	City, State, Zip: _____
From: _____ To: _____	From: _____ To: _____
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____
Landlord's Name: _____	Landlord's Name: _____
Landlord's Phone #: _____ Rent: _____	Landlord's Phone #: _____ Rent: _____

**IV. Employment History**

**Applicant's Current Employer:**

Employer's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Anticipated Gross **Annual** Income: \_\_\_\_\_

**Co-Applicant's Current Employer:**

Employer's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Anticipated Gross **Annual** Income: \_\_\_\_\_

**V. Sources of Income**

**Applicant's Sources of Income:**

Source:	Gross Amount Received:	
SSI/SSA:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Retirement/Pension:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Unemployment:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Recurring Contribution:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Alimony:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
AFDC/TANF:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Child Support:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Military/VA Benefits:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Other:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____

**Other Household Members' Sources of Income:**

Source:	Gross Amount Received:	
SSI/SSA:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Retirement/Pension:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Unemployment:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Recurring Contribution:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Alimony:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
AFDC/TANF:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Child Support:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Military/VA Benefits:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____
Other:	<input type="checkbox"/> NO <input type="checkbox"/> YES	\$ _____

If other, list source: \_\_\_\_\_

If other, list source: \_\_\_\_\_

Does anyone expect any changes in income *within the next 12 months*?

No  Yes If yes, please explain: \_\_\_\_\_

Does any adult member have zero income:  No  Yes If yes, which one: \_\_\_\_\_

Will your household be receiving Section 8 rental assistance at time of move-in:  No  Yes

**VI. Household Assets**

Does any household member (including children) have a checking or savings account, CD, Bonds, Real Estate, or any other type of asset(s)?

No  Yes If yes, list type of asset and name of institution:

Account Owner	Type of Asset	Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has anyone in your household disposed of any asset(s) in the past twenty-four (24) months?

No  Yes If yes, please explain: \_\_\_\_\_

Does anyone in your household own a home:  No  Yes

Does anyone in your household in the process of selling a home:  No  Yes

I/We certify that if selected to move into this project, the unit occupied will be my/our only residence. I/We understand that the above information is being collected to determine eligibility for income restricted units. Federal regulations require that in order for a household to be eligible for this type of housing, the income of the household, as well as their assets must not exceed certain established limits. I/We authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies. **I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law.** I/We understand I/We must pay a security deposit for this apartment prior to occupancy.

**ALL ADULTS LISTED ON THIS APPLICATION MUST SIGN AND DATE BELOW:**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Co-Applicant)

\_\_\_\_\_  
(Printed Name of Co-Applicant)

\_\_\_\_\_  
(Date)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**WILSON BUILDING**  
777 Overland Tr., Ste. 131 Casper, WY  
82601  
307-233-7035

Applicant's Name: \_\_\_\_\_ Co-Applicant's Name: \_\_\_\_\_

Please see the attached verification form. The referenced individual is applying/recertifying for residency at a community that is regulated by the LIHTC, HOME, or RD programs, which require that we obtain written confirmation of the projected annual gross earnings for the next twelve (12) months of all applicants / residents.

To comply with this regulation, we ask that you complete and return the attached verification via fax or mail at the shown number or address on the attached form. The information will be used solely for the determination of residency eligibility under the applicable program(s). We appreciate your timely response in completing this verification. If you have any questions regarding the needed information, please do not hesitate to telephone our leasing office at the number given above.

**THIS SECTION TO BE COMPLETED BY APPLICANT/CO-APPLICANT**

I/We hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to said property above for purposes of verifying information on my/our housing rental application.

**TERMS AND CONDITIONS**

I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, assets, student status, medical or child care allowances, and utility information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued residency participation as a Qualified Resident.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Credit Bureaus
- Past and Present Employers
- State Unemployment Agencies
- Current and Previous Landlords
- Public Housing Agencies
- Support and Alimony Providers
- Welfare Agencies
- Educational Institutions
- Social Security Administration
- Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and Financial Institutions
- Utility Provider
- Departments of Health
- Medicaid/Medicare Offices
- Division of Healthcare Financing
- Public Assistance Agencies

**I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect until revoked in writing and submitted to said property above.**

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Social Security Number)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Co-Applicant)*

\_\_\_\_\_  
*(Social Security Number)*

\_\_\_\_\_  
*(Date)*

**"Title 18, 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 any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject 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 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)\*\*****