



Allegiant Property Management, LLC

412 South 3rd Street • La Crescent, MN • 55947 • 608-784-1381 • Fax: 507-551-2068 • allegiant@apmwi.net

Dear Applicant

Enclosed you will find the application you requested as well as stamped return envelope. It is very important that you fill out all the information on the application, so we can determine your eligibility. **If you send an incomplete application, we will need to contact you please have an updated and accurate phone number listed.**

You will also find other forms enclosed that must be filled out and returned with your application. **If these are not filled out this will put a delay on processing your application.**

1. **Declaration of section 214 status- Citizenship Form-** sign bottom line on form.
2. **Supplement to application for federally assisted housing.** This form is optional. If you do not want to fill this out at this time, please check the box toward the bottom, be sure to sign and date either way.
3. **PLEASE NOTE:** We are required to have **a copy of all members of the household's social security cards before we can offer you an APARTMENT.** Please send a copy of your social security card with your application. If you are not comfortable sending a copy you will need to plan to bring it in to the office before, we can offer an apartment.
4. **We also need photo ID or birth certificate** from all members of the household. Please include copies with your application.

If you have any questions, please feel free to contact us.

Allegiant Property Management, LLC
608-784-1381 Phone ext 201
507-551-2068 Fax
allegiant@apmwi.net

Applicant Name: _____

Please check all designations that apply to you

Under age 62 Senior 62+ Physical Disability Mental Disability

Check the apartment complex(s) you are applying for. (You must check at least one)

WISCONSIN PROPERTIES

Seniors or Persons with a Physical Disability

- Halverson
211 Milwaukee Ave., Westby 54667
- Heritage Haven
800 St. James, La Crosse 54603
- Heritage Haven
622 S. Court, Sparta 54656
- Parkview
35777 Chestnut, Independence 54747
- Pine Street Apartments
11849 Pine Street, Trempealeau 54661
- Pinedale
1301 Green Bay, Onalaska 54650
- Pioneer
612 S. 2nd St, Luck 54853

Seniors or Persons with a Disability

- Crestview
503 Main St., Westby 54667
- Danish Villas
160 Highland, Denmark 54220
- Norcrest Apartments
206 W. Center St., Norwalk, WI 54616
- Sunrise I
115 3rd Street., Hilbert 54129
- WOODCO
7961 Church Street., Arpin 54410
5387 4th Ave., Pittsville 54466
6591 Robert St., Vesper 54489
- Thomas Apartments
402 N. Thomas St., Loyal, WI 54446

Persons with a Chronic Mental Illness

- Partridge Run
538 Sobotta, Arcadia 54612
- Partridge Run
419 So. 1st. St., Black River Falls 54615
- Partridge Run
527 Jefferson, Mauston 53948
- Pheasant Run
906 Vincent St., Dodgeville 53533
- Pheasant Run
821 Dousman St., Prairie du Chien 53821
- Schumann Apartments
617 Bennora Lee Court, La Crosse 54601

Persons with a Physical Disability

- Christopherson
2121 Sims Place, La Crosse 54601
- Greendale
321 13th Ave. So., Onalaska, 54650

WISCONSIN PROPERTIES (cont.)

Family

- Greenbriar Apartments
326, 327, 329 Greenbriar, Blair, WI 54616
- Hillview Apartments
170 Country Rd. N., Wauzeka 53826
- Morningside Apartments
311 Immell Street, Blair, WI 54616
- NGL
413 S.3rd Street, Black River Falls 54615
- Parkside
415 S. Ogle St., Mt. Morris, IL 61054
- South Street Apartments
11775 South Street, Trempealeau, WI 54661
- Sunnyside Apartments
321 Immell Street, Blair, WI 5461
- Winneshiek Apartments
225 Main Street, De Soto 54624
- Westbrook Apartments
619 West Sylfest Street, Blair, WI 54616
- Westby Housing Authority
503 Main St., Westby 54667

MINNESOTA PROPERTIES

Seniors or Persons with a Physical Disability

- Tweeten Apartments
150 50th Avenue S.E., Spring Grove 55974
- Valley View Manor
200 S Erickson, Houston 55943

IOWA PROPERTIES

Seniors or Persons with a Physical Disability

- Alverno Apartments
3501 Windsor Ave. Dubuque 52001
- Heritage Haven
301 1st Ave. E., Cresco 52136
- Heritage Haven
509 Goose Island, Decorah 52101
- Palmer Apartments
711 Jefferson St., West Union 52175
- Renaissance Park Apartments
610 E. 4th Street, Waterloo 50703

Seniors or Persons with a Disability

- Nottingham
305 Maple St., Earlville 52036

Developmentally Disabled

- R.I.S.E.
106 Rainbow Dr., Elkader 52043

Applicant Name _____ Soc. Sec# _____

D.O.B. _____ Date Moved Into Current Address (____/____/____) Current Rent \$ _____

Gender: ___ Male ___ Female ___ Prefer not to disclose

Current Address: _____

Home Phone # _____ Cell Phone# _____ Work Phone # _____
(____) _____ (____) _____ (____) _____

List all **OTHER** persons who will be occupying the apartment **UNDER** the age of 18

_____/_____/_____
Last Name First Name Middle Initial Relationship Social Security # Date of Birth Gender
_____/_____/_____
Last Name First Name Middle Initial Relationship Social Security # Date of Birth Gender

CURRENT LANDLORD INFORMATION

_____/_____/_____
Name Address City State Zip Phone #

WE PREFER 3 YEARS OF LANDLORD HISTORY

IF CURRENT ADDRESS IS LESS THAN 3 YEARS

PLEASE PROVIDE 3 CONSECUTIVE YEARS OF HOUSING INFORMATION

_____/_____/_____
Landlord Name Address City State Zip Phone #

Address Previously Lived _____ City _____ State _____ Zip _____
Dates Lived at this Address From (____/____/____) to (____/____/____)

_____/_____/_____
Landlord Name Address City State Zip Phone #

Address Previously Lived _____ City _____ State _____ Zip _____
Dates Lived at this Address From (____/____/____) to (____/____/____)

Please answer all questions below

Yes No

1. Are you currently living in a government subsidized project?
2. Are you or have you ever been evicted?
If yes, explain: _____
3. Have you been asked to move?
If yes, explain: _____
4. Have you ever willfully or intentionally refused to pay rent when due?
If yes, explain: _____
5. Have you or any member of your household been convicted of any criminal activity?
If yes, explain: _____
6. Have you or any member of your household been convicted of the manufacture or distribution of any illegal substance?
If yes, explain: _____
7. Is any household member subject to a lifetime registration requirement under a State sex offender registration program?
If yes, what state: _____
8. Have you or any member of your household resided in any other state(s)?
If yes, please list **ALL** states: _____

ASSETS-EMPLOYMENT INCOME: List full and part-time employment.

Company Name _____ Address/City/State _____ Phone # _____
 Hourly Pay _____ Hours per week _____

ASSETS - DO YOU RECEIVE OR EXPECT TO RECEIVE ANY OF THE FOLLOWING

Yes	No		MONTHLY	Yes	No		MONTHLY
<input type="checkbox"/>	<input type="checkbox"/>	1. Social Security	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	14. Child Support	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	2. SSI – Federal	\$ _____	(If court ordered, include even if not receiving)			
<input type="checkbox"/>	<input type="checkbox"/>	3. SSI – State	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	15. Regular pay of member in armed forces	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Disability Benefits	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	16. Net income from rental property	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Unemployment	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	17. Regular cash contribution or gifts from individuals not living with you	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Worker's Comp	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	18. Any work done for cash Payment	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Severance Pay	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	19. Other (list)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Pensions	\$ _____				
<input type="checkbox"/>	<input type="checkbox"/>	9. Retirement benefits	\$ _____				
<input type="checkbox"/>	<input type="checkbox"/>	10. Annuities	\$ _____				
<input type="checkbox"/>	<input type="checkbox"/>	11. Life Insurance Dividends	\$ _____				
<input type="checkbox"/>	<input type="checkbox"/>	12. Death Benefits	\$ _____				
<input type="checkbox"/>	<input type="checkbox"/>	13. Alimony	\$ _____				

ASSETS - NET HOUSEHOLD ASSETS Asset's are items of value, other than necessary personal items, and are considered along with verified income to determine the eligibility of a household.

* Include Trusts, 401K, etc,

Yes	No		Balance	List financial Institute and address
<input type="checkbox"/>	<input type="checkbox"/>	1. Checking Account	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	2. Savings Accounts	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	3. Certificate of Deposit	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	4. Stocks	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	5. Bonds	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	6. Capital Investments	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	7. Trusts*	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	8. Securities	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	9. Insurance Settlements	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	10. 401K	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	11. IRA/KEOGH Accts	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	12. Money Market Funds	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	13. Treasury Bills	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	14. Safety Deposit Box	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	15. Other	\$ _____	_____

16. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items **held as an investment**? Yes No If yes, approximate Value \$ _____

17. Do you own **Real Estate**? Yes No If yes, approximate fair market value \$ _____
 Do you have a mortgage on this real estate: Yes No
 If yes, approximate amount owed? \$ _____

I certify that I have have not (check one) disposed of any assets for less than fair market value during the past two years. I understand that I can be fined up to \$10,000 or imprisoned up to five years, or lose my tenancy if I/We furnish false or incomplete information. **Initial Here** _____

If you **have** disposed of an asset for less than fair market value please list.

Asset	Disposal Date	Fair Market Value	Value Received
-------	---------------	-------------------	----------------

Applicants who meet the definition of **handicapped, disabled or are over the age of 62** qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to income. **Initial Here** _____

(If you have indicated your desire to request this adjustment, then we will need sufficient Information (documentation) to confirm your qualification for this status. Failure to provide this information may result in denial of deduction or qualification.)

ALLOWANCES – FOR HANDICAPPED, DISABLED OR ARE OVER THE AGE OF 62 If you feel that you qualify for the deduction listed above, all or part of your household’s expenses may be allowable as a deduction from your annual income.

DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:

Yes	No		Monthly Amt.	Name of Company/Medical Provider
<input type="checkbox"/>	<input type="checkbox"/>	1. Medicare Premium?	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	2. Medicare Part D	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	3. Health Insurance Premium	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	4. Outstanding medical bills (payments are being made on)	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you expect to have any additional “out of pocket” medical expenses during the next 12 months? (May include expenses for dental, prescriptions, eyeglasses, hearing aids/batteries)		

Please list: _____

- 5. Do you receive medical assistance through a public assistance agency/program?
- 6. For child care which enables you or another household member to work or go to school?
- 7. For attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school?
- 8. For any equipment for the handicapped member(s) of the household to permit that person or someone in the household to work?

- 1. Are you a student? Yes No
If yes: ___ Full-time ___ Part-time Name of school: _____
- 2. Are you a veteran? Yes No
- 3. Do you currently have a pet? Yes No
If yes, list type: _____
(A \$300.00 pet deposit is required and verification of vaccinations and shots required by the city you live in)
- 4. How did you find out about the apartments? _____
- 5. Did a current tenant refer you? Yes No If yes, tenant’s name: _____

NOTE: The following information is being requested for demographic compilation purposes only, your response is voluntary. All responses will be treated in a confidential manner. Your answer will NOT affect (either positively or negatively) your selection for the program. You are not required to answer the following, however please be advised we will fill out the remaining portion based on our observations if you choose to not answer the following. (Check one that applies) Only one household member need response.

_____ White (Caucasian) _____ Asian _____ Hispanic _____ American Indian _____ African American

Your signature on this application authorizes the owner/manager of the property in which you are applying for occupancy to contact your prior landlords for information regarding your prior tenancies, to check personal and credit references, and to obtain credit, employment, bank and court records.

I/We declare that the statements and information contained in this application are true and complete to the best of my/our knowledge. I/We understand that the willful submission of false or misleading information may be the sole reason for rejection of this application or termination of tenancy. It is further understood that the completion of this application does NOT constitute an acceptance for occupancy.

Signature of Applicant

Date

We cannot offer you an apartment unless you provide us with the following items.

You MUST include copies of

Social Security Card for each household member

Photo ID OR a copy of birth certificates for each household member

You MUST Complete forms:

Supplemental and Optional Contact Information for HUD-Assisted Housing
Citizenship Declaration

Allegiant Property Management will provide reasonable accommodations for any person(s) who are unable to complete this application due to physical or mental disability. Additional reasonable accommodations can be provided to ensure effective use of the housing program. Please request a Reasonable Accommodation form.

Allegiant Property Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

David Heyer
412 South 3rd Street
La Crescent, MN 55947
1-866-293-9038 - TTY # 800-947-3529.

Applications can be returned to:

ALLEGIANT PROPERTY MANAGEMENT, LLC
412 South 3rd Street, LA Crescent, MN 55947
(608) 784-1381 * (507) 551-2068 (fax)
Equal Opportunity Housing

For Office Use Only

Date Rec'd: _____

Time Rec'd _____

Rec'd by _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Exhibit 3-5 ** Citizenship Declaration **

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____
FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number Found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth).

SAVE VERIFICATION No. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION
I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this box and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you check this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format

AND

b. One of the following documents:

(1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212 (d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990):

(c) A court decision granting withholding or deportation; or

(d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) Form I-688 *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."

(5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

(6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature _____
Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above. But the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature _____
Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you check this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____
Date

Check here if adult signed for a child: _____