Dear Applicant;

Thank you for your interest in Glenwood Commons Student Housing, located in Rice Lake, WI. In order for us to process your application in a timely manner, we ask that you please fill out the form completely. We will attempt to approve your application as quickly as possible, but please be aware that delays are possible while we are attempting to obtain information from a third party.

Our student housing complex is conveniently located within walking distance of the schools. Our furnished apartments (limited) include a twin bed, dresser, desk, and nightstand in the bedroom and couch, chairs, TV stand and stools in the living room – monthly rent is $450 per month. Partially furnished apartments are $425 per month and include a twin bed, dresser, desk and chair in the bedrooms only. Garbage, heat, water/sewer, electric, cable, and internet access are all included in the lease terms. Other features and amenities are listed on our brochure located at: http://westcaprentalproperties.org/student-housing/.

Return the following information to West CAP in order to process your application:

☐ Completed Application with Signature(s)
☐ Release of Information Form with Signature(s)
☐ Rental Payment Agreement with Signature(s) (completed by parent or guardian)
☐ School Acceptance Letter
☐ Tenant Compatibility Questionnaire

Please send this information one of the following ways:

**Mail:**  West CAP - Glenwood Commons
P.O. Box 308
Glenwood City, WI 54013

**Email:** Westcap@wcap.org

**Fax:** 715-265-7031, att: Glenwood Commons

If you have any questions about the application or property, please feel free to call at 715-265-4271.

Sincerely,

West CAP
525 2nd Street, PO Box 308
Glenwood City, WI 54013
NON-DISCRIMINATION STATEMENT:

In accordance with the Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Person with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail:   U.S. Department of Agriculture
        Office of the Assistant Secretary for Civil Rights
        1400 Independence Avenue, SW
        Washington, D.C. 20250-9410

Fax:    (202) 690-7442; or

Email:  program.intake@usda.gov

This Institution is an equal opportunity provider.
# RENTAL APPLICATION

**Glenwood Commons**  
**Student Housing**

**Office Use Only:**  
Date Mailed _____ Rec’d _____  
Resv: Yes or No  
Unit #: _____

<table>
<thead>
<tr>
<th>Date:</th>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
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<table>
<thead>
<tr>
<th>Street Address, Apt #:</th>
<th>City, State &amp; Zip:</th>
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<table>
<thead>
<tr>
<th>Social Security #:</th>
<th>Date of Birth:</th>
<th>Gender:</th>
<th>Ethnicity: (circle)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>White - Asian - African American</td>
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<thead>
<tr>
<th>Home Phone:</th>
<th>Cell Phone:</th>
<th>Email</th>
<th>Hispanic? Yes or No</th>
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<tr>
<th>Student: Yes or No</th>
<th>Student: Full-time or Part-time</th>
<th>School Attending:</th>
<th>Semester Starting:</th>
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<tr>
<th>Lease Term Request: see below for fall semester lease start options. (Dates: to/from)</th>
<th>Major/Program Enrolled:</th>
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| Have you ever rented or applied for an apartment with West CAP previously? | Location: |
|--------------------------------------------------------------------------|           |
| Yes or No |                         |

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<thead>
<tr>
<th>Furnished or Partially Furnished room (circle one)</th>
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<thead>
<tr>
<th>Emergency Contact:</th>
<th>Relationship to Tenant:</th>
<th>Phone:</th>
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<table>
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<tr>
<th>Emergency Contact Address: (City, State, Zip)</th>
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**Rental/Residential History**  
(Provide at least your current rental history. If living with parents and graduating from high school please write “Parents” and skip to next section).

**Current Rental Address**  
Dates of Residency (From/To)

**Landlord Name and Address (Street/City/State/Zip and Phone Number)**  
Reason for move

## APPLICANT'S (tenant) Employment History & Income Information:

<table>
<thead>
<tr>
<th>Current Employer:</th>
<th>Address:</th>
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<tr>
<th>Phone:</th>
<th>Date Hired:</th>
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<tr>
<th>Hourly Pay Rate $:</th>
<th>Hours per Week:</th>
<th>Position:</th>
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<tr>
<th>Financial Aid Source:</th>
<th>Amount per Semester:</th>
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If currently applying for aid, provide timeline of receipt:

________________________________________________________________________

______________________________

**Other Sources of Income:** (Please explain)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Rev. 3.14.19
### Application Signature

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 tenancy, to check credit and employment references, to obtain criminal background records, and to verify with school enrollment status.

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.

---

**ADDITIONAL INFORMATION:**

Vehicle: Make______________________ Model __________________ Year ________________ Lic. Plate #________________________

Vehicle: Make______________________ Model __________________ Year ________________ Lic. Plate #________________________

Mail To: West CAP, PO Box 308, Glenwood City, WI 54013  
Email: Westcap.org  
Fax 715-265-7031  

This institution is an equal opportunity provider.
Student/Applicant
RELEASE OF INFORMATION AUTHORIZATION

To Whom It May Concern:

The individual(s) indicated below are participant(s) and/or have applied for rental housing. West CAP is the management agent of the housing development in which this individual(s) is residing or applying for residency.

West CAP is required by law to confidentially verify information provided by applicants/participants. The applicant/participant indicated your Agency’s/Institution’s name as a source of information. Verification of applicant/participant statements are limited to those shown in the following authorization.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Employment Income
Unemployment Income
Share Roommate Contact Information
Assets (Checking, Savings, IRA’s, Trusts, Stocks/Bonds, Mutual Funds, Etc.)
Social Security/SSI
Educational Scholarship, Stipends Expenses
School Enrollment/Financial Aid Status

I/We hereby authorize West CAP to make any inquiries necessary or advisable in verifying the above information and to make any inquiries necessary to verify income and asset information.

I/We agree that photocopies of this authorization may be used for the purpose stated above.

If I, or any adult member of my family, fail to sign this authorization, without disclosing all financial information relating to the certification, I/we understand that this action may constitute grounds for denial of eligibility or termination of assistance.

This authorization is effective for 3 months from the date of signature.

________________________  ______________________  ______________________
Printed Name            Printed Name            Printed Name

________________________  ______________________  ______________________
Signature                Signature                Signature

________________________  ______________________  ______________________
SS#                      SS#                      SS#

Date: ___________________  Date: ___________________  Date: ___________________

Rev. 3.14.19
Rental Payment Agreement
-To Be Completed By Parent or Guardian-

Relationship to Tenant: ____________________________________________________________

Address, City, St & Zip: __________________________________________________________________________

E-mail Address: __________________________________________________________

Home Phone: ____________________ Cell Phone: ____________________

Date: ____________________________

I/We (print) ______________________ (print) ______________________,

Accept the responsibility of ensuring timely rent payments to West CAP for Glenwood Commons Student Housing, in the interest of:

____________________________________________________

(Tenant Name)

I/We are taking this action to assist the above named tenant with rental payments for the unit at the Glenwood Commons Student Housing in the event of non-payment or as a regular payee.

I/We agree to pay for rent, utilities, cable and any late charges current or past due. I/We accept responsibility for damages to the apartment or other maintenance charges that may be incurred by tenant during their lease term at Glenwood Commons.

By signing below; I agree to ensure that rent and utility payments are made in a timely manner.

Printed Name ____________________________________________ Social Security Number ____________________________

Printed Name ____________________________________________ Social Security Number ____________________________

Signature ____________________________ Date __________________

Signature ____________________________ Date __________________

Mail To: West CAP, PO Box 308, Glenwood City, WI 54013    Email: westcap.org    Fax 715-265-7031
Roommate Compatibility Questionnaire
Glenwood Commons
Student Housing

Applicant/Tenant Name (please print): ____________________________________________
Name of School Attending: ______________________________________________________________________
Program Enrolled/Career Focus: ______________________________________________________________________
List other persons for a roommate request: ______________________________________________________________________

Please answer the following questions.....

**Personal Characteristics** (check one)

1. _____ Day Person _____ Night Person _____ Neither
2. _____ Outgoing _____ Quiet _____ Neither
3. _____ I like loud music _____ I like lower volume music _____ I prefer no music playing
4. _____ Heavy sleeper _____ Light sleeper _____ Neither

5. **In dealing with conflicts:**
   A. I am able to clearly express my feelings and concerns.
   B. I will generally express my concerns in a joking fashion so that the other person gets the hint.
   C. I usually wait until I am really annoyed or angry.
   D. I am not comfortable asserting myself in conflict.

**Room Characteristics** (circle one)

5. How important is it to you that your home be kept neat and orderly? (not important) 1 2 3 4 5 (very important)
6. When/if you study in your home, will music or activity bother you? (a little) 1 2 3 4 5 (a lot)
7. Do you expect your home to be a place where people gather to relax? (a little) 1 2 3 4 5 (a lot)
8. What time do you expect to go to sleep on weeknights? 10 p.m. 11 p.m. 12 a.m. 1 a.m. 2 a.m. after 2 a.m.
9. Would you like to room with an international student? Yes  No

**Privacy/Personal Boundaries**

9. How comfortable are you with the idea of sharing belongings (microwave, clothes, food, toiletries, etc)?
   (very uncomfortable) 1 2 3 4 5 (very comfortable)
10. I need to be alone without intrusions: _____ Always _____ Sometimes _____ Never _____ Often _____ Rarely
11. What activities do you enjoy doing in your free time? ____________________________________________
12. Is there anything **you want** or absolutely **do not want** in a roommate?

________________________________________________________
________________________________________________________

Rev. 3.14.19