



**Eau Claire Area Hmong Mutual Assistance Association, Inc.**  
 423 Wisconsin Street Eau Claire, WI 54703 Phone: 715.832.8420 Fax: 715.832.0612 www.ecahmaa.org

## Preliminary Application for Occupancy

This is not a lease or Rental Agreement

The undersigned hereby makes application to rent a unit located at \_\_\_\_\_

### Applicant Information

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent:
			How long?
Previous address:			
City:		State:	ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent:
			How long?

### Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Position:	Hourly	Salary	(Please circle)
			Annual income:

### Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:		ZIP Code:
			Phone:
Relationship:			

### 1. Co-applicant Information (All household members above the age of 18 must be included. If there are more than one co-applicant, use the additional back sheet and provide the information below)

Name:			
Date of birth:		SSN:	Phone:
Current address:			
City:		State:	ZIP Code:
Own	Rent	(Please circle)	Monthly payment or rent:
			How long?
Previous address:			
City:		State:	ZIP Code:
Owned	Rented	(Please circle)	Monthly payment or rent:
			How long?

### Co-applicant Employment Information

Current employer:			
Employer address:			How long?
Phone:		E-mail:	Fax:
City:	State:		ZIP Code:
Position:	Hourly	Salary	(Please circle)
			Annual income:

**Other individuals: Non-applicants under the age of 18 to occupy unit. Use the additional back sheet if needed**

Name	Relationship	Social Security No.	Date of Birth
1.			
2.			
3.			

**Applicant's Personal and Rental References (Within the last 10 years)**

Have you ever filed for bankruptcy before? No \_\_\_ Yes \_\_\_ (date) \_\_\_\_\_

Personal/ Professional References- Not friends or family

Name	Address	Phone
1.		
2.		
3.		

Rental References (starting with present landlord, if applicable)

Rental Address	Name, Telephone and Address of Landlord
1.	
2.	
3.	

Have you or any of the co-applicant(s) ever been arrested/or convicted of a crime? If yes, please explain:

By signing this document, the listed applicant(s) hereby authorizes the Eau Claire Area Hmong Mutual Assistance Association, Inc. (ECAHMAA) to conduct a credit check, background check, and reference check. The applicant(s) also agrees that all information provided is true and accurate. ECAHMAA reserves the right to disqualify the prospective tenant if the information provided is false or misleading.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

The information regarding race, national origin and sex designation solicited on this application is requested. However, applicants 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/national origin and sex of individual's applicants on the basis of visual observation or surname.

Applicant \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
 Race/National Origin (Not of Hispanic Origin)  
 White \_\_\_ Black \_\_\_  
 Hispanic \_\_\_ Asian or Pacific Islander \_\_\_  
 Other (specify) \_\_\_\_\_

Privacy Act Disclosure:

The principle purpose of collecting the above information is to determine eligibility for occupancy. Information collected will not be shared with third parties unless noted in the Release of Information Authorization Form.

Completed application with a signed Release of Information Authorization can be mail to:  
 ECAHMAA 423 Wisconsin Street Eau Claire, WI 54703 or fax to 715.832.0612.

**Other individuals: Non-applicants under the age of 18 to occupy unit.**

Name	Relationship	Social Security No.	Date of Birth
4.			
5.			
6.			
7.			
8.			

**2. Co-applicant Information** (All household members above the age of 18 must be included. If there are more than one co-applicant, use an additional sheet and provide the information below)

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:		How long?

**Co-applicant Employment Information**

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	

**3. Co-applicant Information** (All household members above the age of 18 must be included. If there are more than one co-applicant, use an additional sheet and provide the information below)

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:		How long?
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:		How long?

**Co-applicant Employment Information**

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly    Salary    (Please circle)	Annual income:	

Release of Information Authorization

To Whom It May Concern:

The individual(s) indicated below are participant(s) and/or have applied for housing. The Eau Claire Area Hmong Mutual Assistance Association, Inc. is the management agent of the housing development in which this individual(s) is residing or applying for residency.

The Eau Claire Area Hmong Mutual Assistance Association, Inc., is required to confidentially verifying information provided by applicants. The applicant has indicated your agency's/institution's name as a source of information. Verification of applicant/participant statements is not limited to those showing in the following authorization.

**Authorization for the Release of Information**

Household Composition	Social Security/SSI
Employment Income	Housing Authority
Unemployment Income	Land Lords
Criminal Activity/ Sex Offender Registry	Employers

I/ We hereby authorize the Eau Claire Area Hmong Mutual Assistance Association, Inc. to make any inquiries necessary or advisable in verifying the above 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 household, fail to sign this authorization, I/we understand that this action may constitute grounds for denial of eligibility or termination of rental agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date