NEW HORIZON PROPERTY MANAGEMENT, INC.

2026 Application for Elderly (62+) or Physically Disabled Housing

www.newhorizonwi.com

THREE WAYS TO RETURN YOUR APPLICATION

SCAN AND EMAIL (fastest): **rentals@newhorizonwi.com**
FAX (fast): **(414) 797-4326**
REGULAR MAIL(slow): **P.O. Box 240044, Milwaukee, WI 53224**

ALL OUR PROPERTIES ARE SMOKE FREE!

Each adult household member must complete his/her own application.
Please print legibly and sign where asked. ***Incomplete applications will be rejected.***

Building Preference (check one):

Our Buildings for the Elderly (62+)
___ Abundant Life 6421 W. Port Ave.
___ Faith Manor 7915 N. 66th St.
___ James & John 8614 W. Fond du Lac Ave.
___ Trinity Manor 7920 N. 66th St.

Our Buildings for the Physically Disabled
___ Blanche & Madge 6965 N. 55th St.
___ Garden Grove 7472 N. Granville Rd.
___ Refreshing Springs 8700 W. Fond du Lac Ave.

DO NOT WRITE IN THIS BOX - FOR OFFICE USE ONLY

Date Received _____ Time _____ By _____

Applicant Legal Name (First, Middle, Last)	
Are you known by any other names? Please list them.	
Address (number, street, apartment number, city, state, zip)	
Social Security Number	Email address
Date of Birth (mm/dd/yyyy)	Home/Cell Number
Driver's License Number / Issuing State	How did you hear about us? Did someone refer you?

PENALTIES FOR MISUSING THIS FORM: 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 disclosures or improper uses 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. Section **408 (a) (6), (7) and (8).**

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: If you are applying by yourself, you are the head of household. Other people who are going to live with you are other household members. List them and their relationship to you. If any of them are adults, they need to complete their own application. (The maximum occupancy for a 1-bedroom unit is 2 persons; the maximum occupancy for a 2-bedroom unit is 4 persons).

ALL household members must be verified and added to your lease before they are allowed to move into the unit. Failure to add them to your lease before they move in may result in the termination of your assistance and your tenancy.

HOUSEHOLD MEMBER #	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTHDATE (mm/dd/yyyy)	SOCIAL SECURITY NUMBER (xxx-xx-xxxx)
1		HEAD OF HOUSEHOLD		
2				
3				
4				

BACKGROUND INFORMATION Circle your response to each question. Give additional information or add an additional page to explain when needed. Each question must be answered, or your application will be rejected.

1. Are you 62 or older?	YES	NO	
2. Are you physically disabled? (vision, mobility, hearing)	YES	NO	
3. Are you currently homeless or living with someone else? Please give details of your living situation.	YES	NO	
4. Are you a student enrolled in an institution of higher education?	YES	NO	
5. Are you an active member of the US Military or a Veteran of the US Military?	YES	NO	
6. Are you currently a resident of a recent presidentially declared disaster?	YES	NO	
7. Are you currently receiving housing assistance from HUD or a PHA?	YES	NO	
8. Have you ever been convicted of a crime? Answering yes to this question does not necessarily exclude you from housing at our properties. Explain.	YES	NO	
9. If you marked yes to number 7, indicate if the conviction(s) was a felony (F), misdemeanor(M) or both (B). Explain.	F	M	B
10. Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry? If yes, what state?	YES	NO	
11. Have you ever been evicted? If yes, when? Explain.	YES	NO	
12. Do you or any other household member require a service animal? If yes, what type?	YES	NO	
13. Are you currently renting a dwelling place under any other name? If yes, what name?	YES	NO	
14. Does any person who will reside in the unit require a reasonable accommodation for a disability? If yes, please describe what is needed.	YES	NO	

List all the states and countries you have lived in.

INCOME INFORMATION:
Your income determines your rent. We need the amount you receive **EACH MONTH**. If you receive income less frequently, please indicate how often you receive it. We will need verification of these amounts. If this section is not complete, your application will be rejected.

1. For each income source, circle YES or NO.
2. Write in the amount you receive.
3. If you circled NO, and do not receive anything from a source, write NONE.
4. If you have another income source not listed, please write it in.

EXAMPLE	Social Security?	(Yes)	No	$ 1,100.00

	Type of Income			Amount You Receive
1.	Social Security?	Yes	No	$
2.	SSDI?	Yes	No	$
3.	State SSI?	Yes	No	$
4.	Retirement Benefits?	Yes	No	$
5.	VA Benefits?	Yes	No	$
6.	Unemployment Benefits?	Yes	No	$
7.	Public assistance?	Yes	No	$
8.	Any lump sum amounts from delayed payments for SSI or VA disability? Please describe.	Yes	No	$
9.	Income from a pension, annuity, or other assets? What type?	Yes	No	$
10.	Do people or organizations give you money for rent, childcare, or other bills? From whom? How often? For what?	Yes	No	$
11.	Periodic payments from long-term care insurance, disability, or death benefits? From whom? How often?	Yes	No	$
12.	Financial aid for education assistance? From what college/university? How often?	Yes	No	$
13.	Do you receive money from GoFundMe, CashApp, Venmo, or similar accounts? If yes, how often? From whom? For what?	Yes	No	$
14.	Are you employed? ☐Full time ☐Part Time If yes, give employer's name, address, phone #.	Yes	No	$ /month $ /hour
15.	Other Income? Please describe.	Yes	No	$

HOUSING HISTORY We need your ***COMPLETE*** housing information for the **LAST 7 YEARS**. *Do not leave any gaps of time*. Please use additional paper if needed. Failure to complete this section will result in your application being rejected.

Current Address	Move In Date (mm/dd/yyyy)	Move Out Date (mm/dd/yyyy)
City, State, Zip	Rent Amount $	
Landlord's Name & Phone Number	Landlord's Address	
Why do you want to move?		

Previous Address	Move In Date (mm/dd/yyyy)	Move Out Date (mm/dd/yyyy)
City, State, Zip	Rent Amount $	
Landlord's Name & Phone Number	Landlord's Address	
Why did you move?		

Previous Address	Move In Date (mm/dd/yyyy)	Move Out Date (mm/dd/yyyy)
City, State, Zip	Rent Amount $	
Landlord's Name & Phone Number	Landlord's Address	
Why did you move?		

APPLICANT CERTIFICATION

By signing this application, I certify that all information given in this application is true and complete. I understand that providing false statements or information is punishable under Federal Law. I certify that if selected to receive housing assistance, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility for housing in a New Horizon Property Management, Inc. property for either elderly or physically disabled persons. I authorize New Horizon Property Management, Inc. to verify all information provided on this application and to contact current and previous landlords, obtain credit, criminal, and sex offender records which have been released to Federal, State, and local agencies for the purpose of determining my eligibility for housing.

Applicant Name (print) _____

Signature _____ Date _____