

Hello,

Thank you for your interest in residing at Richland Hills Apartments.

Enclosed is an application for you to complete.

**Please return it along with the following to be considered a complete application.**

Please provide paperwork to verify any income--employment, pensions, Social Security, SSI, disability, interest, etc.;

\*\*\*\*Please submit the following with application.

1. Copy of Driver's license **and** Social Security Card.
2. Social Security Benefit letter – **This letter gives you the monthly amount for the current year**
3. Notice of SSI amounts both State and Federal.
4. Notice from Veterans Administration of VA pension amount.
5. Notice from of pension payments.
6. If you are working:
  - a. Summary of Work Experience or other government program.
  - b. Last month of paycheck stubs
7. If you sold property: include statement of payments and interest and copy of contract.  
If you sold property outright, include copy of closing papers.
8. Statement of all assets:
  - a. Bank and credit union accounts (CD's, savings, checking, etc.) – include **FULL** copy of bank statement of the last month you received it and that is **within the last 30 days**.
  - b. Burial trust and Life insurance cash values –Auditor requires a copy on file.
  - c. All 1099's received, Cash on hand
  - d. IRA's, 401K, annuities, stocks, bonds, mutual funds, year-end statements, etc.
  - e. Real estate (attach tax bill, expense certification, rental certification). *If you have disposed of assets for less than Fair Market Value, you will need to verify transaction.*
9. If you wish your out-of-pocket medical expenses to be deducted from your rent computation, the following must be submitted:
  - a. Premium Verification for any medical insurance.
  - b. Computer printout or statement **signed** by pharmacist showing out of pocket cost of medicines stating; for all RX's, no OTC's, no OTC Supplements for the previous calendar year.
  - c. Routine medical, dental, or eyeglass costs not covered by Medicare or Medicare supplement or other health insurance submitted in form of receipts.
- Return **completed application and documentation** to:
  - By Mail: Richland Hills Apartments, 701 W Seminary Street, Richland Center, WI 53581
  - In Person: Call 608-647-4877 to schedule an appointment at the same address as above.
  - Email: [rccityha@mwt.net](mailto:rccityha@mwt.net)

Corrina L. Mott, Executive Director