Supporting statement for rental registration – 2105 Johnson St, Crosse, WI

The home owner for 2105 Johnson Street, La Crosse, Gwendolyn (Gwen) Erickson, is an 89 year-old widow. She is a life -long resident of La Crosse and the house at 2105 Johnson is her sole asset. Her income consists solely of social security survivor benefits from her deceased husband and a small (\$75.00) monthly benefit payment. Her gross income is at or below 200% of the Federal Poverty Level (FPL). She is on Medicare and receives monthly food assistance.

Due to her age and health issues Gwen recently moved to the Carroll Heights senior housing complex which is owned and operated by La Crosse County. Gwen is fiercely independent and has repeatedly expressed her intent to "not become a burden to society." Gwen is extremely happy with her new apartment at Carroll Heights. She is seeking approval for rental conversion in order to provide her with sufficient income to continue living at Carroll Heights. If this approval is denied, that action will likely harm and/or ultimately prevent her ability to do so.



CITY OF LA CROSSE DEPARTMENT OF BUILDING AND INSPECTIONS



Third Floor-City Hall 400 La Crosse Street, La Crosse, Wisconsin 54601 Phone 608/789-7530 Fax 608/789-7589 www.cityoflacrosse.org

RESIDENTIAL RENTAL UNIT REGISTRATION FORM

2105	Johnson	Sy	La	Crosse	WI	54601
						W (use back if needed)
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						10 20/3
Tax Parcel Num	ber 12 - 400	49-31	0	Date \(\overline{\pi}_{\pi} \)	ranke	2 30, 70/3
Zoning: <u>لون</u>	idential_		Total N	lumber of Be	drooms: <u>∠</u>	
Total # of tenan	ts:	Tota	i # of a	ff-street park	ing spaces	3
FOR	SINGLE FAMILY D	NELLING	S ZONE	D (R-1) SING	LE FAMIL	RESIDENCE
CHE	CK ONE: NEW	WASHBU REGISTR	RN RES	SIDENTIAL O RENEV	<u>NLY</u> VAL OF RE	GISTRATION
	74	\$150 fee	due u	oon renewal		
Owner Informat	tion					
Name Gw	endolyn T.	Eric Ks	on	ema	II/	LA Crosse WI
Address 35	05 Pack Lun	e Dr,	#	<u> 207</u> City	State ZIP_	La Crosse WI
Phone 608	- 788-104	<u>13 '</u>	Се	Il Phone	NIA	
Owner Signatu	ro Lucason	Eyn !	T. c	Fricks	n	
If the sures !	s not residing with manager residing v	n 25 miles	s of the	rental prope	rtv. a legal	representative and/or
Property Manag	er Information					
Name				em	all	
Address				City	State ZIP_	
Phone			Се	Il Phone		
						r the property: