



MILWAUKEE AVENUE APARTMENTS

Dear Applicant,

Thank you for your interest in Milwaukee Avenue Apartments. We are currently accepting applications! In order to determine your eligibility for housing, please complete the enclosed Preliminary Application in its entirety and return it **BY MAIL ONLY** to:

Milwaukee Avenue Apartments
3064 N. Milwaukee Ave
Chicago, Illinois 60618

If a question does not apply to your situation, please answer NA, so that we know you didn't overlook it. All current information must be provided so we can accurately evaluate your eligibility which may affect your placement on our waiting list.

If you have questions while filling out this application, you may call 312-967-7300 or TTY 711.

Thanks again for your Interest in Milwaukee Avenue Apartments!

Sincerely,

Property Manager

The property's general occupancy standard is as follows: No more than two people and no less than one person will be permitted to occupy a bedroom. Based on this occupancy standard and the information you provided in your Preliminary Application, you will be placed on all open waiting lists for which your household appears eligible. Please note that if the household is listed on more than one waiting list, the household's refusal of a unit from one list will not affect the household status on any other wait lists the household may currently be listed on.



FULL CIRCLE
management



MILWAUKEE AVENUE APARTMENTS

PRELIMINARY APPLICATION

Milwaukee Avenue Apartments is a permanent supportive housing community where every unit is fully accessible and the building is barrier free. To be eligible for housing, applicants MUST have an income that does not exceed 60% of the AMI. Bedroom size is assigned based upon our tenant selection plan. Preference will be given to applicants who would most benefit from the features of the fully accessible units.

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. If you have any questions, need assistance completing this form, or require another form of reasonable accommodation, please call (312) 967-7300 or TTY 711.

First Name: _____ Middle Initial _____ Last Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Email: _____

1. List all persons who intend to occupy the unit for which you are applying:

Name	Sex *	Date of Birth	Relationship to Household Head	SSN	Full Time Student (Y/N)
			HEAD		

* HUD mandated protections state that household members may not be required to disclose gender for HUD Programs. Sex is an optional field.

2. Select race and ethnicity for head of household:

Racial Categories (Select All That Apply) * Optional			Ethnic Categories (Select One)	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Not-Hispanic or Not-Latino	

3. Please state the total gross annual income of your household. (This includes income from employment for all persons 18 years of age and older, alimony and child support, social security, public aid, disability income, pensions, income from assets, interest and regular money gifts.) \$ _____

4. Do you or someone in your household identify as disabled according to the federal definition of a disability? Yes No

5. If Yes, would any member of your family benefit from the features of an accessible unit? Yes No
Please describe the features needed, not the disability: _____

6. Please list all states and counties of residence since 1996 for all applicants 18 years of age or older (use additional sheets if necessary): _____

7. Do you or a household member meet the definition of victims of domestic violence, dating violence, sexual assault and/or stalking – collectively referred to as VAWA crimes? Yes N

8. Do you know this is a Smoke – Free Community? Yes No

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AUTHORIZATION TO CHECK CREDIT AND CRIMINAL RECORDS:

I/we understand and hereby authorize agent/owner of Milwaukee Avenue Apartments and any consumer or credit reporting agency or bureau employed by it to investigate my (our) character, general reputation, mode of living, credit and financial responsibility and the statements made in the Preliminary Application, to inquire into and check for criminal records, civil judgments and other relevant information, and to make a consumer or credit report in connection therewith.

I/we understand that any false statement on this application will disqualify my application and my name will not be put on the waiting list. I further agree that if an apartment becomes available and housing assistance is offered, I will provide verification of my eligibility as prescribed by HUD and or Section 42 of the Internal Revenue Code.

Signature (Head of Household) Date

Signature (Spouse/Co-Head) Date

The Preliminary Application must be postmarked and received by management via mail.

STATEMENT OF NONDISCRIMINATION ON BASIS OF DISABILITY: The owner and managing agent of this property do not discriminate on the basis of race, color, religion, national origin, familial status, sexual orientation, gender, marital status, military and disability or handicap status in the admission or access to, or treatment or employment in, their federally assisted programs and activities. Applicants with a disability, as defined under HUD's program regulations, have the right to request reasonable accommodations where necessary to participate in the application process or make effective use of the housing program. To make such a request please contact the property's management office.