

Creekview

APARTMENTS

Dear Applicant,

Thank you for your interest in Creekview Apartments. We are now accepting applications! Creekview Apartments is an affordable housing opportunity that will serve applicants where the Head, Co-head and or Spouse is 55 or over. Creekview Apartments is a NO Smoking Community.

In order to determine your eligibility for housing, please complete the attached Preliminary Questionnaire in its entirety and return it **BY MAIL ONLY** to:

Creekview Apartments
5615 Liberty
Richmond, Illinois 60071

All questions must be answered to accurately evaluate your eligibility which may affect your placement on our waiting list.

If you have questions while completing the Questionnaire, please call Creekview Apartments at 815-862-2400 TTY 711.

Thank you again for your Interest in Creekview Apartments a Full Circle Community!

Sincerely,

Management

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.



FULLCIRCLE
management



Creekview Apartments
PRELIMINARY APPLICATION

Creekview Apartments is a housing opportunity for applicants who meet the income requirements. To be eligible for housing, applicants **MUST** have an income that does not exceed 60% of the AMI. Bedroom size and preferences are assigned based upon our Tenant Selection Plan. **Creekview Apartments is a Smoke-Free Community.** If you have any questions, need assistance completing this form, or require another form of reasonable accommodation, please call (815)862-2400 or TTY 711. 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. Should you not qualify, you are eligible to appeal as outlined in the Tenant Selection Plan.

Name: _____	Home #: () _____
Mailing Address: _____	Work #: () _____
E-mail address (optional): _____	Mobile #: () _____

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
			HEAD	

2. Select race and ethnicity for head of household:

Racial Categories (Select All That Apply)			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, alimony and child support, social security, public aid, disability income, pensions, income from assets, interest and regular money gifts.)
\$ _____
4. Have you been displaced from your housing because it was in an urban renewal area, or as a result of government action, or as a result of a major disaster as determined by the U.S. President? Yes No
5. Please list all states and counties of residence since 1996 for all applicants (use additional sheets if necessary): _____
6. Do you or someone in your household identify as disabled according to the federal definition of a disability? Yes No
If yes, Please describe the features needed, not the disability: _____
7. You acknowledge that Creekview Apartments is a Smoke Free Community? Yes No
8. 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 No



AUTHORIZATION TO CHECK CREDIT AND CRIMINAL RECORDS:

I/we understand and hereby authorize agent/owner of Creekview 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, I will provide verification of my eligibility as prescribed by the Low Income Housing Tax Credit Program as described by the IRS code 42.

Signature (Head of Household)

Signature (Spouse/Co-Head)

Date

Date

The Preliminary Application must be sent via mail

STATEMENT OF NONDISCRIMINATION ON BASIS OF DISABILITY: The owner and managing agent of this property do not discriminate on the basis of 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.