## PEARL STREET COMMONS PRELIMINARY APPLICATION

Pearl Street Commons 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 30% of the AMI. Bedroom size and preferences are assigned based upon our Tenant Selection Plan. **Pearl Street Commons is a Smoke-Free Community.** If you have any questions, need assistance completing this form, or require another form of reasonable accommodation, please call (847) 849-5313 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.

First Name:			Middle Initial Last		Last l	Name:	
Mailing Addres	s:						
City:	State:		Zip:	Phone Number:			
Secondary Phor	ne Number:			Email	:		
	ns who intend to o						
Г	Name	Sex <sub>*</sub>	Date of Birth	Relationship Household H	o to lead	SSN	Full Time Student (Y/N)
				HEAD			
* UID mandate	ed protections state	that hou	sahald man	ahara may nati	ha ragu	irad to disalosa ga	nder for HIID
	ex is an optional fi		senoid men	noers may not	be requ	ned to disclose ge	nder for 110D
2. Select race and ethnicity for head of household: Racial Categories (Select All That Apply) * Optional						Ethnic Categories (Select One)	
or A	American Indian or Alaska Native Other Pacific Islander Black or African Other American					☐ Hispanic or Latino ☐ Not-Hispanic or Not-Latino	
all persons	e the total gross <b>ar</b> 18 years of age ar nsions, income fro	nd older, a	limony and	l child support,	social	security, public aid	

<u>අ</u> ද

For Office Use Date Rec'd: Time Rec'd:

4.	Do you know Pearl Street Commons is a Smoke-Free Community?
5.	Do you or someone in your household identify as disabled according to the federal definition of a disability?    Yes No
6.	If yes, would any member of your family benefit from the features of an accessible unit?   Yes  Please describe the features needed, not the disability:
7.	Are you a veteran who served on active duty in the armed forces of the United States?   Yes  No
8.	Please identify the name of the agency or program that may have referred you:
9.	Please list all states and counties of residence since 1996 for all applicants 18 years of age or older (use additional sheets if necessary):
I/we age resp	THORIZATION TO CHECK CREDIT AND CRIMINAL RECORDS:  e understand and hereby authorize agent/owner of Brainerd Park Apartments and any consumer or credit reporting ncy or bureau employed by it to investigate my (our) character, general reputation, mode of living, credit and financial consibility and the statements made in the Preliminary Application, to inquire into and check for criminal records, civil gments and other relevant information, and to make a consumer or credit report in connection therewith.
the	e understand that any false statement on this application will disqualify my application and my name will not be put on waiting list. I further agree that if an apartment becomes available and housing assistance is offered, I will provide ification of my eligibility as prescribed by HUD and or Section 42 of the Internal Revenue Code.
Sign	nature (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.

For Office Use Date Rec'd: Time Rec'd:

