

Rental Application

Tax Credit and HOME Part I

To be completed by office staff:
 Date Application Rec'd _____
 Time Application Rec'd _____
 Signature of Staff member receiving application _____

Anticipated Move-In Date _____
 Unit Type/Size _____
 Anticipated Unit # _____
 Unit Rent _____
 Leasing Agent _____

Please print or type:

Full Name: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Household Composition & Characteristics

Member's Name	Relationship to Head	Date of Birth	Age	Social Security Number	Sex	Marital Status
	Head of Household Co-head/Spouse Dependent Other adult Live-in Aide Unborn Child None of the Above				Male Female Prefer not to disclose	
	Head of Household Co-head/Spouse Dependent Other adult Live-in Aide Unborn Child None of the Above				Male Female Prefer not to disclose	
	Head of Household Co-head/Spouse Dependent Other adult Live-in Aide Unborn Child None of the Above				Male Female Prefer not to disclose	
	Head of Household Co-head/Spouse Dependent Other adult Live-in Aide Unborn Child None of the Above				Male Female Prefer not to disclose	

Additional Pages for households exceeding three members available upon request.



Household Composition & Characteristics – Continued

There is no penalty for persons who do not complete the following Race and Ethnicity Questions. Race and Ethnicity Questions are for statistical purposes only.

Member's Name	Citizen-ship Status	Full-Time Student	Part-Time Student	Race (check all that apply)	Ethnicity (check one)
	United States Citizen Eligible Non-Citizen Ineligible Non-Citizen	Yes No	Yes No	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other Decline to Report	Hispanic or Latino Non-Hispanic or Latino Decline to Report
	United States Citizen Eligible Non-Citizen Ineligible Non-Citizen	Yes No	Yes No	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other Decline to Report	Hispanic or Latino Non-Hispanic or Latino Decline to Report
	United States Citizen Eligible Non-Citizen Ineligible Non-Citizen	Yes No	Yes No	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other Decline to Report	Hispanic or Latino Non-Hispanic or Latino Decline to Report

Additional Pages for households exceeding three members available upon request.

Residential History: Please provide history for at least the past three years.

Do you currently: Rent _____ Own _____ Other (explain) _____

Head of Household:

1) Present Landlord/Property Name if Renting: _____
 Contact Name (if known): _____ Contact/Landlord Number: _____
 Present address: _____ Apt. # _____
 City, State, Zip: _____
 Rent/Pmt Amt: \$ _____ per month. Dates Occupied/From _____ To: _____
 Reason for Leaving: _____



Do you currently have any outstanding overdue balances owed to this landlord? **Yes No**

Have you given this landlord notice that you will be moving? **Yes No**

Were you ever asked to allow or participate in extermination of pest other than regularly scheduled pest control? (Includes roaches, bed bugs, rodents, ect.)? **Yes No**

If yes, please explain: _____

2) Previous Landlord/Property Name if Renting: _____

Contact Name (if known): _____ Contact/Landlord Number: _____

Previous address: _____ Apt. # _____

City, State, Zip: _____

Rent/Pmt Amt: \$ _____ per month. Dates Occupied/From: _____ To: _____

Reason for Leaving: _____

Co-Applicant:

Is your current landlord the same as Head of Household? **Yes No**

(If yes, continue to the previous landlord information. If no, complete the information below.)

Present Landlord/Property Name if Renting: _____

Contact Name (if known): _____ Contact/Landlord Number: _____

Present address: _____ Apt. # _____

City, State, Zip: _____

Rent/Pmt Amt: \$ _____ per month Dates Occupied/From _____ To: _____

Reason for Leaving: _____

Do you currently have any outstanding overdue balances owed to this landlord? **Yes No**

Have you given this landlord notice that you will be moving? **Yes No**

Were you ever asked to allow or participate in extermination of pest other than regularly scheduled pest control? (Includes roaches, bed bugs, rodents, ect.)? **Yes No**

If yes, please explain: _____

2) Previous Landlord/Property Name if Renting: _____

Contact Name (if known): _____ Contact/Landlord Number: _____

Previous address: _____ Apt. # _____

City, State, Zip: _____

Rent/Pmt Amt: \$ _____ per month. Dates Occupied/From: _____ To: _____

Reason for Leaving: _____

General Questionnaire

1. Does anyone live with you now, or plan to live with you in the future, who is not listed in application's Household Composition & Characteristics? **Yes No**

If yes, please explain _____

2. Are you or any member(s) of your household enlisted in the U.S. military or are a veteran of the U.S. Military? **Yes No**

If yes, please list household member(s) _____



3. Does anyone living with you not have a Social Security Number? **Yes No**
 If yes, please list household member(s) _____
 Is this household member exempt because:
 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10
 Ineligible noncitizen
 A child under the age of 6 years and added to the household within the 6 month period prior to household's date of admission (Household will have 90-days after the date of admission to disclose and provide verification of SSN)
4. Have you ever filed bankruptcy?: **Yes No** If yes, when _____
5. Have you or any member(s) of your household ever been evicted from a rental property? **Yes No**
 If yes, Property/Landlord Name: _____ City/State: _____
6. Are you or any member(s) of your household currently receiving assistance/S8 from HUD? **Yes No**
 If yes complete, Property/Landlord Name: _____ City/State: _____
 Please check type of assistance: Project Section 8 _____ Section 8 County Voucher _____
 Other _____ please explain _____
7. If you or any member(s) of your household have ever or do receive assistance/S8 from HUD, has it ever been terminated for fraud, non-payment of rent or failure to certify? **Yes No**
 If yes, please explain: _____
8. If you or any member(s) of your household have ever or do now receive assistance/S8 from HUD, have you been asked to sign a repayment agreement to return money to HUD? **Yes No**
 If yes, please explain: _____
9. Are you or any member(s) of your household a victim of a recent presidentially declared disaster?
Yes No If yes, please explain: _____
10. Have you ever been convicted of a criminal offense or are you currently on probation? **Yes No**
 If yes, Offense: _____ City/State: _____
11. Have you or any member(s) of your household been evicted in the last three years from federally assisted housing for drug-related criminal activity? **Yes No**
 If yes, Property/Landlord Name: _____
 City/State: _____
12. Are you or any member(s) of your household currently using an illegal substance or drug? **Yes No**
13. Do you abuse alcohol to the extent that you are a danger to others health, safety or right to peaceful enjoyment? **Yes No**
 If yes please explain: _____
14. Are you or any member(s) of your household currently using marijuana for recreational or medical purposes? **Yes No**
15. Are you or any member(s) of your household subject to the State Lifetime Sexual Offenders Registration or any other sex offender registry? **Yes No**



If yes, list the State where the offence occurred: _____

16. Will the apartment for which you are applying be the family's only residence? **Yes No**

17. Do you or any member(s) of your household need an accessible unit? **Yes No**

18. Please identify any special housing needs your household has: _____

19. How did you hear about our apartment community? _____

20. List all states that you and/or your household member(s) have lived in: _____

21. Do you have any pets that will be living in the household? **Yes No** If Yes, what type: _____

22. Do you know this is a Smoke Free Community? **Yes No**

23. Would you like to participate in the Medical Alert Program? **Yes** **No**
If you decline, you may opt in at any time during your tenancy.

22. Are you or any member(s) of your household Fleeing / Attempting to Flee Domestic Violence or an Imminent Threat (including Violence Against Women's Act Emergency Transfer) **Yes** **No**

List the closest relative not living with you who we may contact in case of an emergency:

Name: _____ Relationship: _____

Phone #: _____

Please list Driver's License Number for all household members 18 yrs or older:

Name: _____ State: _____ DL#/ST ID # _____

Name: _____ State: _____ DL#/ST ID # _____

Eligibility:

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

1. I have a family member who is absent from the home due to:

	Yes	No
Employment	<input type="checkbox"/>	<input type="checkbox"/>
Military service	<input type="checkbox"/>	<input type="checkbox"/>
Placement in foster care	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily in nursing home or hospital	<input type="checkbox"/>	<input type="checkbox"/>
Permanently confined to nursing home	<input type="checkbox"/>	<input type="checkbox"/>
Away at school	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>



2. I have a live-in attendant: Yes No
 Live-in attendants will be subject to the criminal/sex offender screening outlined in the Tenant Selection Plan.

3. Expected changes in household: Yes No

Baby due on _____	<input type="checkbox"/>	<input type="checkbox"/>
Adopting a child(ren) on _____	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining custody of a child(ren) on _____	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining joint custody of a child(ren) on _____	<input type="checkbox"/>	<input type="checkbox"/>
Receiving a foster child(ren) on _____	<input type="checkbox"/>	<input type="checkbox"/>

4. Are any members of the household enrolled as a student at an institution of higher education as defines under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002) Yes No
If yes, complete Student Certification and answer the following questions:

Are you a student enrolled in an institution of higher learning? Yes No
 If "Yes", are you over the age of 23 and have dependent children? Yes No

The Housing Credit Program defines a full-time student as an individual who attends school for 5 months-consecutive or not- out of the 12 month current January to December taxpayer year; meets the definition of full-time as described by the school in which she/he is attending; and is in elementary school or higher.

Are you a Full-Time student? Yes No

If you answered "Yes" to being a Full-Time student, please answer the following:

- Yes No** Are you a Full-Time student who is married and files a joint tax return?
- Yes No** Are you a single parent with children, neither of who are dependant of another individual?
- Yes No** Are you a student currently enrolled in a job-training program under the Job Training Partnership Act or another similar federal, state or local program?
- Yes No** Are you currently receiving Title IV of the Social Security Act – AFDC – TANF?
- Yes No** Were you previously under the care and placement responsibility of the local county children services agency (i.e. foster care)

Are you enrolled in any online educational training courses? Yes No

5. Are any dependent(s) in your household jointly shared by more than one family: Yes No

If yes, does the dependent(s) live in your unit 50% or more of the time Yes No

Name(s) of jointly shared dependent(s): _____



FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

I/We certify that all information contained in this application is true, correct and complete.

_____	_____	_____	_____
Head of Household	Date	Co-head of Household	Date
_____	_____	_____	_____
Co-head of Household	Date	Co-head of Household	Date

This project does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program; take advantage of a service; live in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. Requests for Reasonable Accommodations should be brought to the attention of management.

If you are disabled or having difficulty understanding English, please request our assistance and we ensure that you are provided with meaningful access based on your individual needs.

Full Circle Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988)

Name: Corina Pitsenbarger
 310 S. Peoria Suite 500
 Chicago, IL 60607
 Telephone – Voice: (847) 849-5301
 Telephone – TTY: 711 National Voice Relay

I would like to request a complete copy of management's tenant selection criteria. Yes No
 If yes, which option do you prefer? Paper Copy Electronic Copy

