



BRAINERD PARK APARTMENTS

Dear Applicant,

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

Brainerd Park Apartments
8920 S. Loomis
Chicago, Illinois 60620

If a question does not apply to your situation, please answer N/A, 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 on how to complete this questionnaire you may contact Karen Scott at 312-535-3157.

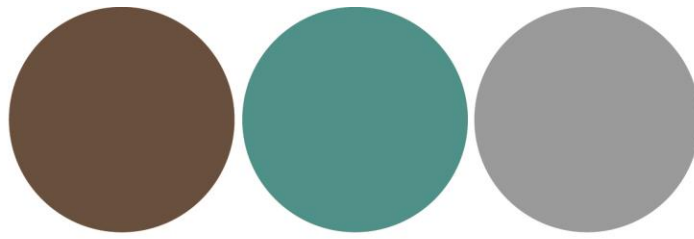
Thank you again for your Interest in Brainerd Park Apartments!

Sincerely,

Full Circle Management

In every family unit and every rooming unit, every room occupied for sleeping purposes by one occupant shall contain at least 70 square feet of floor area, or if of original configuration need only comply with the regulations in effect at the time of its construction. Every room occupied for sleeping purposes by more than one occupant shall contain at least 50 square feet of floor area for each occupant 12 years of age and over and at least 35 square feet of floor area for each occupant under 12 years of age. For the purpose of this section a person under two years of age shall not be counted as an occupant. 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.





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BRAINERD PARK APARTMENTS PRELIMINARY APPLICATION

Brainerd Park 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. **Brainerd Park 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 (847) 849-5301 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 and seek the assistance from **CCHC** for your appeals process as outlined in the Tenant Selection Plan.

First Name: _____ Middle Initial _____ Last Name: _____

Mailing Address: _____

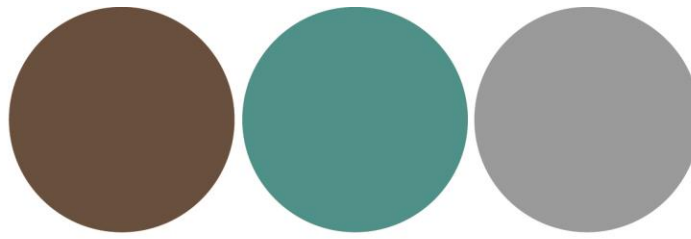
City: _____ State: _____ Zip: _____ Phone
Number: _____

Secondary 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		





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* 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 know Brainerd Park Apartments is a Smoke-Free Community? Yes No

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

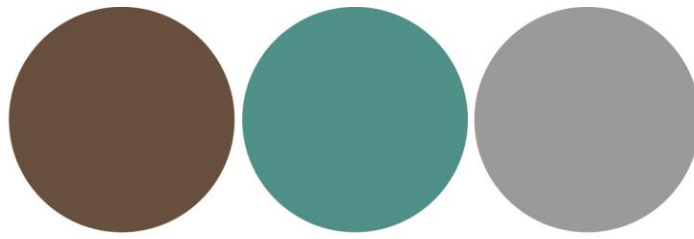
6. If yes, would any member of your family benefit from the features of an accessible unit? Yes No

Please describe the features needed, not the disability: _____

7. Are you Homeless as defined by HUD's definition of homeless as provided in HUD regulations at 24 CFR Part 578? Listed below. Yes No

- Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation (incl. a car, park, abandoned building, bus/train station, airport)
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements
- Imminent Risk of Homelessness: Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of the application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.
- Fleeing / Attempting to Flee Domestic Violence





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8. Please identify the name of the agency 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): _____

AUTHORIZATION TO CHECK CREDIT AND CRIMINAL RECORDS:

I/we understand and hereby authorize agent/owner of Brainerd Park 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

Date

Signature (Spouse/Co-Head)

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.



FULL CIRCLE
management

