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 (815) 242-1801 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		st Name:		
Mailing Address:_							
City:	Sta	ate:	Zip:	Pho	one Number:		
Secondary Phone	Number:			Email:			
1.List all persons v	who intend to		unit for wh	ich you are applyin	ıg:		
Naı	me	Sex _*	Date of Birth	Relationship to Household Head	SSN	Full Time Student (Y/N)	
				HEAD			
* HUD mandated Programs. Sex i			sehold men	nbers may not be re	quired to disclose g	ender for HUD	
2. Select race and ethnicity for head of household: Racial Categories (Select All That Apply) * Optional					Ethnic Categor	Ethnic Categories (Select One)	
_	American Indian or Alaska Native Other Pacific Islander Black or African Other American					Not-Hispanic or Not-	
all persons 18	years of age a	and older, a	limony and		includes income fro al security, public a	* *	

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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 rest	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.

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