

Dear Applicant,

Thank you for your interest in Fifteenth Street Apartments. Full Circle Management makes every effort to ensure we provide you with exceptional service through our Management and Maintenance team. 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:

Fifteenth Street Apartments 310 S. Peoria Suite 500 Chicago, Illinois 60607

If a question does not apply to your situation, please answer N/A, so that we know you didn't overlook it. Please note you must list the total of all income to be considered. 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 Full Circle Management at 847-849-5300.

Thank you again for your Interest in Fifteenth Street 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.







FIFTEENTH STREET APARTMENTS PRELIMINARY APPLICATION

Fifteenth Street 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. Fifteenth Street Apartments will also offer Market Rate Apartments. **Fifteenth Street 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.

First Name:		Middle Initial		_ast Name:				
Mai	ling Address:							
City	ty:State:		Zip:	Zip:Phone Number:				
Secondary Phone Number:			Email:					
1 <u>.Lis</u>	st all persons who intend to oc			nich you are applying				
	Name	Sex*	Date of Birth	Relationship to Household Head	SSN	Full Time Student (Y/N)		
Г				HEAD				
	JD mandated protections state		usehold me	embers may not be re	equired to disclose	gender for HUD		
PI	ograms. Sex is an optional fiel	u.						
2. Select race and ethnicity for head of household:					1			
	Racial Categories (Select All That App			_	Ethnic Categorie	-		
	American Indian or Alaska Native		e Hawaiian r Pacific Isla	<u> </u>	Hispanic o	r Latino		
	Asian Black or African Other Not-Hispanic or Not-				nic or Not-			
		Amer	rican	<u>—</u>	Latino			
3.	3. Please state the total gross annual (yearly) 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 Fifteenth Street Apartments is a Smoke-Free Community? Yes No							
5.	Do you or someone in your hodisability?	ousehold Io	l identify as	disabled according to	o the federal defini	tion of a		

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

6.	f yes, would any member of your family benefit from the features of an accessible unit? <code></code> Yes <code></code> Please describe the features needed, not the disability:] No
7.	re you a Veteran? Yes No	
	Please identify the name of the agency that may have referred	
9.	Please list all states and counties of residence since 1996 for all applicants 18 years of age or older idditional sheets if necessary):	(use
I/we age	ORIZATION TO CHECK CREDIT AND CRIMINAL RECORDS: understand and hereby authorize agent/owner of Fifteenth Street Apartments and any consumer or credit report or bureau employed by it to investigate my (our) character, general reputation, mode of living, credit and final resibility and the statements made in the Preliminary Application, to inquire into and check for criminal records tents and other relevant information, and to make a consumer or credit report in connection therewith.	ancia
on t	understand that any false statement on this application will disqualify my application and my name will not be waiting list. I further agree that if an apartment becomes available and housing assistance is offered, I will pro ation of my eligibility as prescribed by HUD and or Section 42 of the Internal Revenue Code.	e pu ovide
Sign	ure (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:

