

Dear Applicant,

Thank you for your interest in Apartments at Lawrence & Austin. We are now accepting applications! Apartments at Lawrence & Austin is an affordable housing opportunity with one, two, and three-bedroom units. Apartments at Lawrence & Austin is a **NO Smoking Community**.

In order to determine your eligibility for housing, please complete the attached Preliminary Questionnaire in its entirety and return it **BY MAIL ONLY** to:

Apartments at Lawrence & Austin 310 S. Peoria Suite 500 Chicago, IL. 60607

All questions must be answered to accurately evaluate your eligibility which may affect your placement on our waiting list. You must list your total income for the household.

If you have questions while completing the questionnaire, please call Full Circle Communities at 312-530-9600.

Thank you again for your Interest in Apartments at Lawrence & Austin a Full Circle Community!

Sincerely,

Management

The property's general occupancy standard is as follows: No more than two people and no less than one person will be permitted to occupy a bedroom. 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.





OFFICE USE ONLY: Received Date:	Time:	Staff member's initials:
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Full Circle Management provides various housing opportunities for applicants who meet the income and other eligibility requirements. Income limits may apply. Bedroom size and preferences are assigned based upon each property's Tenant Selection Plan. Currently, with the exception of Villagebrook Apartments and Autumn Ridge Apartments, all of our properties are a 'Smoke-Free Community'.

The Preliminary A	Application	must be	returned by	y mail to:
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Property Name:	Apartments at Lawrence & Austin
Street Address:	310 S. Peoria Suite 500
City, State & ZIP	Chicago, IL. 60607

If you have any questions, need assistance completing this form, or require another form of reasonable accommodation, please call **312-530-9600**. 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.

	<u> </u>			
Full Name of Head of Household:				
Street Address:		City,	State, ZIP	
Home Phone:	Cell Phone:		Work Phor	ne:
Email Address:				

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		
			HEAD			

^{*}Sex is an optional field. HUD mandated protections state that household members may not be required to disclose gender for HUD Programs.

2. Select Race and Ethnicity for Head of Household:					
Racial Categories (Selec	ct all that apply)		Ethnic Categories (Select One)		
☐ American Indian or	□ Native Hawaiian or	□ White	☐ Hispanic or Latino		
Alaska Native	Other Pacific Islander				
□ Asian □ Black or African American		□ Other	□ Not-Hispanic or Not-Latino		
□ Prefer not to disclose			☐ Prefer not to disclose		



3. Please state the total gross annual income of your household. (This includes income from employment, alimony and child support, social security, public aid, disability income, pensions, income from assets, interest and regular money gifts.)						\$	
4. D	o you currently have a	voucher for rental assistance	e?		□ Yes	□No	
If Yes, enter the name of the agency providing the assistance:							
	5. Please list all states and counties of residence since 1996 for all applicants (use additional sheets if necessary):						
		y for any of the following pref not apply to every property manage					
Yes		eing / Attempting to Flee dome as VAWA crimes (including Viole		-		or stalking,	
Yes	Displaced, either from a major disaster	an urban renewal area, or as a	result c	f government action or a	Presidentially de	clared	
Yes	Persons who are Home	less					
Yes	Persons who are Vetera	ans					
Yes	Persons who are Disabl If Yes, please describe	ed – the unit features needed, not th	ne disal	pility:			
Yes	Persons who have a ne	ed for an Accessible Unit					
Yes	A single person who is	Elderly, Disabled or Homeless					
(Not	7. Do you and all household members know this is a Smoke Free Community? (Not applicable to Villagebrook Apartments or Autumn Ridge Apartments at this time.) 8. Please identify how you heard about this apartment community and/or the name of the agency that may have						
	rred you:	, , , ,					
list. I f	urther agree that if an apar	atement on this application will disq tment becomes available, I will pro tc.) for which I am applying.					
Nam	e of Head of Household:		Nam	e of Spouse/Co-Head:			
Signa	ature	Date	Signat	ure		Date	
STATEMENT OF NONDISCRIMINATION ON BASIS OF DISABILITY: The owner and managing agent of this property do not discriminate on the basis of 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. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the							
∪epari (Name: Corina Pitsenbarger Address: 310 S. Peoria St., Suite 500 City/State/ZIP: Chicago, IL 60607						



TRS 711

Telephone - Voice 312-530-9601