



PRELIMINARY APPLICATION

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 Application must be returned by **mail** to:

Property Name:	
Street Address:	
City, State & ZIP	

All sections must be completed, otherwise the application will be rejected. If you have any questions, need assistance completing this form, or require another form of reasonable accommodation, please call **630-593-2855**. 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.

Full Name of Head of Household:					
Street Address:				City, State, ZIP	
Home Phone:		Cell Phone:		Work Phone:	
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 for Head of Household: (Select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to disclose

3. Select Ethnicity for Head of Household: (Select One)		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not-Hispanic or Not-Latino	<input type="checkbox"/> Prefer not to disclose

4. 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.)	\$



5. Do you currently have a voucher for rental assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, enter the name of the agency providing the assistance:		

6. Please list all states and counties of residence since 1996 for all applicants (use additional sheets if necessary):
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7. Circle "Yes" if you qualify for any of the following preferences? (the Preferences listed below may not apply to every property managed by Full Circle Management)	
Yes	Imminent Threat or Fleeing / Attempting to Flee domestic violence, dating violence, sexual assault and/or stalking, collectively referred to as VAWA crimes (including Violence Against Women's Act Emergency Transfer)
Yes	Displaced, either from an urban renewal area, or as a result of government action or a Presidentially declared major disaster
Yes	Persons who are Homeless
Yes	Persons who are Veterans
Yes	Persons who are Disabled – If Yes, please describe the unit features needed, not the disability: _____
Yes	Persons who have a need for an Accessible Unit
Yes	A single person who is Elderly, Disabled or Homeless

8. 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. Please identify how you heard about this apartment community and/or the name of the agency that may have referred you:
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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/we understand that all sections of the application must be completed. If they are not completed, the application will be rejected. I further agree that if an apartment becomes available, I will provide verification of my eligibility as required by the appropriate program (LIHTC, HUD, HOME, etc.) for which I am applying.

Name of Head of Household:		Name of Spouse/Co-Head:	
Signature	Date	Signature	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 Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Corina Pitsenbarger
 Address: 310 S. Peoria St., Suite 500
 City/State/ZIP: Chicago, IL 60607
 Telephone – Voice 312-530-9601 TRS 711

