



Dear Applicant,

Thank you for your interest in Autumn Ridge Apartments. We are now accepting applications! Autumn Ridge Apartments is an affordable housing opportunity with one and two bedroom units.

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

Autumn Ridge Apartments
326 President St.
Carol Stream, IL 60188

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 Autumn Ridge Apartments at 630-653-9393.

Thank you again for your Interest in Autumn Ridge Apartments 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.





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:	Autumn Ridge Apartments
Street Address:	326 President St.
City, State & ZIP	Carol Stream, IL 60188

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 **630-653-9393**. 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
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If Yes, enter the name of the agency providing the assistance:	
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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



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.