



APPLICATION INSTRUCTIONS

Our building will be leasing up quickly so it is important that you return your application as soon as possible. Applicant names are placed on the waitlist in exact order of the date that the completed application was received by our office. Please answer all questions completely and please make sure to completely fill out all pages attached. Any application received that is incomplete will have to be returned to the applicant and cannot be put on the waitlist until the completed application is returned. For an application to be considered complete it must include copies of the paperwork listed below as well.

Processing of applications can take several weeks and we do not anticipate the apartments to be rent ready for occupancy until February or March of 2018. By regulation our paperwork can be up to 120 days old for processing of applications which is why we are beginning the eligibility process now.

Important paperwork to submit to our office along with your completed application:

- If you receive social security or SSI payments please provide a copy of your 2018 social security benefit letter. You should receive this letter in the mail sometime in December 2017.
- Please provide a copy of state driver's license or state photo ID for all adult members of the household.
- Please provide a copy of social security cards for all adult members of the household.
- We must have the original copy of applications and signatures.

Please return your completed application to:

Anthony Place Senior Living
Attn: Mary Kay Doran
1123 Bloomingdale Rd
Glendale Heights, IL 60139

Thank you for your interest in our property!!



"This institution is an equal opportunity provider and employer."





Housing Credit Program Applicant Questionnaire

Return Application to: Anthony Place Senior Apartments
Attn: Mary Kay Doran
1123 Bloomingdale Rd
Glendale Heights, IL 60139

Leave no question blank, if it does not apply, you must indicate by N/A or ----- on the line. If any items are left blank or the application is not signed by all adult household members, that application will have to be returned to you. Note that there are eight (8) pages to complete in this application. In addition, every household member must complete, sign and date a general authorization for release of information form.

HOUSEHOLD INFORMATION

List all household members that are applying to live in this apartment.

Name First, Middle initial, Last	Relationship to Head of Household	M/F	Social Security Number	Birth date Month/Day/Year

Current Address: _____

Daytime Phone: _____ Evening Phone: _____

YES NO

1. Do you expect any additions to the household within the next twelve months?
Name and Relationship: _____
Explanation: _____

2. Is there anyone living with you now who won't be living with you at this property?
Name and Relationship: _____
Explanation: _____

3. Do you have full custody of your child(ren):
Explanation: _____

4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)
Explanation: _____

5. Does your household have or anticipate having any animals other than those used as service animals:
Explanation: _____

6. Have you or anyone else named on this application filed for bankruptcy?
Explanation: _____

YES NO

7. Have you or anyone named on this application been convicted of a felony?

Explanation: _____

8. Have you or anyone else named on this application been convicted of dealing, use of or manufacturing illegal drugs?

Explanation: _____

RENTAL HISTORY

9. Have you or anyone else named on this application been convicted of property damage?

Explanation: _____

10. Have you or anyone else named on this application been evicted from a rental unit of any type? (Including an apartment, home, mobile home or trailer.)

Explanation: _____

HOUSING REFERENCES

List the past **THREE** years of housing references starting with the most recent. (If additional space is required, use the back of this page.)

	<u>Landlord's Name & Address</u>	<u>Your Address</u>	<u>Own/Rent</u> (Circle one)	<u>Dates</u>
Name:	_____	_____	Own	From:
Address:	_____	_____		_____
Phone:	() _____	() _____	Rent	To:

Name:	_____	_____	Own	From:
Address:	_____	_____		_____
Phone:	() _____	() _____	Rent	To:

Name:	_____	_____	Own	From:
Address:	_____	_____		_____
Phone:	() _____	() _____	Rent	To:

PROFESSIONAL REFERENCES

List a professional reference other than a relative or friend. (Example: business, educational, medical, clergy)

Name: _____

Address: _____

Phone: () _____ Relationship: _____ Years Known: _____

VEHICLE IDENTIFICATION

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

EMERGENCY CONTACT

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

INCOME INFORMATION

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

- YES NO
11. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)

<u>Household Member</u>	<u>Name of Company/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

12. Self-employment? (Include overtime, tips bonuses, commissions and payments received in cash.) Attach copy of Federal Income Tax return and Schedule C for the past 2 years.

<u>Household Member</u>	<u>Type of Business/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

13. Regular pay as a member of the Armed Forces?

<u>Household Member</u>	<u>Base Name & Branch/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

14. Unemployment benefits or workman's compensation?

<u>Household Member</u>	<u>Type of Business/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

YES NO

15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

Household Member Contact Person/Address/Phone per month

16. (a) Child Support or Alimony? (We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)

Household Member Payer/Address/Phone per month

(b) How is the support received? (Check all that apply)
Child Support Enforcement Agency Name of Agency: _____
Court of Law Name of Court: _____
Directly from Individual Name of Person: _____
Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? (if yes, obtain court papers) Explanation: _____

17. Social Security, SSI or any other payments from the Social Security Administration? Attach monthly benefit letter.

Household Member SS Office/Address per month

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Source of Benefit/Address/Phone per month

19. Regular payments from a severance package?

Household Member Source of Benefit/Address/Phone per month

20. Regular Payments from any type of settlement? (for example, insurance settlements)

Household Member Source of Benefit/Address/Phone per month

21. Regular gifts or payments from anyone outside the household? (This includes anyone supplementing your income or paying any of your bills.) Attach a letter from that person stating what their monthly contribution to you is.

Household Member Source of Benefit/Address/Phone per month

YES NO

22. Educational grants, scholarships, or other student benefits?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

23. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

24. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

25. Do you or any other household members expect any changes to your income in the next 12 months? Explanation: _____

ASSET INFORMATION

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS. Do you or anyone in your household have any of the following accounts? (The listed types of accounts are considered assets.)

YES NO

26. Checking or savings account?

<u>Household Member</u>	<u>Name of Bank/Phone</u>	<u>Current Amount in Account</u>	<u>Interest Rate %</u>
_____	_____	_____	_____
_____	_____	_____	_____

27. CD's, money market accounts or treasury bills?

<u>Household Member</u>	<u>Name of Bank/Phone</u>	<u>Current Amount in Account</u>	<u>Interest Rate %</u>
_____	_____	_____	_____
_____	_____	_____	_____

28. Stocks, bonds, securities, 401(k) or Whole Life Insurance?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

29. Trust Funds?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

YES NO

30. Pensions, IRAs, Keogh or other retirement accounts?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

31. Cash on hand over \$500? (money not listed in any of the above categories)

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

32. Real Estate: (For all categories that apply to you attach current statement from the County Tax Assessors office which shows the fair market value. Also attach current statement from your mortgage company showing the balance you owe on the property, or showing it is paid off.) If you have sold your property within the last two years, enclose a copy of the bill of sale. Indicate which categories apply to you:

Real estate you are living in _____, Rental Property _____,
 monthly rent you receive \$ _____, Property sold within 2 years _____,
 Land Contracts _____, contract for deeds _____, other _____

33. Personal property held as an investment?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

34. A safe deposit box?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

<u>Household Member</u>	<u>Amount</u>	<u>Explanation</u>
_____	_____	_____
_____	_____	_____

APPLICANT STATUS

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

36. Are you or any other ADULT household members claiming zero income?

<u>Household Member</u>	<u>Explanation</u>
_____	_____
_____	_____

YES NO

37. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be in the next 12 months? Household member(s): _____

38. Will you or any ADULT household member require a live-in care attendant to live independently?
Name of Attendant: _____
Relationship (if any): _____

39. Will your household be receiving section 8 rental assistance at time of move-in?
Name of Agency: _____
Contact Person: _____
Do you currently have a Section 8 Voucher? _____ With what county? _____

40. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
Expected Date: _____
Name of Agency: _____
Contact Person: _____

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I authorize my consent to have management verify the information contained to this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and Housing Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

FAMILY HOUSEHOLD COMPOSITION:

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant/applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex on the individual applicant on the basis of visual observation or surname."

Race

_____ White
_____ Asian
_____ Black or African American
_____ American Indian/Alaskan Native
_____ Native Hawaiian or Other Pacific Island
_____ Other

Ethnicity

_____ Hispanic or Latino
_____ Not Hispanic or Latino

Marital Status

_____ Married
_____ Separated
_____ Unmarried

Sex

_____ Male
_____ Female

PROGRAM INFORMATION

Would anyone in your household benefit from a wheelchair or other handicapped accessible unit?

_____ Yes _____ No If yes, would you like to request an adapted unit? _____ Yes _____ No

Do you need accommodation(s) to live in the unit that you are applying for?

_____ Yes _____ No If yes, please describe the type of accommodation(s) needed.

How did you hear about our housing? _____

Briefly describe your reason(s) for applying for our apartments: _____

What is your preferred moving date? _____

Do you currently _____ own _____ rent If rental, amount of current rent \$ _____

Check utilities paid by you _____ Heat _____ Electric _____ Gas _____ Other

Approximate monthly cost of utilities paid by you (exclude phone & cable) \$ _____

Check which bedroom size you want: _____ One Bedroom or _____ Two Bedroom



EFFECTIVE DATE: _____

DECLARATION OF STUDENT STATUS

Please check A or B

_____ A. I am **not** currently a full-time student and **do not** anticipate being a full-time student in the next twelve months.

_____ B. I am currently a full-time student or anticipate becoming a full-time student in the next twelve months. My household qualifies to live in the apartments due to the following status:

Approved Qualification: Check one)

_____ I am a single parent with children who are students and the household receives TANF (AFDC) payments.

_____ I am enrolled in certain federal, state or local job training program(s) that are considered lower-income.

_____ I am a single parent and neither the residents nor my children are dependent on a third party.

(Send copy of most recent income tax return)

_____ At least one adult who is not a full-time student will be residing in the unit.

_____ I am a full-time student who is married and file joint tax return.

(Send copy of most recent income tax return)

I further understand that my household cannot consist of all full-time students unless the household meets at least one of the above exception rules which must be verified in writing by a third party, and I agree to report any change in the student status of any household member to management immediately.

Under penalty of perjury, I _____ certify that the information provided herein is true, accurate and complete to the best of my knowledge.

I further understand that should any of the information provided herein prove to be false, incomplete or inaccurate, it would be considered a serious violation of my lease agreement and grounds for immediate eviction.

Signature of Resident/Applicant

Date

Management

Date

General Authorization for Release of Information



CONSENT I authorize & direct any Federal, State or local agency, organization, business or individual to release to & verify my application for participation, and/or to maintain my continued assistance under the section 8, Rental Rehabilitation, Low-Income Public & Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development in administering and enforcing programs, rules and policies. I also consent to release information from my file about my rental history and any violations of my lease or occupancy policies. I also consent to release information from my file about my rental history to credit bureaus, collection agencies or future landlords, including my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity & Marital Status	Employment, Income & Assets
Medical or Child Care Allowances	Credit & Criminal Activity
Residences & Rental Activity	

GROUP OR INDIVIDUAL THAT MAY BE ASKED The groups or individuals that may be asked to release information (depending on program requirements) include but are not limited to:

Previous Landlords (Including Public Housing Agencies)	Past & Present Employers
Courts & Post Offices	Welfare Agencies
Schools & Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Medical & Child Care Providers	Support & Alimony Providers
Retirement Systems	Veterans Administration
Utility Companies	Banks & Other Financial Credit
Providers & Credit Bureaus	Intuitions: Excludes
	authorization to charge for VOD's

CONDITIONS I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

Tenant/Applicant's Signature

Co-Tenant/Co-Applicant's Signature

Address

City

State

Zip

Print Tenant/Applicant's Name

Date

Print Tenant/Applicant's Name

Date

Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "request a copy of tax form" must be prepared and signed separately.