

RENTAL APPLICATION

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PROPERTY: BRENTWOOD MANOR or PRAIRIELAND APARTMENTS
301 HUSTON ST. #45 301 HUSTON ST. #45
GALESBURG, IL 61401 GALESBURG, IL 61401

PROPERTY ORIENTATION INFORMATION

Purpose: The management of the above property is committed to providing a decent apartment home to those families who apply and are selected for occupancy at our housing community. In an effort to minimize confusion or misunderstanding, we feel it is in the best interest of everyone to explain in simple terms our expectations of our residents.

BASIC RESPONSIBILITIES FOR LIVING IN OUR APARTMENT COMMUNITY

- 1) You must pay rent on time
- 2) You must not damage our property
- 3) You must keep tenant paid utilities in service at all times
- 4) You must not disturb neighbors
- 5) You must keep your unit in decent, safe and sanitary condition at all times
- 6) You must report needed repairs to us immediately
- 7) You must promptly report &/or supply information requested regarding program compliance for the site
- 8) You must NOT permit any person to live in the unit who has not been approved by the Management

Your signature on this page acknowledges you are aware of the basic responsibilities cited above and that if you are selected for housing you will be willing to accept these responsibilities.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Telephone #: _____ Work #: _____

For Office Use Only:

Date given/sent to applicant: _____ Crck/Crmck _____

Date returned to office: _____ Time: _____ LL _____ LL _____



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Applicant Family Summary Sheet**THE ONLY PEOPLE TO OCCUPY THE APARTMENT ARE:**

*if you are anticipating a child, please indicate and include expected date

Member No.	Last Name of Family Member	First Name	Middle Initial	Relationship to Head of Household (i.e. head, spouse, etc)	Sex	Date of Birth	Social Security Number MUST Include for ALL household members If not included, application will be deemed incomplete and will not be processed.
1				HEAD			
2							
3							
4							
5							
6							
							(Also - actual verification of Social Security Numbers for ALL family members will be required <i>prior</i> to move-in)

ARE ALL YOUR HOUSEHOLD MEMBERS CITIZENS OR NATIONALS OF THE UNITED STATES? YES_____ or NO_____

IS ANYONE 18 years or older A FULL-TIME STUDENT?

LIST BY NAME:_____

IS ANYONE A PART-TIME STUDENT? LIST BY NAME:_____

Last Name

PRESENT & PAST HOUSING INFORMATION

Present Address: _____

Dates of Residence: From _____ to _____

Current Rent Paid: \$_____ Average Utilities Paid: \$_____

Current Landlord Name: _____

Current Landlord Address: _____

Current Landlord Telephone: _____

Previous Address: _____

Dates of Residence: From _____ to _____

Rent Paid: \$_____

Previous Landlord Name: _____

Previous Landlord Address: _____

Previous Landlord Telephone: _____

EMPLOYMENT HISTORY

Head of Household current employment:

Employer: _____

Address: _____

Dates Employed: From _____ to _____

Current rate of Pay: \$ _____ # of hours worked per week _____

Co-Applicant current employment:

Employer: _____

Address: _____

Dates Employed: From _____ to _____

Current rate of Pay: \$ _____ # of hours worked per week _____

If employed less than 2 years at current jobs listed above, indicate previous employer:

Employer: _____

Employed From: _____ to _____

Employer: _____

Employed From: _____ to _____

INCOME: All income or monies received from various sources must be verified according to procedures stipulated by HUD. Be sure to list ALL sources of income. Type of Income examples are: employment income, social security, SSI, Public Aid, pensions, child support & alimony, unemployment insurance, VA benefits, allowance from a parent or guardian, etc.

Received by Which Household Member

Type of Income

Amount

[illegible]

ASSETS: Include information regarding your checking, savings & CD accounts as well as any credit union accounts.

Banks/ Credit Union	Address	Indicate Type of Accounts You Have

OTHER ASSETS: List any other assets that generate income whether you actually draw the income out or not. Examples include trust accounts, 401K plans, stocks, financial aid that *exceeds* the expenses for tuition & fees, winnings or cash gifts, or other.

ASSET DISPOSITION: Have you or any member of your household sold, given away or put into trust any asset for less than fair market within the last two years?

Fair market value is the amount a stranger would have paid you for the asset in an arm's length transaction.

Please check the statement below that applies to you and sign to certify your answer:

☐ I hereby certify that **no member of my household** has disposed of an asset(s) for less than fair market value within the last two years.

OR

☐ I hereby certify that a member of my household has disposed of an asset(s) for less than fair market value within the last two years.

Signature of head of household Date _____

Signature of co-head of household Date _____

(If you indicated that you have disposed of an asset, we will need to ask you for additional information before we can determine your household eligibility and calculate rent.)

PERSONAL REFERENCES:

Name	Address	Telephone
Friend:		
Family:		

GENERAL INFORMATION:

Is *any person* who will reside in the household:

- | | | |
|---|-----|----|
| 1. Renting a dwelling space under any other name? | Yes | No |
| 2. Currently engaged in illegal drug use? | Yes | No |
| 3. An alcohol abuser whose activities may interfere with the health, safety, and
right to peaceful enjoyment by other residents? | Yes | No |
| 4. Now, or in the past, a defendant in an eviction case? | Yes | No |
| 5. A defendant in an eviction case based on drug-related criminal activity within
the past three years? | Yes | No |
| 6. Subject to a state sex offender lifetime registration requirement? | Yes | No |

_____ Please initial that you have read, understand and answered correctly questions # 1 through #6

7. If you will have a vehicle, please indicate: Automobile Make/Model _____
Color: _____ License Plate #: _____

8. The landlord strongly encourages all Tenants to obtain renter's insurance. The Landlord does not insure your personal property. Renters insurance may protect your assets in the event of certain losses.

_____ Please initial that you have read and understand #8.

9. How did you hear about this property? _____
(example: friend, newspaper, word of mouth, current resident, drove by, another landlord, etc)

The undersigned hereby applies for an apartment and lease. The representations herein made are true. It is understood that if any of the information provided herein proves to be false, then the application shall be denied. All household members 18 years or older must sign all signature spots on the rental application.

Applicant

Signature: _____ date: _____

Co-Applicant

Signature: _____ date: _____

Co-Applicant

Signature: _____ date: _____

Notice to all Residents: Options for Residents with Disabilities

Brentwood Manor &/or Prairieland Apartments are not permitted to discriminate against residents on the basis of their race, color, religion, sex, national origin, familial status or disabilities. In addition, we have a legal obligation to provide "reasonable accommodations" to residents if they or any family members have a disability. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist and otherwise eligible resident with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include:

- ~ Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- ~ Permitting a family to have a seeing-eye dog to assist a vision impaired member in a family development where dogs are not usually permitted;
- ~ Making large type documents to a vision impaired resident during their tenancy;
- ~ Permitting an outside agency to assist a resident with a disability to meet the property's resident recertification and lease renewal process.

A resident family that has a member with a disability must still be able to meet essential obligations of tenancy - they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time during your application process &/or your tenancy. This is up to you. If you would prefer not to discuss your situation with management, it is your right.

I acknowledge having read the above Notification:

Signature:_____ **Date:**_____

Signature:_____ **Date:**_____

AUTHORIZATION AND RELEASE FORM

Directions: Every adult member of the household 18 years old or older will need to complete an Authorization and Release From in order for the Rental Application to be complete. If you run out of space for more than 2 members please request an additional form.

I/we hereby authorize the Knox County Housing Authority to verify my past and present employment, earnings, rental, credit and criminal history, and any other information that may be needed to process a rental application with Prairieland Townhouse Apartments and/or Brentwood Manor Apartments.

It is understood that a photocopy, fax or other facsimile of this document will also serve as authorization to any employer, landlord, lender, bank, etc, to release this information.

Any information obtained will be used for rental application processing & certification only.

(Please Print)

Adult #1 Name: _____
 First Middle Initial Last

Address: _____

City, State, Zip: _____

Social Security #: _____ Date of Birth: _____

List all states you have resided in since 1996:
(including those listed on the rental application) _____

Signature: _____ **Date:** _____

Adult #2 Name: _____
 First Middle Initial Last

Address: _____

City, State, Zip: _____

Social Security #: _____ Date of Birth: _____

List all states you have resided in since 1996:
(including those listed on the rental application) _____

Signature: _____ **Date:** _____



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(Please Print)

Adult #3 Name: _____
 First Middle Initial Last

Address: _____

City, State, Zip: _____

Social Security #: _____ Date of Birth: _____

List all states you have resided in since 1996:
(including those listed on the rental application) _____

Signature: _____ Date: _____

Adult #4 Name: _____
 First Middle Initial Last

Address:

City, State, Zip: _____

Social Security #: _____ Date of Birth: _____

List all states you have resided in since 1996:
(including those listed on the rental application) _____

Signature: _____ Date: _____



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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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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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.