



# B & B Realty Group Application Checklist



11957 S. Stewart Ave., Chicago, IL 60628

Phone: (312) 585-6288

[www.bandbrealtygroup.com](http://www.bandbrealtygroup.com)

Bronaugh Collaborative Living Solutions (BCLS) welcomes the opportunity to offer you possible placement in the Delores House. The Delores House is a transitional housing program developed as a support system for Veteran's as they work towards self sufficiency and a permanent dwelling unit. Those accepted into the program must be willing and able to co-exist in a shared community environment.

**Please return your application to the address listed above, along with the following:**

- ✓ **Completed Application** (Please insure all questions are answered)
- ✓ **Photo Identification**
- ✓ **Social Security Card**
- ✓ **Military Discharge Form DD 214**
- ✓ **Income Verification (All Sources)**
  - If Employed: 4 to 6 of your most recent pay stubs
  - Award Letter from Veteran's Affairs (Current Statement)
  - SSI/SSA Current Award Letter (no more than 120 days old, if applicable)
  - Pension Award Letter
  - Unemployment Determination Letter
  - SNAP/TANF Current Award Letter
- ✓ **\$35.00 Application Fee** -All household members over the age of 18 years  
(Payment must be in the form of Cashier's Check or Money Order- **We DO NOT accept Cash**)
- ✓ In addition, a home visit of your current residence may be conducted as a part of our application process.

We will gladly accept a \$125.00 holding deposit to reserve a bed as your application is processed. This deposit guarantees you a bed with an approved application. If denied, the deposit will be refunded, if approved the deposit will be applied to your first weeks rent.



# B & B HOUSING APPLICATION



Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

|   | Full Name | Relationship      | Date of Birth | F/T = Full Time<br>P/T = Part Time |    |     | Social Security Number/Alien Registration Number | Receiving any source of income? |
|---|-----------|-------------------|---------------|------------------------------------|----|-----|--|---------------------------------|
|   |           |                   |               | STUDENT STATUS                     |    |     |  |                                 |
| 1 |           | Head of Household |               | FT                                 | PT | N/A |  | Yes<br>No                       |
| 2 |           |                   |               |                                    |    |     |  | Yes<br>No                       |

Do you have any immediate needs for clothing, food, medical attention, or household or personal items? (circle one)? Yes No If yes, which? \_\_\_\_\_

What three things do you feel need to happen for you to overcome your current situation? \_\_\_\_\_

What do you feel is the primary reason for your current situation/problem? \_\_\_\_\_

## CURRENT EMPLOYMENT INFORMATION

|                                     |  |                         |      |            |          |
|-------------------------------------|--|-------------------------|------|------------|----------|
| Applicant's Name                    |  | Occupation              |      | Work Phone |          |
| Name and Street Address of Employer |  |                         | City | State      | Zip Code |
| Date Hired                          | ___ Hourly ___ Weekly ___ Bi-<br>Weekly Salary \$ _____<br>___ Twice Monthly ___ Monthly ___<br>Yearly<br>___ Other<br>_____ | # hours worked per week |      | Work Fax   |          |

|                                     |  |                         |      |            |          |
|-------------------------------------|--|-------------------------|------|------------|----------|
| Applicant's Name                    |  | Occupation              |      | Work Phone |          |
| Name and Street Address of Employer |  |                         | City | State      | Zip Code |
| Date Hired                          | ___ Hourly ___ Weekly ___ Bi-<br>Weekly Salary \$ _____<br>___ Twice Monthly ___ Monthly ___<br>Yearly<br>___ Other<br>_____ | # hours worked per week |      | Work Fax   |          |

|   |  |       |
|---|--|-------|
| X | Signature Acknowledging Accuracy of Information Provided above | Date: |
| X | Witness  | Date: |

**OTHER SOURCES OF INCOME**

Does anyone in your household receive income from any of the following? Please mark "Yes" or "No" for each source of income.

| Source: Employment |  | Source: Benefits/Pensions |  | Source: Other   |  |
|--------------------|--|---------------------------|--|-----------------|--|
| Second Job         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Workers' Compensation     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Grants          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bonuses            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Unemployment              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Scholarships    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tips               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Recurring Gifts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commissions/Fees   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Support             | <input type="checkbox"/> Yes <input type="checkbox"/> No | AFDC/TANF       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Overtime Pay       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other _____     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For each "Yes" marked above, please complete the following:

| Household Member Name | Amount Received   | Source |
|-----------------------|---|--------|
|                       | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Bi-Weekly<br>Salary \$ _____ <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly _____<br>Yearly _____ <input type="checkbox"/> Other _____ |        |
|                       | <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly<br><input type="checkbox"/> Bi-Weekly<br>Salary \$ _____ <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly _____<br>Yearly _____ <input type="checkbox"/> Other _____ |        |

**HOUSEHOLD ASSETS**

Does anyone in your household have any of the following types of assets? Please mark "Yes" or "No" for each type of asset.

| Type of Asset   | Type of Asset  | Type of Asset  |
|---|--|--|
| Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No       | IRA/Keogh Account* <input type="checkbox"/> Yes <input type="checkbox"/> No        | Revocable Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No        | Retirement/Pension Fund * <input type="checkbox"/> Yes <input type="checkbox"/> No | Mortgage/Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
| Cash <input type="checkbox"/> Yes <input type="checkbox"/> No                   | Mutual Funds/Stock* <input type="checkbox"/> Yes <input type="checkbox"/> No       | Life Insurance Policy* <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| Certificate of Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No | Real Estate/Land <input type="checkbox"/> Yes <input type="checkbox"/> No          | Personal Property held as an investment <input type="checkbox"/> Yes <input type="checkbox"/> No |

For each "Yes" marked above, please complete the following:

| Household Member Name | Type of Asset | Cash Value (see note) | \$ Asset will earn in next 12 months |
|-----------------------|---------------|-----------------------|--------------------------------------|
|                       |               |                       |                                      |
|                       |               |                       |                                      |

NOTE: \*When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdrawal, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc.? That's the amount you should list in the "Cash Value" column.

Have you sold any real estate for less than it's worth in the last two years (if sale due to foreclosure, bankruptcy or divorce, answer "NO")?  
 Yes  No If yes, please explain:

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**Previous Rental History**

Name and address of your present landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Name and address of your former landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

How long did you live there? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**Current Employment History**

Name and address of Head of Household current employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

**Applicant Certification**

I/We certify that the above stated information is true, accurate and complete. I/We acknowledge that inaccuracies regarding family size, income, residencies, etc. may be the basis for immediate cancellation of my/our application by the property. I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/agent to make a thorough investigation of the information contained herein including, but not limited to credit report, a criminal history report, income and asset verifications, landlord and other references and a home visit. I/We understand that false statements or information are punishable under Federal Law.

Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Management: \_\_\_\_\_

Date: \_\_\_\_\_

### **Income and Asset Information**

Please answer each of the following questions for all household members. For each “yes” provide details..

**PLEASE ✓ YES OR NO TO EACH QUESTION**

| <u><b>YES</b></u> | <u><b>NO</b></u> |   |
|-------------------|------------------|---|
|                   |                  | Work full time, Part –time or seasonally?   |
|                   |                  | Expect to work for any period during the next year?   |
|                   |                  | Expect a leave of absence from work due to lay-off, medical, maternity or military leave?   |
|                   |                  | Now receive or expect to receive unemployment benefits?   |
|                   |                  | Now Receive or expect to receive Veteran’s Benefits?  |
|                   |                  | Now receive or expect to receive Social Security Benefits?  |
|                   |                  | Now receive or expect to receive public assistance (TANF)?  |
|                   |                  | Now receive or expect to receive regular contributions from organizations or from individuals not living with you?  |
|                   |                  | Receive income from assets including interest on checking or Savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property? |
|                   |                  | Own real estate or any assets for which you receive no income (checking account, cash)?   |
|                   |                  | Have you sold or given away real property or other assets (including cash) in the past two years?   |
|                   |                  | Have you ever been evicted from federally assisted housing for drug related criminal activity in the past three years or violated a lease or rental agreement?                      |
|                   |                  | Are you a current user of illegal drugs?  |
|                   |                  | Have you ever been convicted of or are you or any of your household members registered sex offenders? (In any State)  |
|                   |                  | Have you ever been convicted of a crime other than motor vehicle violations?  |
|                   |                  | Do you abuse alcohol to the extent that you are a danger to others health, safety, or right to peaceful enjoyment?  |

**TENANT CONSENT AND RELEASE**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our Housing application. I/We authorize release of information without liability to the Owner/Manager B & B Realty Group/BCLS Program.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested may include, but are not limited to: personal identity, student status, employment, income, assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

Management reserves the right to monitor all social media outlets (e.g. Facebook, MySpace, etc.) for all members of the household, regardless of age, to gain information with respect to illegal activity surrounding said household.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |                                  |  |  |
|----------------------------------|--|--|
| Past and Present Employers       | Criminal and Credit Reporting Bureaus  | Welfare Agencies                           |
| Veterans Administrations         | Support and Alimony Providers          | State Unemployment Agencies Retirement     |
| Systems/Educational Institutions | Social Security Administration         | Utility Providers                          |
| Medical and Child Care Providers | Banks and other Financial Institutions | Previous Landlords                         |
|                                  |  | <i>(Including Public Housing Agencies)</i> |

**CONDITIONS**

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

*SIGNATURES*

\_\_\_\_\_  
Applicant/Resident

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
Print 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 FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

\_\_\_\_\_  
Management

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Phone