

RENTAL HOUSING APPLICATION

Oakwood Manor – A **smoke-free & Pet free complex**

103 E. Lake Bluff Oakwood, Illinois 61858

Phone 217-442-8133

Fax 217-442-3715

Email: sandymorgan1320@yahoo.com

I hereby apply for a rental housing living unit in this housing complex, and for rental assistance, if I am eligible and if it is available. I certify that this will be my permanent residence and I will not maintain a separate subsidized rental unit in a different location. The information on this form is needed to qualify & certify your household. Please complete this entire form and leave no blanks. If there are questions that you do not understand, please call the apartment manager.

Mbr #	Full legal name	SS #	Relationship	Birth date	Student Status
1	_____	_____	_____	_____	FT PT NA
2	_____	_____	_____	_____	FT PT NA

Were any of the applicants 62 years of age or older before January 31, 2010 and who do not have a SSN, receiving HUD rental assistance at another location on January 31, 2010? YES/NO If yes which applicant? _____

Do you expect any additions/subtractions to the household within the next 12 months which are NOT listed above?

If yes, please explain: _____

Current Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip:** _____ **Monthly rent:** _____

Present Landlord's Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **How long:** _____

Reason for wanting to move? _____

Prior Landlord's Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **How long:** _____

Reason for moving? _____

Has your residence had any insects, parasite, rodent or other infestations in the last year? YES ___ NO ___

List all state(s) where you and/or adult members of your household have previously lived/resided:

Name: _____ Other states: _____

Name: _____ Other states: _____

Name: _____ Other states: _____

What is your preferred method of contact for communication? ___ Email ___ Phone Call ___ Text ___ Mail

Email address: _____

**Some notices are required to be delivered to the unit in accordance with applicable HUD requirements, including but not limited to, instances where certain information may not be sent by email or text in accordance with such requirements.

The information solicited on this application is requested by the apartment owner to assure the Federal Government, acting through USDA Rural Development, that Federal Laws prohibiting discrimination against tenant applicants based on race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to provide 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 (or managing agent) is required to note the race, ethnicity, and sex of individual applicants based on visual observation or surname.

HEAD OF HOUSEHOLD

(Check as appropriate)

Race

- White
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian / Alaskan Native
- Other

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Marital Status

- Married
- Separated
- Divorced
- Widowed
- Single

Sex

- Male
- Female

Have you used any other names, aliases, or a maiden name: _____

Have you, or any member of the household ever:

- Been evicted? Yes _____ No _____
- Have you been evicted from federal housing? Yes _____ No _____
- Filed for bankruptcy? Yes _____ No _____
- Willfully or intentionally refuse to pay rent? Why? _____ Yes _____ No _____
- Had a criminal record, if yes explain: _____ Yes _____ No _____
- Been convicted for use, manufacturing, or trafficking drugs? Yes _____ No _____
- Been or are an alcohol or drug abuser? Yes _____ No _____
- Currently living in subsidized housing? Yes _____ No _____
- Lived in a subsidized complex before and had tenancy or assistance terminated for fraud, non-payment of rent or failure to cooperate with the re-certification procedures? Yes _____ No _____
- Been a sex offender requiring lifetime registration? Yes _____ No _____
- Had a bedbug infestation? Yes _____ No _____

Do you/are you, or any member of the household:

- Do you use marijuana in any form? Yes _____ No _____
- What form? Smoke _____ Edibles _____ Drops _____ Vape _____
- Do you have a medical marijuana card? Yes _____ No _____
- Does anyone in your household have pets? Yes _____ No _____
- If yes, how many? _____ What type? _____
- Do you request consideration for an income adjustment based on a disability? Yes _____ No _____
- Do you need special accommodations or modifications to the living unit based on a disability? Yes _____ No _____
- An elderly household is a tenant or co-tenant who is 62 years of age or older, disabled, or handicapped. Do you qualify as an elderly household? Yes _____ No _____
- Are you a U.S. citizen? Yes _____ No _____
- Are you displaced due to a presidentially declared disaster or by government action? Yes _____ No _____
- Is any member of your household a U.S. military veteran? YES/NO If yes whom? _____
- Are you or is anyone in your household disabled? YES/NO If yes, whom? _____
- Do you understand there is NO smoking in the apartment for ANY reason? Yes _____ No _____
- Do you understand if you are found to be smoking IN the unit you WILL be evicted? Yes _____ No _____

I acknowledge that Management will rely heavily on the information which I/We have supplied. I/We certify that the information presented in this form, to be true and accurate and authorize Management to verify any information that I have provided. I/We specifically authorize Management to investigate as to my qualifications to reside in the apartment applied for, to obtain My/Our criminal and rental history. In the event any information contained herein is false, Management may reject this application or, if this application has been accepted, may immediately terminate my tenancy. I hereby certify that if I am applying for a subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.



Signature _____

Signature _____

Date _____

Date _____

You may receive a deduction for any out-of-pocket childcare expenses incurred for children ages 12 and under living in your household which will enable you to work or go to school. Will you be claiming this as an expense? Yes _____ No _____

INCOME

Income Source	Member	Amount	Employer	Address & Telephone
Gross Wages/Sal				
Gross Wages/Sal				
Social Security				
Social Security				
Pension				
SSI/SSD Income				
Public Assistance				
Child Support				
Unemployment				
Other				

Does anyone in the household have more than one job? Yes ___ No ___ Who? _____
 Anyone in the household active with a temp agency although not currently assigned to a job? YES ___ NO ___
 Additional income not listed above including but not limited to Instacart, Amazon, Food delivery type services?
 If yes, please explain: _____

FAMILY ASSETS – Include all assets from ALL household members, including minors with assets.

Type of Account	Bank/Source	Address & Phone - Member	Account #	Balance/Cash Value
Checking				
Checking				
Direct Cash Card				
Savings				
Savings				
CD				
Express Card				
Stock/Bond				
Cash				
Other				

Have you disposed of any assets for less than fair market value in the last two years? YES ___ NO ___
 If yes, list the assets you disposed of, date of disposition, fair market value and amount received:
 Asset: _____ Date disposed: _____ FMV: _____ \$ Received: _____
 Asset: _____ Date disposed: _____ FMV: _____ \$ Received: _____

I/We do ___ do NOT ___ own any Real Estate _____ ←Head of Household Initials

MEDICAL INFORMATION

Please complete all questions about medical expenses (including Medicare and out of pocket expenses) for all household members *only if the head of household, spouse or adult co-head is at least 62 years old or disabled*. If medical questions do not apply to you (because you are under the age of 62 years, or not disabled) place NA to answer the question.

MEDICARE Part D

Do you have Medicare? YES ___ NO ___ Do you have Medicare Part D YES ___ NO ___

Animals – Including Assistance Animals

Pets are not allowed at family communities; however, we do allow one dog or cat at our senior/disabled communities. ALL animals must be current on all vaccinations and fixed and have a signed animal policy BEFORE the animal moves in. Management approved assistance animals are allowed at all properties. If appropriate list your pet or assistance animal below:

Name of Animal	Type of animal	Gender	Weight	Breed	Color	Age
_____	_____	_____	_____	_____	_____	_____

HUD STUDENT STATUS QUESTIONNAIRE

All adult members of the household must fill out the student status section with additional copies of the section given to you to complete, if necessary. Please answer the following questions as has a head of household, cohead or other adult, as it pertains to attending an institution of higher or vocational education to obtain a certificate, degree, or other program to obtain a recognized educational credential.

Name of closest living relative, next of kin or another emergency contact not living with you:

Name: _____ Relationship: _____ Phone: _____
Address: _____ Place of employment or work phone _____

How did you hear of us? ___Newspaper ___Flyer ___Website ___Call/walk-in ___Radio
Friend/Relative/Current tenant refer you? Share their name: _____

(FOR MANAGEMENT USE ONLY)

Eligibility Determination

Date: _____ Eligible Unit size (s): _____ 1 bdrm _____ 2 bdrm

Date purged from waiting list: _____

Ineligible -- Reason (s):

SIGNED: _____
Owner/Agent

Date and Time received.



LINCOLN MANOR

1320 North Vermilion
Danville, IL 61832-1320
217-442-8133

March 02, 2016

TENANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to J.H. Yudin & Associates, LLC (Owner or Agent), for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

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

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

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

- | | |
|------------------------------------|--|
| Past and Present Employers | Welfare Agencies |
| Veterans Administration | Previous Landlords (including public housing agencies) |
| State Unemployment Agencies | Social Security Administration |
| Retirement Systems | Support and Alimony Providers |
| Banks/Other Financial Institutions | Medical and Child Care Providers |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) 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 I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES



Signature



Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date

Signature

Printed Name & Date

