

For Office Use Only:
Date Received at Project _____
Time Received: _____
Number of Bedrooms: _____
Employee Initials: _____

Fieldcrest Villages
503 N Prospect St
Cambridge, IL 61238

Ph 309-937-2200
Fax 877-811-1952

Application for Occupancy

Preferred Location: ___ Orion, IL ___ Cambridge, IL

Section A: Applicant Information:

Applicant's Name _____

Present Address: _____

Apt: _____ City: _____ State: _____ Zip: _____

Phone (home) _____ Phone (cell) _____

Permanent Address (if different than above): _____

Apt: _____ City: _____ State: _____ Zip: _____

Section B: Household Members:

Name	Relationship	Birthdate	Age	Sex	Full or Part Time Student		Social Security Number
					Yes	No	
	Head				Yes	No	
					Yes	No	
					Yes	No	

Head of Household's Employer:

Co-Applicant's Employer:

Company: _____ Company: _____

Supervisor: _____ Supervisor: _____

Address: _____ Address: _____

Phone No: _____ Phone No. _____

Any applicant who purposefully falsifies, misrepresents, or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing.

Section C: General Information

- 1. Are you a United States citizen? Yes No
 If No, are you a non-citizen with eligible alien status? Yes No
 Are you a non-citizen student? Yes No
- 2. How did you hear about Fieldcrest Villages? _____
- 3. When would you like to move? _____
- 4. What size of apartment would you like: Studio/Efficiency 1 bdrm 2 bdrm
- 5. If your choice of apartment is not available, would you be willing to take another size apt?
 Yes No
- 6. Does your household require any special accommodations for people living with a disability such as mobility or sensory (sight, hearing) issues? Yes No If so, please describe:

- 7. Will anyone else live with you? Yes No If so, who: _____
- 8. Do you have a pet? Yes No
- 9. Have you ever lived in a rent subsidized apartment? Yes No
 If Yes, has your housing assistance ever been terminated for any reason? Yes No

Section D: Housing History:

List the complete housing information for the past three years for all adult household members.

List all of the places you or members of your household have resided.

Current Residence:

Address _____ City _____ State _____ Zipcode _____

Landlord's Name: _____ Phone: _____

How Long at This Address: From _____, _____ to _____, _____

Previous Residence:

Address _____ City _____ State _____ Zipcode _____

Landlord's Name: _____ Phone: _____

How Long at This Address: From _____, _____ to _____, _____

Previous Residence:

Address _____ City _____ State _____ Zipcode _____

Landlord's Name: _____ Phone: _____

How Long at This Address: From _____, _____ to _____, _____

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Section E – Income Verification:

This information is required to obtain a subsidy for your rent. This information will be held in strictest confidence and will only be used to authorize a rent subsidy from the Department of Housing. This information will determine the amount of money that you pay for rent.

For each household member (including family members temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time, or seasonal income. If a household member has more than one source of income, use a separate line for each source.

Did you receive or do you expect to receive in the future?	Head of Household			Co-Applicant		
	Yes	No	Monthly Amt	Yes	No	Monthly Amt
Social Security payments						
Pensions of any kind						
Annuities or insurance dividends						
Lump sum payments (includes inheritance, insurance settlements, lottery winnings, capital gains)						
Self employment						
Wages, salaries (incl. tips, bonuses, etc)						
Wages in cash						
Regular pay for member of Armed Forces						
Workman`s Compensation						
Welfare or Disability Benefits						
Unemployment or Severance Pay						
Child Support or Alimony						
Regular cash contribution from individual						
Regular cash gifts from individuals						
Income from Rental Property						
Lump Sum Payments (includes inheritances, insurance settlements, lottery winnings, capital gains)						
Other						

Section E – Household Allowance Information:

Some household expenses may be allowable as a deduction from your annual income. These allowances vary depending upon household members, age, disability, employment status, etc.

Do you expect to incur any of the following expenses?	Yes	No	Monthly Amt
Medicare/Drug Insurance Premiums			
Other medical insurance premiums			
Outstanding medical bills on which you are currently paying?			
Do you expect to additional medical expenses during the next year?			
Do you receive medical assistance through Public Assistance Program?			
Cost of assistive devices for disabled household member?			
Child care or attendant care which allows a household member to go to work			

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Section F – Asset Information:

Please be aware that this information will be verified by your bank or appropriate institution.

Please document the assets that you own and their current estimated balance	Head of Household			Co-Applicant		
	Yes	No	Current Balance	Yes	No	Current Balance
Checking Accounts						
Savings Accounts						
Certificate of Deposits						
Whole life insurance						
Stocks						
Capital Investments						
Bonds						
Trusts						
Securities or annuities						
IRA/Keough/401k Accounts						
Pension/Retirement Funds						
Money Market Funds						
Treasury Bills						
Property (Land and/or Buildings)						
Insurance Settlements						
Other (list)						

	Head of Household			Co-Applicant		
	Yes	No	Value	Yes	No	Value
Do you currently hold a contract for deed (Land Contract)?						
Do you currently own real estate? If Yes, the list the location, no. of acres, expenses (taxes, insurance) and the income received						
Do you have any coin collections, antique cars, gems, jewelry, stamps, or other items held for investment purposes? Do NOT include wedding rings or any other personal jewelry.						
Are any assets held with another person? If so, list the person's name and the assets held jointly.						

Disposal of Assets:

If you have sold any assets for less than Fair Market Value during the last 24 months preceding the date of this application, you must identify it here.

Asset and Estimated Value	Date Sold/Disposed of	Amount Received

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Section G – Miscellaneous Information:

The Department of Housing requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer questions 1 and 2, nor does your answer affect your position for eligibility.

1. Race of Head of Household: White Black/African American Asian
 Native Hawaiian/Pacific Islander American Indian/Native American Other
2. Ethnicity of Head of Household: Non-Hispanic Hispanic
3. Have you or any member of your household ever been convicted of a felony or a misdemeanor other than a traffic violation? Yes No
4. Do you or any member of your household use an illegal drug or other illegal controlled substance? Yes No
5. Do you or any member of your household consume alcohol? Yes No
Do you or any member of your household abuse alcohol? Yes No
6. Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substances? Yes No
7. Have you or any member of your household ever been evicted from your residence? Yes No
8. Have you or any member of your household ever used social security number different from those listed on the application? Yes No
9. Have you or any member of your household ever used a different name? Yes No
If so, what other name(s): _____
10. Have you or any member of your household ever filed for bankruptcy? Yes No
11. Have you or any member of your household lived in any other state (other than IL.) since 1996? Yes No If Yes, please list all states: _____
12. Do you own a car? If Yes, what is the license plate: State _____ Plate No. _____
13. Does anyone in your family have a pattern of abuse of alcohol that may interfere with the health, safety, and right to peaceful enjoyment by other residents? Yes No
14. Has anyone in your household been evicted from federally assisted housing in the past three years? Yes No

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15. Are you currently living in Section 8 housing? ____Yes ____No

If your answer is to the previous question is YES, do you understand that you may not collect Section 8 subsidy at two locations at the same time. You must be completely moved out of your current apartment, return the key, and complete the move-out inspection with the current management before you will qualify to receive subsidy at Fieldcrest Village apartments. Fieldcrest Apartments will require verification of the move out at the time you sign your lease.

16. Are you or any member of your household living with a disability? ____Yes ____No

NOTE: A person with a disability is defined as someone unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which is expected to last for no less than 12 months.

If the answer is YES, do you require any special accommodations to participate in the application process or to make effective use of the housing program? ____Yes ____No

NOTE: Examples of special accommodations would be building entrances without steps for persons who are mobility impaired or documentation printed in Braille for those who are visually impaired.

Section H –Personal References (people who are not related to you) – Please list two:

(1) Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ (home) Phone: _____ (cell) Phone: _____ (work)

(2) Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ (home) Phone: _____ (cell) Phone: _____ (work)

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Section I – Signatures

Read the statements below before signing this application.

- It is a violation of your lease agreement to possess, sell, or distribute illegal drugs on the property. You will be evicted if you violate these rules.
- Each adult member who is making an application must sign HUD form 9887 and 9887A at the time of initial certification and recertification. Failure to sign constitutes grounds for denying housing.
- I/we certify that we have received a copy of “Things You Should Know.”
- I/we understand that the information in this application is true, complete, and accurate. I/we understand that if any of this information is false, misleading or incomplete, management may decline our application, or terminate the existing lease agreement.
- I/we authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and contact current and previous landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies.
- If my/our application is approved and move-in occurs, I/we certify that only those persons listed on this application will occupy the unit and that it will be my/our only residence and that there are not other persons for whom I/we have or expect to have responsibility to provide housing.
- I/we agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

Applicant’s Signature Date

Applicant’s Signature Date

PLEASE COMPLETE THIS FORM AND RETURN TO:

<u>Via US Mail:</u>		<u>Via Fax to:</u>
Rita Perrett, True Properties	OR	877-811-1952
Box 2611		
Glen Ellyn, IL 60138		

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