



Thank you for your interest in Edwardsville Senior Living!

We look forward to receiving your completed application. Please answer all application questions completely and make sure to fill out all pages of the application. Any application received incomplete will be returned to the applicant and cannot be processed until the completed application is returned. For an application to be considered complete it must include copies of the paperwork listed below. You may submit completed applications in person at the address listed below, via email or via fax. If the application is emailed or faxed the original forms must be received at the address listed below.

Important Paperwork to Submit with your Completed Application:

Your application MUST include COPIES of the following for each applicant (or your application will not be processed):

- If you receive social security or SSI payments, please provide a current copy of your social security benefit letter.
- 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.
- If you own real estate or have sold a property within the last 2 years please be sure to include the statements requested on the application regarding your ownership, or sale of the property.
- We must have the original copy of applications and signatures. Applications cannot contain white out. If you need to make a correction, please cross out the error and initial next to it.

Please return your completed application to:

Edwardsville Senior Living

637 Hillsboro Ave.

Edwardsville, IL 62025

Phone: (618) 491-5540 | Fax: (618) 623-0616

Email: edwardsvilleseniorliving@gmail.com

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





Housing Credit Program Applicant Questionnaire

Return Application to: Edwardsville Senior Living
637 Hillsboro Avenue
Edwardsville, IL 62025

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

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."

<u>Race</u>	<u>Ethnicity</u>	<u>Marital Status</u>	<u>Sex</u>
_____ White	_____ Hispanic or Latino	_____ Married	_____ Male
_____ Asian	_____ Not Hispanic or Latino	_____ Separated	_____ Female
_____ Black or African American		_____ Unmarried	
_____ American Indian/Alaskan Native			
_____ Native Hawaiian or Other Pacific Island			
_____ Other			

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 have a pet?

___ Yes ___ No If yes, what type of pet do you have? _____

Do you have a service animal?

___ Yes ___ No If yes, what type of service animal do you have? _____

Can you comply with the no smoking on the entire property policy? ___ Yes ___ No

How did you hear about this housing? _____

APPLICANT CONTACT INFORMATION:

Head of Household: _____

Phone Number: _____

Email Address: _____

Co-Applicant: _____

Phone Number: _____

Email Address: _____

Co-Applicant: _____

Phone Number: _____

Email Address: _____

Emergency Contact:

List someone in the area that is not already a household member.

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Email Address: _____





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 at Mill Street Station 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

UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: _____

I am currently unemployed: YES NO

I work on a seasonal basis depending on the time of year: YES NO

I receive benefit income such as unemployment, disability, workers compensation: YES NO

[] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment

I have been unemployed for _____ years and _____ months

My last job paid \$_____ per hour and I worked _____ hours per week

*****Please complete either Section A, B, or C as applicable*****

Section A

I [print name], _____, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

Section B

I [print name], _____, state that I am currently unemployed but am aware of an employment start date of _____ at \$_____ per _____.

Section C

I [print name], _____, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$_____ from anticipated employment over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: _____ Date _____

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$4999.99.

Complete one form for households with joint assets or one form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement **(Joint)** next to the applicable asset.

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete the following:

1. **Choose one:**

I/we do not have any assets at this time. *(if this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)*

OR

My/our assets include:
(Please complete fully. Put a zero in any columns that do not apply)

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

**Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.*

***Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.*

2. **Choose one:**

I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

OR

Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____
_____ (*the difference between FMV and the amount received, for each asset on which this occurred).

3. **Please complete:**

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant _____ Date _____ Applicant/Tenant _____ 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 | Institutions: 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.