

Parkside Apartments

Resident Application

Application fee: \$25.^{00/adult.} Non-Refundable

The information on this form is needed to determine if your household is eligible under this property's leasing criteria.

Please complete this entire form and leave no blanks.

HOUSEHOLD COMPOSITION

	Full Name (First, Middle, Last)	Relation -ship to HOH	DOB	M/F	AGE	Full Time Student? Y/N	Social Security Number/Alien Registration Number	Receiving any source of Income?
1		HEAD						<input type="checkbox"/> Yes <input type="checkbox"/> No
2								<input type="checkbox"/> Yes <input type="checkbox"/> No
3								<input type="checkbox"/> Yes <input type="checkbox"/> No
4								<input type="checkbox"/> Yes <input type="checkbox"/> No
5								<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of the household members listed above foster children? ☐ Yes ☐ No If yes, who? _____

Are any of the household members listed above a live-in attendant? ☐ Yes ☐ No If yes, who? _____

Are any of the household members planning to attend school full time? ☐ Yes ☐ No If yes, who? _____

APPLICANT INFORMATION

<u>Applicants Name/Phone Number</u>		<u>Occupation</u>	<u>Drivers License Number/State ID (REQUIRED)</u>	
			State: ID#:	
<u>Name & Street Address of Employer</u>		<u>City, State, Zip</u>		<u>Work Phone</u>
<u>Date Hired</u>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		<u># of hours worked per week</u>	<u>Work Fax</u>
	Salary \$ _____			

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<u>Co-Applicants Name</u>		<u>Occupation</u>	<u>Drivers License Number/State ID</u>	
			State: ID#:	
<u>Name & Street Address of Employer</u>		<u>City, State, Zip</u>		<u>Work Phone</u>
<u>Date Hired</u>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		<u># of hours worked per week</u>	<u>Work Fax</u>
	Salary \$ _____			

<u>Co-Applicants Name</u>		<u>Occupation</u>	<u>Drivers License Number/State ID</u>	
			State: ID#:	
<u>Name & Street Address of Employer</u>		<u>City, State, Zip</u>		<u>Work Phone</u>
<u>Date Hired</u>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		<u># of hours worked per week</u>	<u>Work Fax</u>
	Salary \$ _____			

HOUSING REFERENCES

<u>Current Landlord Name</u>		<input type="checkbox"/> Own <input type="checkbox"/> Rent	<u>Landlord's Phone Number</u>	
<u>Current Street Address</u>		<u>City, State, Zip</u>		<u>From:</u> <u>To:</u>
<u>Previous Street Address</u>		<u>City, State, Zip</u>		<u>From:</u> <u>To:</u>
<u>Please list an emergency contact</u>		<u>Relationship</u>		<u>Telephone Number</u>

OTHER SOURCES OF INCOME

Source - Employment	Source - Benefits/Pension	Source - Benefits/Pension
Second Job <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No	Pension/Annuity <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	Grants/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/ SSI <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
	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	
	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	
	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	
	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	

HOUSEHOLD ASSETS

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/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	\$ Asset will return in the Next 12 months

NOTE: *When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdraw, 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 had any type of eviction in the last 4 years? ☐ Yes ☐ No

If yes, please explain:

Have you sold any real estate for less than it is worth within the last two years? (If sale is due to divorce, bankruptcy or foreclosure, answer “No”) ☐ Yes ☐ No

If yes, please explain:

All of the Information provided above on this Application is true and complete to the best of my knowledge and belief.

*****Disclaimer*****
Any information that is found to be inaccurate, untrue, or deliberately falsified will be an automatic denial of this application and a forfeiture of any application fee and/or deposit.

Applicant

Date: _____

Co-Applicant

Date: _____

TENANT RELEASE AND CONSENT

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 apartment rental application to the owner/manager of the apartment community listed below.

INFORMATION COVERED

I/We understand that the previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and 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 continued participation as a Qualified Tenant.

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 Previous Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical and Child Care Providers
Banks/Other Financial Institutions	Public Housing Agencies	

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 one 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

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Apartment Name	_____ Contact	_____ Phone

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.

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

Date: _____

RE: _____
Applicant/ Tenant Name Social Security # Employee ID#
I hereby authorize release of my employment information: (Employee Signature)

Sign: _____ **Date:** _____

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of the stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

RETURN FORM TO:

FAX: (217) 344-9257

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY

Employee Name: _____ **Job Title:** _____

Presently Employed: YES / NO **START DATE:** _____ **END DATE:** _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ **Year-to-date earnings:** \$ _____ through ____/____/____

Comments: _____ **Start date of current payroll year:** ____/____/____

Overtime Rate: \$ _____/hour **Average of overtime per week:** _____(hours)

Shift Differential Rate: \$ _____/hour **Average of shift differential per week:** _____(hours)

Commissions, bonuses, tips, other \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Anticipated change in employee's rate of pay within the next 12 months: _____; **Effective Date:** ____/____/____

If employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional Remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer's Title

Employer (Company) Name and Address

Phone Number

Fax Number

E-mail

Note: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.