

WOODLAWN EAST COMMUNITY AND NEIGHBORS, INC.
EDDIE MAE & ALEX JOHNSON APARTMENTS
CHANEY BRAGGS APARTMENTS: 1554 & 56 EAST 65TH STREET
1411-15 EAST 65TH PLACE
BUTLER-LINDON: 6146 SOUTH KENWOOD

APPLICATION FOR OCCUPANCY

APPLICATION FOR HOUSING AT _____

Applicant Name: _____

Address: _____

City: _____ 210

Telephone: (Days) _____ (Evening) _____

Co-Applicant Name: _____

Address: _____

City: _____ 210

Telephone: (Days) _____ (Evening) _____

This application is for:

_____ Studio

_____ 1-BR Apartment

_____ 2-BR Apartment

_____ 3-BR Apartment

_____ 4-BR Apartment

_____ Do you desire a unit adapted for wheelchair?

_____ Do you have a car?

_____ Do you have a pet?

If so, what kind? _____

FOR OFFICE USE ONLY:

Priorities: _____ Category: _____ Adj. Animal _____

% of Inc. from Rent _____ Application Approved by _____

Interviewed by _____

Household Information

Please complete the chart below, starting with yourself on the first line, listing all other persons who will live with you in this apartment.

Name	Date of Birth	Social Security #	Sex	Relation to head of HSHD

How did you hear about this property? _____

Why do you wish to move at this time? _____

Housing History

Previous Landlord: Name _____

Landlord's Address _____

Phone _____ How long did you lived there? _____

Monthly rent \$ _____ Monthly fuel & electric cost \$ _____

Previous Housing

Your previous Landlord's Name _____

His/Hers Address _____

Monthly rent \$ _____ Monthly fuel & electric cost \$ _____

How long did you lived there? _____

Reason for Moving? _____

IF YOU DO OWN YOUR OWN HOME:

Monthly Mortgage \$ _____ Balance on Monthly \$ _____

Real Estate Taxes per year \$ _____

Insurance Premium per year \$ _____

Monthly fuel & electric costs \$ _____

Other expenses _____

Income and Assets:

Our housing program requires that you are income eligible as defined by published guidelines. In order to determine your eligibility, it is necessary for you to provide the following information, which will be verified at the time your name comes up on the waiting list.

Be sure to include all sources which may include, but not to be limit to: Wages Social Security, SSI, SSDI, Veteran's Benefits, Survivor's Benefits, Other Pensions, AFDC, General Relief, Aid to the Blind, Alimony, Child Support, Unemployment Compensation, Worker's Compensation.

Applicant:

Employer: _____
Address: _____ City: _____ Zip Code: _____
Telephone: _____ Position: _____
How long with this employer? _____

Co-Applicant:

Employer: _____
Address: _____ City: _____ Zip Code: _____
Telephone: _____ Position: _____
How long with this employer? _____

Please complete the following information for each person, BEGINNING WITH YOURSELF, who will occupy the apartment:

Family Member	Source of Income	Gross Amount	Weekly, Monthly, Annually

List all checking and savings accounts, IRA's, Keoughs, and Certificates of Deposit below.

Family Member	Account Number	Bank Name	Address	Current Balance

List any Stocks and Bonds that you own.

Name of Stock _____ # of Shares _____
Value: \$ _____ Annual Income: \$ _____

List any Real Estate that you currently own:

Description and Address: _____
Current Market Value: \$ _____
Balance Due on Mortgage: \$ _____

What are your plans for the Real Estate if you move to one of our apartments? _____

Have you given away or sold any property or other assets in the past two years? Yes ___ No ___
If yes please describe: _____

Credit References

Name and Address: _____

Account #: _____

Name and Address: _____

Account #: _____

Name and Address: _____

Account #: _____

Personal Reference

Name and Address: _____

Telephone: _____ Relationship: _____

Emergency Contact

If we are not able to reach you, please list a person we could contact:

Name and Address: _____

Telephone: _____ Relationship: _____

Eligibility for Preferences Status

The following information will need to be verified prior to the offer of an apartment.
Please check all categories which apply to your situation.

___ Have been or within months will be involuntarily displaced and without standard permanent replacement housing; (if checked, please apply to your situation).

___ Living in substandard housing or homeless; (If checked, please give details below).

___ Pay 50 percent or more of household income for rent and utilities. If yes, how much are you paying each month for rent? ___ How much are you paying each month for utilities (excluding phone)? ___

Is there any additional information you would like us to know about your situation? _____

Have you committed any felonies or been arrested? ___ yes ___ no

Once Management has approved you for an apartment, there is a \$75.00 dollar deposit to hold the apartment. You have (3) days to refuse the apartment to get your full deposit back. After 72 hours (3 days) you forfeit your deposit.

RACE\NATIONAL ORIGIN – Please note: Completion of this section is optional. The Federal Government requires that we obtain the following information in order to monitor the owner's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

_____ White\Non-Minority _____ American, Indian\Native American _____ Black

_____ Hispanic _____ Asian _____ Other

_____ I do not wish to furnish the above information.

APPLICANT'S CERTIFICATION

Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verification may be necessary to complete the application process.
3. I hereby give (Managing agent) authorization to verify the information in this application.
4. **WARNING:** Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false jurisdiction. It is a criminal offense to make willfully false statements of misrepresentations on this preliminary application and may be grounds for denying residency.

There is a non-refundable application fee of thirty-five dollars (\$35.00) for credit check.

Applicant's Signature

Date

Co-Applicant's Signature

Date

PREAPPLICATION CARD

Date Received _____

Time Received _____

Name (Head of Household): _____

Address: _____

Telephone: (Home) _____ (Work) _____

Unit Type Requested: _____ Studio _____ 1BR _____ 2BR _____ 3BR

Would you be interested in a handicapped accessible unit?

() Yes () No

Do you live/work in the community? () Yes () No

Annual household income: \$ _____

Household Data – Please list all persons who will occupy this unit:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Apartment is needed: _____

CLIENT INTAKE FORM

PARENT(S) OR GUARDIAN'S STATEMENT: I certify that the above information is accurate and I give my permission for the above named minor to participate in this program.
(Signature of parent(s) or guardian is required for all participants 17 years of age or under.)

DATE _____

DATE _____

SIGNATURE OF PARENT(S) OR GUARDIAN

DATE _____

PLEASE REFER TO INCOME TABLE (if applicable)