# WOODLAWN EAST COMMUNITY AND NEIGHBORS, INC. EDDIE MAE & ALEX JOHNSON APARTMENTS

## CHANEY BRAGGS APARTMENTS: 1554 & 56 EAST 65<sup>th</sup> Street 1411-15 EAST 65<sup>th</sup> Place

BUTLER-LINDON: 6146 SOUTH KENWOOD

### APPLICATION FOR OCCUPANCY

APPLICATION FOR HOUSING	GAT
Applicant Name:	
Address:	
City:	7.ιρ
	(Evening)
City:	2ιρ
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:
1010	OTTO USE ONL I
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
	,	· · · · · · · · · · · · · · · · · · ·		
			-	
# E	21			
How did you hear about the				v s
		<u> </u>		
Why do you wish to move	at this time?			
7				
Housing History				
Previous Landlord: Name				
Landlord's Address				
Phone	Ho	ow long did you lived	there?	
Monthly rent \$	Mo	onthly fuel & electric	cost \$	
" " ·			-	
Previous Housing				
Your previous Landlord's	Name			
HIS/Hers Address				
Monthly rent 5	Monthly	fuel & electric cost	\$	× .
How long did you lived the				
Reason for Moving?			····	
IF YOU DO OWN YO	UR OWN HON	Æ:		
Monthly Mortgage \$		Balance on Month	ly\$	160
Real Estate Taxes per year				
Insurance Premium per yea	ır <u>\$</u>			
Monthly fuel & electric co	sts <u>\$</u>			
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:				- Ti	¥		
Employer:				Q.1			
Address: Telephone:				City:		Zip C	ode:
Telephone: How long with thi	a amam1a	n	Posi	ition:			- '
thow forth with tul	is employe	er!					
Co-Applicant:							(Q)
Employer:						-	
Address:				City:		Zip Co	ode:
Telephone:			Po	sition:			
Telephone: How long with thi	s employe	er?					
Please complete the occupy the apartmen	following nt:	information	for each pe	erson, BEG	INNING		
Family Mem	iber	Source of	fIncome	Gross A	mount	Weekly.	Monthly, Annually
						J)	
	F						
×							
=							
	· · · · · · · · · · · · · · · · · · ·					**	
/4 	1320						= 9
List all checking and	1						
List all checking and	A savings a	CCOUNTS, IKA	1's, Keough	is, and Cer	tificates o	f Deposit b	
Family Member	Accoun	Number	Bank	Name	Ad	ldress	Current Balance
-							
						=	
(a)							
	<u> </u>					*	
List any Stocks and	d Bonds tl	at you ow	n.				
Name of Stock	9	J = 0.17			# of Sha	Tec	
Value: \$	***************************************			Annual Ir	come. &	1108	
List any Real Estat	te that you	currently	own:	_ ~~~			
Description and Ac	ddress:	,					
Current Market Va	due: \$	1					
Balance Due on M							

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: No
Credit References Name and Address: Account #:
Name and Address:
Name and Address:
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:  Tolonborous
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 utilities (excluding phone)?  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: Co Federal Government requires that we obtain the monitor the owner's compliance with Equal Hou Laws. The law provides that an applicant may not the information supplied below or whether or not the information supplied below or whether or not the control of the control	following in using Opport ot be discrim	formation in orde unity and Fair Ho inated against on	er to ousing the basis of
White\Non-Minority American	, Indian\Nativ	e American	_Black
Hispanic	Asian <u> </u>	Other	
I do not wish to furnish	1 the above in	formation.	F
			• 00.00
APPLICANT'S CERTIFICATE Please read each item below carefully before yo			
1. I hereby certify that the information provides to f my knowledge.	vided in this	application is cor	rect to the
2. I understand that this is a preliminary ap does not guarantee housing. Additional in necessary to complete the application pro	nformation a	the information and verification m	provided ay be
3. I hereby give (Managing agent) authoriz application.	ation to veri	y the information	in this
4. WARNING: Section 1001 of Title 1B of offense to make willful false jurisdiction false statements of misrepresentations or grounds for denying residency.	. It is a crimi	nal offense to ma	ke willfully
There is a non-refundable application for credit check.	fee of thirt	y-five dollars	(\$35.00)
		2	
Applicant's Signature	л	Date	econstruction of the contract
		e e	s
Co-Applicant's Signature	<b>3</b> 20	Date	

## PREAPPLICATION CARD

	Date Receive	ed
	Time Receiv	red
Name (Head of Household):	-	
Address:		
Telephone: (Home)		
Unit Type Requested: Studio		3BR
Would you be interested in a handicapped ac		
( ) Yes ( ) No		
Do you live\work in the community? ( ) Ye	es ()1	No
Annual household income: \$		
Household Data - Please list all persons who		t:
Name `	Age	Relationship
*		reservoining.
MANAGEMENT DESCRIPTION OF THE PROPERTY OF THE		
ALL AND AND ALL THE STATE OF TH	PARAMETERS ATTACON CONTRACTOR DOCUMENTS	<u> — Стоповиторожни писложник посто с иностофито</u> нсованитонсован
	Supplementary and supplementar	
	Control of the Contro	· · · · · · · · · · · · · · · · · · ·
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	OCIONAMENTO CONTRACTO DE SERVICOS	ом подругательного при
as the concount		Matter Carlotte
Date Apartment is needed:		

	CHICAGO		
-	DEPARTMENT OF HUMAN SERVICES 2. PROJECT NAME		
	CLIENT INTAKE FORM		
	4. Name:	5. ADDRESS: Number Direction Street Name	Name Apt. No.
	First M.I.	Chicago, Illinois 606	
	1 .	8. GENDER: Male Female	
	(if availabic):	9. AGE: BIRTH DATE:	
	10. RACE / ETHINICITY: African - American / Black	11. CURRENT GRADE (If In school) @ HIGHEST LEVEL OF EDUCATION COMPLETED:	ED;
	Caucasian / White Hispanic Origin American Indian / Alaskan Native Asian / Pacific Islander	12, DISABLED: Yes No	If yes, please specify:
	HEAD OF HOUSEHOLD INFORMATION	13. HEALTH INSURANCE: Yes No	
-, .,		15, NUMBER OF 16. HOUSING STATUS PERSONS IN Own Homeless / St	3 STATUS (circle one): Rent Homeless / Shelter In Temporary Housing
-	Guardian Single Person Relative Couple, No Children	17. FOOD STAMPS:	. Yes No
	18. INCOME SOURCE (check all applicable) If only one item is	an Income	m is NOT required.
	18a. No Income TANF (A.F.D.C.) S.S.I. Eanfare	Child Support (+DCFS Grants) Veterans Administration Unemployment	OTHER ( picase specify )
" <u>1</u>	19, SOURCE OF REFERRAL (check one):  Schools Schools Shelters Parks	Chicago Department of Human Services Other Government Agencies Community Agencies (Non - Shelters) Distributed material / publication	Self - Referral Hospital / Clinic Friend / Relative Other
	antipological popularies	NENT: named i	I certify that the above information is accurate minor to participate in this program. r all participants 17 years of age or under
	SIGNATURE OF APPLICANT		
	SI DATE WORKER'S SIGNATURE	SIGNATURE OF PARENT(S) OR GUARDIAN	DATE

PLEASE REFER TO INCOME TABLE (IL anniicable)

CDHS-3362 B (REV. 10/10/97) M&RD Form