

**LAKE GROVE VILLAGE APARTMENTS**  
**3555 SOUTH COTTAGE GROVE AVE CHICAGO, ILLINOIS 60653**  
**Tel: 773-548-2700; E-mail: manager@lakegrovevillage.com**  
**APPLICATION FOR LEASE**  
(Please Print)

**THIS APPLICATION MUST BE UPDATED EVERY SIX (6) MONTHS TO REMAIN ON THE WAITLIST**

TO LAKE GROVE VILLAGE APARTMENTS herein called Owner and PRAIRIE MANAGEMENT & DEVELOPMENT, INC., Agent for the Owner, the undersigned hereby apply (ies) for and offer(s) to execute a lease form used by the owner of the premises herein described on the terms herein set forth. The representations herein made are true.

(Please return this form to the above address)

<i>For Office Use Only:</i>		
Date application received _____	Time application received _____	By _____

**Applicant Name** \_\_\_\_\_ **Home/Cell Phone No.:** \_\_\_\_\_

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Birth Date (mm/dd/yyyy)** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Unit Size Desired**     1 Bedroom     2 Bedroom     3 Bedroom    **Driver's License/State ID No.:** \_\_\_\_\_

**State Issued:** \_\_\_\_\_

If no Social Security number was provided above, which of the following is the reason for the exemption:		
<input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/2010 and were receiving HUD housing assistance as of 1/31/2010		
Is the head-of-household or co-head/spouse 62 or older? <i>You are not required to answer this question, but if the answer is yes, you may qualify for additional deductions to your monthly rent.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the head-of-household or co-head/spouse is not 62 or older, is the head of household or co-head/spouse considered disabled according to the Social Security Administration? <i>You are not required to answer this question, but if the answer is yes, you may qualify for additional deductions to your monthly rent.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student enrolled in an institution of higher education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an active member of the U.S. Military or are you a veteran of the U.S. Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently the resident of a recent presidentially-declared disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime? If yes, When _____?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any other household members require a service animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently renting a dwelling space under any other name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a medically diagnosed alcohol dependency that may interfere with the health, safety and right to peaceful enjoyment of other property residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any person who will reside in the unit require a reasonable accommodation for a disability? If yes, please describe _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List the Head of Household and all other people who will be living in the unit. Please indicate your relationship to head-of-household. Because residents who live on this property are subject to citizen/non-citizen eligibility requirements, please indicate the citizen/non-citizen eligibility status. Failure to provide complete and accurate information will result in the rejection of the application. **Each adult household member must complete his/her own application package.**

Other than those household members listed below, do you expect any new additions to the household in the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

New Adult                       Child                       Child (Adoption)                       Child (Foster)

Please note, new household members must be approved before they are allowed to move in to the unit. Failure to receive approval before move in may result in the termination of assistance for up to two years based on HUD's eligibility criteria. In the case of minors under the age of six, the resident must notify the owner/agent within 10 business days or risk termination of tenant (eviction) under HUD's rules.

HOUSEHOLD MEMBER #	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE	SOCIAL SECURITY NUMBER
1		HEAD OF HOUSEHOLD		
2				
3				
4				
5				
6				

**PREFERENCES:** The owner/agent places applicants and current residents in units based on the date and time the completed application is received and the applicant and/or resident's eligibility for preference. Please indicate if you qualify for a unit transfer preference.

I currently live on this property.  Yes  No      Unit Number \_\_\_\_\_

Reason why transfer is requested: \_\_\_\_\_  
\_\_\_\_\_



**INCOME INFORMATION:**

In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.						
Employer #1		From:			To:	
Address	City	State	Zip	Phone No.:		
How much do you expect to earn in wages in the next 12 months?					\$	
Employer #2		From:			To:	
Address	City	State	Zip	Phone No.:		
How much do you expect to earn in wages in the next 12 months?					\$	

How much do you expect to receive in other income in the next 12 months?						
<i>Please write in 0.00 or None if you will receive no income from these sources.</i>						
<b>THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.</b>						
Monthly Social Security?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$		
Monthly Retirement Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$		
Monthly VA Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$		
Monthly Unemployment Benefits?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$		
Are you entitled to Child Support?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Monthly Child Support Amount				\$		
Are you entitled to Alimony?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Monthly Alimony Amount				\$		
Monthly Public assistance?	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Pre-paid Debit Card	\$		
Income from a pension or annuity or other asset?				\$		
Regular contributions from organizations or from individuals not living in the unit?				\$		
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?				\$		
Contributions from family for rent, child care or other bills.				\$		
Any lump sum amounts from delay of payments for SSI or VA Disability				\$		
Do you receive financial aid for education assistance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Annual amount of education assistance.				\$		
Other?				\$		

**RENTAL HISTORY:**

Current Address:	Apartment No.:	Move In Date:	Move Out Date:
City:	State:	ZIP Code	Phone:
Owner's Name:	Address:	City:	State: ZIP Code: Rent Amount \$

Previous Address:	Apartment No.:	Move In Date:	Move Out Date:
City:	State:	ZIP Code:	Phone:
Owner's Name:	Address:	City:	State: ZIP Code: Rent Amount \$

Previous Address:	Apartment No.	Move In Date:	Move Out Date:
City:	State:	ZIP Code:	Phone:
Owner's Name:	Address:	City:	State: ZIP Code: Rent Amount \$

<b>PENALTIES FOR MISUSING THIS FORM</b>
<p>Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).</p>



**APPLICANT CERTIFICATION**

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to review a paper copy of the owner/agent's tenant selection criteria.

Yes  No

Applicant Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

*LAKE GROVE VILLAGE APARTMENTS does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**AUTHORIZATION AND RELEASE FORM  
FOR  
SECTION 8 HOUSING  
RENTAL APPLICATIONS**

I/we hereby authorize Lake Grove Village, the “Lessor,” to verify my past and present employment, earnings, rental, credit and criminal history, and any other information that may be needed to process a rental application with Lake Grove Village.

It is understood that a photocopy, fax or other facsimile of this document will also serve as authorization to any employer, lender, bank, landlord etc, to release this information.

Any information the “Lessor” obtains will be used for rental application processing only.

(Please Print)

Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Other adult household member - If applicable)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (other)

Date of Birth: \_\_\_\_\_ (other)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(other)



**We Do Business in Accordance With the Federal Fair  
Housing Law**

(The Fair Housing Amendments Act of 1988)