

**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.

**For Office Use Only:** \_\_\_\_\_  
 Date application received \_\_\_\_\_ Time application received \_\_\_\_\_ By \_\_\_\_\_

**Applicant Name** \_\_\_\_\_ Home/Cell Phone No.: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Gender  Male  Female Birth Date (mm/dd/yyyy) \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Unit Size Desired  1 Bedroom  2 Bedroom  3 Bedroom Driver License/State ID No.: \_\_\_\_\_  
 State DL or ID issued: \_\_\_\_\_

If no Social Security number was provided above, which of the following is the reason for the exemption:  
 You are an ineligible non-citizen  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? You are not required to answer this question, but if the answer is yes, you may qualify for additional deductions to your monthly rent.  Yes  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? You are not required to answer this question, but if the answer is yes, you may qualify for additional deductions to your monthly rent.  Yes  No  
 Are you a student enrolled in an institution of higher education?  Yes  No  
 Are you an active member of the U.S. Military or are you a veteran of the U.S. Military?  Yes  No  
 Are you currently the resident of a recent presidentially-declared disaster?  Yes  No  
 Are you currently receiving housing assistance from HUD or a PHA?  Yes  No  
 Have you ever been convicted of a crime? Please note, answering yes to this question does not necessarily preclude you from qualifying for housing at this property.  Yes  No  
 If yes, indicate if the conviction(s) was a felony, misdemeanor or both (if you have been convicted of both a felony and misdemeanor).  Felony  Misdemeanor  Both  
 Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?  Yes  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?  Yes  No  
 Do you or any other household members require a service animal?  Yes  No  
 Are you currently renting a dwelling space under any other name?  Yes  No  
 Are you currently engaged in illegal drug use?  Yes  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?  Yes  No  
 Does any person who will reside in the unit require a reasonable accommodation for a disability? If yes, please describe \_\_\_\_\_  Yes  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?  
*Please write in 0.00 or None if you will receive no income from these sources.*  
**THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.**

|  |   |  |
|--|---|--|
| 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      | Owner's 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:     | Owner's 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:     | Owner's Phone: |
| Owner's Name:     | Address:      | City:         | State:         |
|                   |               | ZIP Code:     | Rent Amount \$ |



**PENALTIES FOR MISUSING THIS FORM**

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).

**APPLICANT CERTIFICATION**

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will by 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.

On the spaces below, please list all states you have resided in since 1996 including those listed on the rental application:

\_\_\_\_\_

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: (Check all that apply)</b>  |  |
| <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. |  |
| <input type="checkbox"/> Check this box if you choose not to provide the contact information.  |  |
|  |  |

**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  
TAX CREDIT AFFORDABLE LOW INCOME HOUSING**

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: CHICAGO IL  
Social Security #: \_\_\_\_\_ (other)  
Date of Birth: \_\_\_\_\_ (other)

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



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

(The Fair Housing Amendments Act of 1988)

**LANDLORD VERIFICATION**

**From: Lake Grove Village Apartments**  
3555 S. Cottage Grove  
Chicago, IL 60653  
Phone: (773) 548-2700  
Email: [manager@lakegrovevillage.com](mailto:manager@lakegrovevillage.com)

\_\_\_\_\_

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

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

\_\_\_\_\_

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

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

Landlord Phone Number: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

**RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.**

**Note to Applicant/ Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

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

PLEASE STOP HERE; INFORMATION BELOW IS TO BE COMPLETED BY THE LANDLORD

This person has applied for housing at Lake Grove Village Apartments. We ask your cooperation in providing the following information and returning it to the person listed above. Your prompt return of this information will help to assure timely processing of the application. Enclosed is self-addressed, stamped envelope, or you can fax the form to (773)952-6208 or email it to: manager@lakegrovovillage.com. The applicant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED

Move In Date \_\_\_\_\_ Move Out Date: \_\_\_\_\_  
Rental Amount \$ \_\_\_\_\_ Date Amount was Effective \_\_\_\_\_  
if the rental amount includes parking, meals, cleaning etc. please indicate amount for occupancy and utilities only.  
\$ \_\_\_\_\_

Please **CIRCLE** any utilities the resident is/was responsible for paying directly to a utility company in addition to rent for occupancy.

|                    |                        |                    |
|--------------------|------------------------|--------------------|
| <b>GAS (HEAT)</b>  | <b>ELECTRIC (Heat)</b> | <b>OIL (HEAT)</b>  |
| <b>ELECTRICITY</b> | <b>Water/Sewage</b>    | <b>Cooking Gas</b> |

If a current resident only:

Is the resident providing their own refrigerator? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is the resident providing their own range? \_\_\_\_\_ Yes \_\_\_\_\_ No

Persons on the lease or permitted to reside in the unit:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Did the renter permit others to live in the unit: \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Has/Did the resident give proper notice to vacate \_\_\_\_\_

Was rent paid on time? \_\_\_\_\_

Security Deposit? \_\_\_\_\_

Is any money still owed? \_\_\_\_\_

Amount of refund \$ \_\_\_\_\_

Reason for withholding security deposit \_\_\_\_\_

Did the applicant or guests or interfere with neighbors, landlord or landlords' staff? (Physically violent and/ or verbal abusive manner, threatening, assault, exhibit public sexual behavior, behave in an unduly loud and disruptive manner, etc.) \_\_\_\_\_ if yes, please explain \_\_\_\_\_

Did the applicant give you any false information? \_\_\_\_\_ if yes please explain \_\_\_\_\_

Did the applicant have a pet? \_\_\_\_\_ If yes, what kind of pet and has the animal ever caused any problems or complaints

To your knowledge, have the applicant or guests ever engaged in any illegal drug or paraphernalia or in any other housing related illegal activity. YES or No (Please circle)  
If yes, please explain:

Did the applicant or guest damage the unit or common areas? YES or No (Please circle)  
If yes, please explain:

Did you ever begin eviction proceedings? YES or No (Please circle)  
If yes, please explain:

Would you ever rent to this person/household again? YES or No (Please circle)

What previous address does your records indicate?

\_\_\_\_\_  
Name of Title of Person  
Supplying the Information

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date



We Do Business in Accordance with the Federal Fair Housing Law  
(The Fair Housing Amendments Act of 1988)




**WELCOME TO**  
**LAKE GROVE VILLAGE APARTMENTS**  
PLEASE PROVIDE THE FOLLOWING INFORMATION.

Name(s) \_\_\_\_\_ Today's Date \_\_\_\_\_  
Present Address \_\_\_\_\_ Size of Apartment Desired \_\_\_\_\_  
City & State \_\_\_\_\_ ZIP \_\_\_\_\_ Date Apartment is Needed \_\_\_\_\_  
Home Phone \_\_\_\_\_ Number of People to Occupy the Apartment \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_  
How Did You Learn of Our Apartments? ( please check all that applied)

Newspaper  Name of Paper \_\_\_\_\_  
Rental Publication  Name of Rental Magazine(s) \_\_\_\_\_  
Resident Referral  Name of Resident \_\_\_\_\_  
Drive By   
Internet   
Other

THANK YOU FOR YOUR INQUIRY 

**FOR OFFICE USE ONLY**

Apartment Shown  NO  YES  Leasing Agent \_\_\_\_\_  
Unit Shown \_\_\_\_\_ Size \_\_\_\_\_

Notes \_\_\_\_\_

If Not Shown, Specify Reason \_\_\_\_\_

1st Follow-Up Date \_\_\_\_\_ By \_\_\_\_\_ Comments \_\_\_\_\_

2nd Follow-Up Date \_\_\_\_\_ By \_\_\_\_\_ Comments \_\_\_\_\_

3rd Follow-Up Date \_\_\_\_\_ By \_\_\_\_\_ Comments \_\_\_\_\_

Additional Notes \_\_\_\_\_

Answer Yes or No to each item  
**DO NOT LEAVE ANY QUESTION UNANSWERED**

Name: \_\_\_\_\_ Unit # \_\_\_\_\_ (leave blank if applicant)

Contact Telephone Number: \_\_\_\_\_

- |       |       |  |
|-------|-------|--|
| Yes   | No    | Have you been convicted of a crime since the last recertification?   |
| _____ | _____ | Do you have any changes in the family members living in your unit? If so, please list: _____                                   |
| _____ | _____ | Is any member of the household subject to a lifetime registration requirement under a State sex offender registration program. |
| _____ | _____ | Do you wish to change any of you pet or assistance animal emergency contact information  |
| _____ | _____ | Do you wish to change any of your emergency contact information?   |

**INCOME**

- |       |       |   |  |
|-------|-------|---|--|
| Yes   | No    | Do you receive any income on behalf of a minor child (SS or SSI etc.)?  | Employer Name _____                              |
| _____ | _____ | I receive income from employment  | No. of current jobs _____ Employer Name: _____   |
| _____ | _____ | I receive tips, bonuses or commissions  |  |
| _____ | _____ | I am currently working overtime or expect to work overtime in the next 12 months  |  |
| _____ | _____ | I am self-employed. Type of business _____  |  |
| _____ | _____ | I own my own small business. Type of business _____   |  |
| _____ | _____ | I am employed as part of a job training program   |  |
| _____ | _____ | I receive income from military employment in the amount of \$ _____   | every _____                                      |
| _____ | _____ | I receive unemployment or Workmen's compensation in the amount of \$ _____  |  |
| _____ | _____ | I receive Social Security for myself or on behalf of my dependent in the amount of \$ _____                                   |  |
| _____ | _____ | I receive Supplemental Security Income for myself or on behalf of my dependent in the amount of \$ _____                      |  |
| _____ | _____ | I receive payments from the Family Independence Agency for the State-paid portion of SSI in the amount of \$ _____            |  |
| _____ | _____ | I receive Veteran's Benefits in the amount of \$ _____  |  |
| _____ | _____ | I receive G.I. Benefits in the amount of \$ _____   |  |
| _____ | _____ | I receive public assistance   | Cash \$ _____ Medical _____ Food Stamps \$ _____ |
| _____ | _____ | I receive alimony in the amount of \$ _____   |  |
| _____ | _____ | I have a court order for child support in the County of: _____  |  |
| _____ | _____ | I receive child support: Voluntary _____ or Court Ordered _____   | in the amount of \$ _____                        |
| _____ | _____ | I am pursuing delinquent child support  |  |
| _____ | _____ | I receive regular cash contributions/gifts (including utility, phone, cable, payments paid for you) in the amount of \$ _____ |  |
| _____ | _____ | I receive income from annuities, and inheritance, or a non-revocable trust fund   |  |
| _____ | _____ | I receive regular payments from insurance policies  |  |
| _____ | _____ | I receive income from retirement funds  |  |
| _____ | _____ | I receive income from one or more pensions  |  |
| _____ | _____ | I receive periodic payments from lottery winnings   |  |
| _____ | _____ | I am currently having a benefit reduced to adjust for a prior overpayment   |  |
| _____ | _____ | I have received a cash settlement or a lump sum receipt in the past 12 months, or expect to in the next 12 months             |  |
| _____ | _____ | I have received a delayed periodic receipt  |  |
| _____ | _____ | I have cash held in the home or in a safety deposit box   |  |
| _____ | _____ | I have assets held in another state   |  |
| _____ | _____ | I have assets held in a foreign country   |  |
| _____ | _____ | I own real estate   |  |

**INCOME-continued**

- |       |   |
|-------|---|
| _____ | I have equity in rental property or other capital investments |
| _____ | I receive rental income from real estate                      |

receive income rental of farm land  
 receive income from oil or gas rights  
 own a land contract, mortgage or deed of trust  
 have a vacant house or land that currently receives no income  
 own a mobile home  
 own a funeral account  
 own personal property (does not include personal household items- Ex: furniture, clothing)  
 have revocable trust  
 have income from other sources not listed above. Explain \_\_\_\_\_

**ASSETS**

Yes No

I have a prepaid debit card Provide most current atm receipt  
 I have savings accounts at 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ banks  
 I have checking accounts at 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ banks  
 I have certificates of deposit at 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ banks  
 I have money market accounts at 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ banks  
 I have IRA's or Keogh's \_\_\_\_\_  
 I pay into an annuity, IRA, Roth account or other \_\_\_\_\_  
 I pay into a 401K Plan \_\_\_\_\_  
 I have bonds \_\_\_\_\_  
 I have stocks \_\_\_\_\_  
 I have treasury bills \_\_\_\_\_  
 I have a retirement or pension fund \_\_\_\_\_  
 I have a life insurance policy \_\_\_\_\_  
 My name is on accounts not effectively owned by me \_\_\_\_\_  
 I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as power of attorney, in case I become incompetent.. These other persons do not own the assets and receive no income from the assets \_\_\_\_\_  
 I have joint ownership on one or more of the above assets \_\_\_\_\_  
 I have sold, given away, or otherwise transferred an asset(s) for less than it was worth within the last two years \_\_\_\_\_

**DEDUCTIONS:** Household annual income is reduced based on the amount of qualified monthly expense.

Households in which the head of household, co-head or spouse is disabled or elderly qualify for deductions based on out of pocket medical expenses for all household members. Please let us know if you have out of pocket expenses for the following. Please provide copies of receipts, prescription printouts etc.  
 I am elderly (62 years or older), handicapped, or disabled \_\_\_\_\_  
 I pay for medical insurance AND am 62 years or older, and/or, or disabled. Name: \_\_\_\_\_  
 Dr.visits/ copays Please bring receipts with you \_\_\_\_\_  
 Dental or vision paid out of pocket Please bring receipts with you \_\_\_\_\_  
 I pay medical expenses relating to a disability \*\* Attached statement must be completed \_\_\_\_\_  
 I pay attendant care expenses out of my own pocket \*\* Attached statement must be completed \_\_\_\_\_  
 I pay medical, child care or attendant care expenses, but I am reimbursed by an outside source or governmental agency \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** 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 and any owner (or any employee of HUD 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 willingly 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 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By signing this document, I certify that the unit I occupy is my only residence. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further

understand (s) that providing false representations herein constitutes an act of fraud. Providing false, misleading or incomplete information may result in the termination of housing assistance and/or eviction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BRING SUPPORTING DOCUMENTS TO THE CERTIFICATION/RECERTIFICATION INTERVIEW FOR EVERY QUESTION YOU ANSWERED "YES".**

**Employment Income:** Submit 4 most recent paycheck stubs

**Social Security/Supplemental Security/Public Aid Income:** Submit most recent award letter (dated within the last 90 days)

**Checking Account:** Submit most recent bank statements for the last 6 months **VERY IMPORTANT**

**Savings Account:** Submit most recent statement

**Medical Insurance:** Most recent premium letter

**Medical Bills:** Bring paid bills with canceled check/money order or paid receipt from physician's office or pharmacy



We Do Business In Accordance With the Federal Fair  
Housing Law  
(The Fair Housing Amendments Act of 1988)

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**LakeGrove Village 3555**

**3555 South Cottage Grove**

Name of Property **Project No.**

**Address of Property**

**Prairie Management & Development Inc Section 8/ Tax Credit Section 42**

**Type of Assistance or Program Title:**

Name of Owner/Managing Agent

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

| Ethnic Categories*                        |  | Select One            |
|---|--|-----------------------|
| Hispanic or Latino                        |  |                       |
| Not-Hispanic or Latino                    |  |                       |
| Racial Categories*                        |  | Select All that Apply |
| American Indian or Alaska Native          |  |                       |
| Asian                                     |  |                       |
| Black or African American                 |  |                       |
| Native Hawaiian or Other Pacific Islander |  |                       |
| White                                     |  |                       |
| Other                                     |  |                       |

\*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.