

Lancaster Heights Apartments
 1462 East College Avenue
 Normal IL. 61761

RENTAL APPLICATION

PERSONAL INFORMATION					
Full Name of Applicant	Age	Date of Birth		Home Phone	Cell Phone
Social Security No.	Drivers License No.	State		Race: (Optional) (Circle One) White Black Hispanic Oriental/Pacific Islander American Indian/Alaskan Native Other	
Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other					
Present Street Address Apt.#	City		State	Zip	
Present Landlord/Mortgage Co.	Account No.		Monthly Rent or Mortgage		
Present Landlord/Mortgage Co. Address	City	State	Zip	Phone Number	Is Landlord a Relative?
Was your lease/mortgage in another name? _____ If yes, explain & provide explanation.					Reason for Moving/Displacement
Was household displaced because of government action _____ Yes _____ No major disaster or from urban renewal area?					
List all others who will occupy the apartment					
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
OTHER INFORMATION					
Have you or any other occupant listed above ever:	Yes or No			Yes or No	
1) Been denied an apartment?			5) Been evicted or asked to move out?		
2) Broken a rental agreement or lease contract?			6) Been sued for damages to rental property?		
3) Filed bankruptcy?			7) Been convicted of a felony?		
4) Had legal action taken against you for nonpayment of a bill or rent?			8) Been a registered sex offender?		
If you answered "YES" to any of the above questions, #1-7, please explain:					
Are you or any household member in need of an accessible unit or feature? _____ Yes _____ No					
Are you receiving Section 8 Assistance	Agency Name		Contact Person & Phone Number		
In case of emergency, notify:	Relationship		Street Address		
Home Phone # (Include Area Code)	Work Phone#		City/State/Zip		

Have you been displaced by government disaster or a presidentially declared disaster? _____ Yes _____ No
In the event of serious illness or death of resident, I give permission to the management office to permit the following person to enter my apartment to remove and / or store all contents found in the dwelling, common areas or mailbox. _____

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained herein in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquiries shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fees and deposit as liquidated damages for owners time and expense of processing this application.

No fees or application deposits are required for section 8 applicants.

(3) terminate residents right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a residents compliance with the lease rules and financial obligations. Owner and/or property manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

NOTICE OF NO AGENCY IS BEING PROVIDED AS REQUIRED BY ILLINOIS LAW

Ludwig & Company has previously entered into an agreement with the property owner to provide certain property management and real estate brokerage services to the property owner. Neither Ludwig & Company nor any of its employees will be acting as your agent but will instead be acting as the agent for the property owner.

 Signature of Applicant or Occupancy Date

 Signature of Applicant or Occupancy Date



**Lancaster Heights Apartments
APPLICANT QUESTIONNAIRE**



No. of Bedrooms _____

APPLICANT NAME(S)

Current Address: _____
 City, State, Zip: _____
 Work Phone _____ Fax No _____

Present Address Is (circle one) **APARTMENT LEASED OWN HOME OTHER**

Present Landlord/Mortgage Co.(Contact) _____
 Address _____
 City, State, Zip: _____

Home Phone _____
 Date of Birth _____
 Social Security No. _____
 Drivers License or State ID _____
 Marital Status _____

Monthly Amt \$ _____
 Occupancy Dates _____
 Reason for moving _____

CO-APPLICANT NAME(S)

Current Address: _____
 City, State, Zip: _____
 Work Phone _____ Fax No _____

Present Address Is (circle one) **APARTMENT LEASED OWN HOME OTHER**

Present Landlord/Mortgage Co.(Contact) _____
 Address _____
 City, State, Zip: _____

Home Phone _____
 Date of Birth _____
 Social Security No. _____
 Drivers License or State ID _____
 Marital Status _____

Monthly Amt \$ _____
 Occupancy Dates _____
 Reason for moving _____

EMERGENCY CONTACT

Name _____ Phone _____

List All Others Who Will Be Occupying Apartments?

	Name	Social Security No	Date of Birth	Relationship To Head
1				
2				
3				
4				

CREDIT REFERENCE

Name _____
 Account No. _____
 Phone _____

Name _____
 Account No. _____
 Phone _____

ALL QUESTIONS MUST BE ANSWERED.....DO NOT LEAVE ANY BLANKS

Answer all questions 'YES or NO' by placing an "X" in the appropriate box. Please make sure you have answered every question completely. If you answer YES, include the dollar amount indicated. If the question does not apply, answer NO.

	YES	NO	If yes, explain/agency
Have you or anyone on this application been evicted from assisted housing last (3) years?			
Do you or anyone on this application have an alcohol substance abuse that interfere with others health, safety, and right to peaceful enjoyment?			
Are you a current drug user?			
Is there anyone living with you now that will not be on the property?			
Do you expect any additions to your household in the next 12 months?			
Are there any absent household members who would normally live with you?			
Does an adult on this application have custody of every child listed?			
Will you have any pets other than service animals?			
Have you or anyone else on this application filed bankruptcy?			
Have you or anyone on this application been convicted of a felony?			
Have you or anyone else broken a rental agreement or lease contract?			
Have you or anyone else ever been convicted of dealing or manufacturing illegal drugs?			
Have you or anyone else on this application been sued for property damage?			
Are you or anyone else on this application a registered lifetime sex offender in any state?			
List all state(s) all person on this application have lived. 1) _____ 2) _____ 3) _____ 4) _____ 5) _____			

INCOME INFORMATION

Include All Income Received or Anticipated For the Upcoming 12 Months

EMPLOYMENT

YES NO

Are you employed or do you anticipate being employed in the next 12 months?

	TYPE	FREQUENCY	AMOUNT
Wages	\$ _____	Company _____	_____
Overtime	\$ _____	Contact _____	_____
Bonus	\$ _____	Address _____	_____
Tips	\$ _____	City, State, Zip _____	_____
Commissions	\$ _____	Phone _____	_____
		Fax _____	_____

For Office Use Only

Sent	Rec'd	Amount

employer emprior
nonemp seasonal

Length of Time on Job _____ Yrs. _____ Mos. Occupation _____

YES NO

Are you presently employed at more than one job (Not Self-Employed)?

Wages	\$ _____	Company _____	_____
Overtime	\$ _____	Contact _____	_____
Bonus	\$ _____	Address _____	_____
Tips	\$ _____	City, State, Zip _____	_____
Commissions	\$ _____	Phone _____	_____
		Fax _____	_____

Sent	Rec'd	Amount

employer
seasonal

Length of Time on Job _____ Yrs. _____ Mos. Occupation _____

YES NO

Are you self employed?

Business Type _____

*selfemp

Annual Net Income \$ _____

How Long in Business _____

2 Yrs Tax Returns

YES NO

Do you receive income from the Armed Forces including the reserves, or do you receive any special pay or allowances?

Regular	\$ _____	Branch/Contact _____	_____
Special	\$ _____	Address _____	_____
Allowances	\$ _____	Phone _____	_____

Sent	Rec'd	Amount

militver

YES NO

Do you receive or have you applied for Unemployment Benefits, Severance Pay, Workers Compensation?

(circle)

Unemployment	\$ _____	Branch/Contact _____	_____
Workers Comp	\$ _____	Address _____	_____
Severance	\$ _____	Phone _____	_____

Sent	Rec'd	Amount

unemp
other

CHILD SUPPORT / ALIMONY

Amount

YES NO

Do you have a court order or private agreement for receiving Child or Spousal Support?

		Court Branch/Payee _____	_____
Child Support	\$ _____	Address _____	_____
Spousal Support	\$ _____	Phone _____	_____

Sent	Rec'd	Amount

childsup childnon

Copies of all court orders must be attached. Support will be counted whether or not it is received, unless legal action has been taken to remedy.

Support that is not ordered by the courts but received from a private party is also counted.

PUBLIC AID

YES NO

Are you receiving AFDC (Aid for Dependent Children) or other public assistance?

Public Aid	\$ _____	Caseworker _____	_____
		Address _____	_____

Sent	Rec'd	Amount

publicver

SOCIAL SECURITY

YES NO

Are you receiving Social Security Income?

SSA	\$ _____	_____
SSI	\$ _____	_____
SSD	\$ _____	_____

Sent	Rec'd	Amount

socsecver

VETERANS, PENSION, RETIREMENT or ANNUITY BENEFITS

YES NO

Do you receive any retirement benefits?

Type _____ \$

Rec'd From _____
 Address _____
 City, State, Zip _____

Sent	Rec'd	Amount

vetver other

OTHER INCOME

Do you receive any of the following types of income & from whom?

YES NO

Regular payments or gifts from anyone outside your household?

\$ _____

Rec'd From _____

Sent	Rec'd	Amount

Regular payments from any type of settlement?

\$ _____

Address _____

Regular payments-inheritances, lottery winnings or trust funds?

\$ _____

City, State, Zip _____

other

Regular payments from rental property or other real estate?

\$ _____

Are you receiving any other form of periodic income?

\$ _____

ASSET INFORMATION

Include All Assets Held by You or Minor Children & Income Derived

YES NO

Please circle the type of account

Checking, Savings Account or Prepaid Debit Card?

Cash Value \$ _____

Account # _____

Bank Name: _____

Sent	Rec'd	Amount

YES NO

CD's, Money Markets, Mutual Funds or Treasury Bills?

Cash Value \$ _____

Account # _____

Address _____

City, State, Zip _____

bankver

YES NO

Stocks, Bonds or Securities?

\$ _____

Rec'd From _____

Sent	Rec'd	Amount

YES NO

Pensions, IRAs, Keogh, 401K or other retirement accounts?

\$ _____

Address _____

YES NO

Trust Funds, Life Insurance or other funds?

\$ _____

City, State, Zip _____

assetver

YES NO

Please circle the type of account

Real Estate, rental property, land contract for deed or other real estate buildings?

Cash Value \$ _____

Address or Legal Description: _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

realestatever

YES NO

Personal property held as an investment?

This includes paints, coin or stamp collections, artwork, collector or show cars, antiques. Do not include personal items such as cars, furniture, etc.

Description: _____

\$ _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

assetver

YES NO

Have you disposed of or given away any asset for Less than its fair market value within the past 2 years?
 Explain:

Fair Market Value \$ _____

Given To _____
 Address _____
 City, State, Zip _____

Sent	Rec'd	Amount

Disposal of Asset

YES NO

Have you received any lump sum payments in the past 2 years, or anticipate any in the next year?
 Where is it now?

\$ _____

Rec'd From _____
 Address _____
 City, State, Zip _____

Sent	Rec'd	Amount

lumpsumcer

YES NO

OTHER ASSETS: Specify _____
 \$ _____

STUDENT STATUS

Do you receive any of the following types of income & from whom?

YES NO

Are you currently a part or full-time student, have been one during five calendar months of this year or expect to be one in the next 12 months?
 If YES, please continue.

YES NO

Are you a single parent with minor children who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?

YES NO

Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other federal, state & local laws?

YES NO

Are you married, filing a joint tax return with your spouse?

YES NO

Do you receive TANF, AFDC (Aid for Dependent Children) or title IV recipient?

YES NO

Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?

YES NO

Please provide the name of the educational instituon where you are or will be a student.

Date Graduated or left school: _____

I understand that the owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Low Income Housing Tax Credit (LIHTC) Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material representation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. And falsification or misrepresentation of information will be considered a material breach of the Lease Agreement. I hereby swear that to the best of my knowledge, the above information is true, correct, and complete.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I agree to provide all necessary information, including source names, addresses and account numbers whenever applicable. I understand that my occupancy is contingent upon meeting management's Resident Selection Criteria and the LIHTC Program requirements. I further certify that I do not expect any changes in the information provided or on the attached Application. I will notify management should any information change unexpectedly. Failure to do so may result in the cancellation of my application for occupancy.

I / We certify that answers given herein are true and complete to the best of my/our knowledge. I / We authorize verification or investigation of all statements contained herein via consumer, credit reports, rental and / or criminal history reports and any other means. Failure to answer any of the inquiries shall be cause for rejecting this application. False information will lead to rejection of this application and we retain the right to forfeit all deposits as liquidated damages for our processing time and expense.

_____	_____	_____	_____
Applicant Signature	Date	Applicant Signature	Date

Date Received _____ Time Received _____ Received by: _____



AUTHORIZATION TO RELEASE INFORMATION

To Be Completed by the Office Staff:

From: Lancaster Heights Apartments
1462 E. College Avenue
Normal, IL 61761
Phone: 309-452-8721
Fax: 309-452-8221

To: ATTN:
Company:
Address:
City,State,Zip
Phone
Fax

The undersigned individual(s) have applied for residency at our apartment community. The property is operated under the Internal Revenue Service LIHTC program. We are required to obtain written confirmation of the income of all applicants and other household members. In order to comply with the Federal regulations in regards to all assets, income and allowances, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information may be needed. Verifications and inquiries that may be requested, include but are not limited to the following:

Credit and Criminal Activity
Student Status

Identity and Marital Status
Medical Allowances

Residences and Rental Activity
Employment, Income & Assets

The groups or individuals that may be asked to release an/or verify the above information (depending on the program requirements) include but are not limited to the following:

Courts & Post Offices
State Unemployment Agencies
Credit Providers & Bureaus
Social Security Administration
Medical Agencies

Welfare Agencies
Veteran's Administration
Internal Revenue Service
Utility Companies
Personal References

Law Enforcement Agencies
Retirement Systems
Previous Landlords (Including PHA's)
Banks & Other Financial Institutions
Past & Present Employers

I/We agree that a photocopy of this authorization maybe used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/We understand that I/We have the right to review my/our file and correct any information that can be proven to be incorrect.

The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the LIHTC program.

Applicant/Resident

Co-Applicant/Co-Resident

Print Name

Date

Signature

Social

Security No.

RENTAL HISTORY

Current rental references are verified. Rental verifications, which show past eviction, judgments for possession and rent, property damage, unsanitary living conditions, failure to pay rent and/or more than 4 late payments in a 1 year period, permitting persons not on the lease to reside in the unit or unlawful detainers will cause the subject's application to be denied. A verification will be processed to determine where the applicant was living and the length of time in the residence.

CRIMINAL BACKGROUND

A credit/criminal background check will be made on all applicants. Applicants will automatically be denied if they are classified as sex offenders, subject to conviction or convicted of a felony, misdemeanor or any crime involving firearms, possession, sale, manufacturing or distribution of controlled substances (drugs), prostitution, theft, fraud, physical violence to other persons, damage to property, endangerment to the health and safety of other persons, domestic violence, disorderly conduct/disturbing the peace, assault, battery, offenses against government agents (such as police, FBI etc.) or any sex related crimes.

NO CO-SIGNORS

OCCUPANCY LIMITS

Occupancy is restricted to those persons listed on the lease application only. No one else may occupy the apartment without prior management approval. The apartment must be the family's only place of residence. An applicant receiving assistance for any other unit at the time of admission will not be accepted. Maximum occupancy limits as established by Normal Township are 2 people for a one bedroom, 5 people for a 2 bedroom and 7 people for a 3 bedroom.

PET POLICY

\$500.00 Non-refundable Pet Fee

A limit of 2 pets per apartment are allowed. Both must be less than 50 lbs. For dogs over 50 lbs: based on 1st floor availability and only 1 per apartment. Breed Restrictions: No Pit Bulls or Rotweillers.

Revised 09/06/2012

APPLICATION COMPLETION

In order to expedite the processing of your application for qualifications with Lancaster Heights Apartments guidelines, you must provide us with the following:

1. Complete application (fill in all blank spaces.)
2. Social Security Card for all household members including minors
3. Birth Certificates for all children under the age of 18.
4. State Issued ID or Driver's License for all adults making application
5. Verifiable Income: (Pay stubs for a month, Award letter, Current financial statement, Income tax returns, W-2 etc...)

ABILITY TO ENTER INTO A LEGALLY BINDING CONTRACT

The head, spouse or co-head of the applicant's household must be able to enter into a legally binding contract. All applicants must be 18 years of age or older to enter into a lease agreement

FEEES

\$15 Credit Check Fee per person. Upon approval you have three (3) days to bring in a security deposit payable to Lancaster Heights Apartments.

(Should you cancel before move in you will forfeit the deposit.)