

Timberline Terrace

4611 State Street

Quincy, IL 62305

Phone 217-223-1968/Fax 217-223-7612

APPLICATION INSTRUCTIONS

Enclosed is an application and information sheet for an apartment at Timberline Senior Apartments in Quincy.

Please answer all questions thoroughly and return the application as soon as possible. Make sure to sign the last page, "General Authorization for Release of Information" and print your name neatly so we can read the correct spelling of your name. If there is an error or unanswered question on your application we will return it to you for completion. When we receive your correctly completed application you will be put on our waiting list according to the date and time we receive it.

Please call the phone number above if you have any questions regarding how to fill out your application.

Processing your application can take a few days to a couple of weeks depending on how quickly the banks and other financial institutions respond to our third-party verifications.

IMPORTANT: Along with your application please enclose copies of the following documents. These documents cannot be more than 120 days old. We cannot process your application without them:

- Social Security card for all household members
- Drivers License or State photo I.D. for all household members
- Social Security or SSI **Monthly Benefit Letter** that shows your current monthly gross benefit amount (please do not send us the form the government sends you at the end of the year to file with your taxes). If you cannot find your **Monthly Benefit Letter** you can go to the Social Security office and they will print one for you. We cannot process your application without it.
- Document showing your DHS monthly check amount.

If you own real estate we need: (These documents cannot be more than 120 days old)

- Current statement from the Tax Assessors office showing the fair market value your property.
- Current statement from your mortgage company showing the balance owed on your mortgage.
- If you are using your real estate for rental income we need a copy of the lease between you and your renters showing how much rent they are paying you.
- If you have sold your home since you sent us the Pre-Qualifying Application we need a Bill of Sale.

If you are self-employed we need:

- Copies of your federal tax return **including the Schedule C for the last two years**

IMPORTANT: If someone will be helping you with your application and will be discussing your financial information with us, we need a notarized letter from you giving us permission to discuss your application with them.

We are excited that you are applying to Timberline Apartments of Quincy and we look forward to meeting with you.



Housing Credit Program Application

Return Application to: 4611 State Street
Quincy, ILL 62301

Phone 217-223-1968 / Fax 217-223-7612

Leave no question blank, if it does not apply, you must indicate by N/A or — on the line. If any items are left blank or the application is not signed by all adult household members, that application will have to be returned to you. Note that there are eight (8) pages to complete in this application. In addition, every household member must complete, sign and date a general authorization for release of information form.

HOUSEHOLD INFORMATION

List all household members that are applying to live in this apartment.

Name First, Middle initial, Last	Relationship to Head of Household	M/F	Social Security Number	Birth date Month/Day/Year

Current Address: _____

Daytime Phone: _____ Evening Phone: _____

YES NO

1. Do you expect any additions to the household within the next twelve months?
Name and Relationship: _____
Explanation: _____

2. Is there anyone living with you now who won't be living with you at this property?
Name and Relationship: _____
Explanation: _____

3. Do you have full custody of your child(ren):
Explanation: _____

4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)
Explanation: _____

5. Does your household have or anticipate having any animals other than those used as service animals:
Explanation: _____

6. Have you or anyone else named on this application filed for bankruptcy?
Explanation: _____

YES NO

7. Have you or anyone named on this application been convicted of a felony?
Explanation: _____

8. Have you or anyone else named on this application been convicted of dealing, use of or manufacturing illegal drugs?
Explanation: _____

RENTAL HISTORY

9. Have you or anyone else named on this application been convicted of property damage?
Explanation: _____

10. Have you or anyone else named on this application been evicted from a rental unit of any type? (Including an apartment, home, mobile home or trailer.)
Explanation: _____

HOUSING REFERENCES

List the past **THREE** years of housing references starting with the most recent. (If additional space is required, use the back of this page.)

	<u>Landlord's Name & Address</u>	<u>Your Address</u>	<u>Own/Rent</u> (Circle one)	<u>Dates</u>
Name:	_____	_____	Own	From: _____
Address:	_____	_____		To: _____
Phone:	() _____	() _____	Rent	
Name:	_____	_____	Own	From: _____
Address:	_____	_____		To: _____
Phone:	() _____	() _____	Rent	
Name:	_____	_____	Own	From: _____
Address:	_____	_____		To: _____
Phone:	() _____	() _____	Rent	

PROFESSIONAL REFERENCES

List a professional reference other than a relative or friend. (Example: business, educational, medical, clergy)

Name: _____

Address: _____

Phone: () _____ Relationship: _____ Years Known: _____

VEHICLE IDENTIFICATION

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

EMERGENCY CONTACT

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

INCOME INFORMATION

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**Include all income anticipated for the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES

NO

11. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)

<u>Household Member</u>	<u>Name of Company/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

12. Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.) Attach copy of Federal Income Tax return and Schedule C for the past 2 years.

<u>Household Member</u>	<u>Type of Business/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

13. Regular pay as a member of the Armed Forces?

<u>Household Member</u>	<u>Base Name & Branch/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

14. Unemployment benefits or workman's compensation?

<u>Household Member</u>	<u>Type of Business/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

YES NO

15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

Household Member Contact Person/Address/Phone per month

16. (a) Child Support or Alimony? (We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)

Household Member Payer/Address/Phone per month

(b) How is the support received? (Check all that apply)

Child Support Enforcement Agency Name of Agency: _____

Court of Law Name of Court: _____

Directly from Individual Name of Person: _____

Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? (if yes, obtain court papers) Explanation: _____

17. Social Security, SSI or any other payments from the Social Security Administration? Attach monthly benefit letter.

Household Member SS Office/Address per month

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Source of Benefit/Address/Phone per month

19. Regular payments from a severance package?

Household Member Source of Benefit/Address/Phone per month

20. Regular Payments from any type of settlement? (for example, insurance settlements)

Household Member Source of Benefit/Address/Phone per month

21. Regular gifts or payments from anyone outside the household? (This includes anyone supplementing your income or paying any of your bills.) Attach a letter from that person stating what their monthly contribution to you is.

Household Member Source of Benefit/Address/Phone per month

YES NO

22. Educational grants, scholarships, or other student benefits?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

23. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

24. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

25. Do you or any other household members expect any changes to your income in the next 12 months? Explanation: _____

ASSET INFORMATION

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS. Do you or anyone in your household have any of the following accounts? (The listed types of accounts are considered assets.)

YES NO

26. Checking or savings account?

<u>Household Member</u>	<u>Name of Bank/Phone</u>	<u>Current Amount in Account</u>	<u>Interest Rate %</u>
_____	_____	_____	_____
_____	_____	_____	_____

27. CD's, money market accounts or treasury bills?

<u>Household Member</u>	<u>Name of Bank/Phone</u>	<u>Current Amount in Account</u>	<u>Interest Rate %</u>
_____	_____	_____	_____
_____	_____	_____	_____

28. Stocks, bonds, securities, 401(k) or Whole Life Insurance?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

29. Trust Funds?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>per month</u>
_____	_____	_____
_____	_____	_____

YES NO

30. Pensions, IRAs, Keogh or other retirement accounts?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

31. Cash on hand over \$500? (money not listed in any of the above categories)

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

32. Real Estate: (For all categories that apply to you attach current statement from the County Tax Assessors office which shows the fair market value. Also attach current statement from your mortgage company showing the balance you owe on the property, or showing it is paid off.) If you have sold your property within the last two years, enclose a copy of the bill of sale. Indicate which categories apply to you:

Real estate you are living in _____, Rental Property _____,
 monthly rent you receive \$ _____, Property sold within 2 years _____,
 Land Contracts _____, contract for deeds _____, other _____

33. Personal property held as an investment?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

34. A safe deposit box?

<u>Household Member</u>	<u>Source of Benefit/Address/Phone</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

35. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

<u>Household Member</u>	<u>Amount</u>	<u>Explanation</u>
_____	_____	_____
_____	_____	_____

APPLICANT STATUS

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

36. Are you or any other ADULT household members claiming zero income?

<u>Household Member</u>	<u>Explanation</u>
_____	_____
_____	_____

YES NO

37. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be in the next 12 months? Household member(s): _____

38. Will you or any ADULT household member require a live-in care attendant to live independently?
Name of Attendant: _____
Relationship (if any): _____

39. Will your household be receiving section 8 rental assistance at time of move-in?
Name of Agency: _____
Contact Person: _____
Do you currently have a Section 8 Voucher? _____ With what county? _____

40. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
Expected Date: _____
Name of Agency: _____
Contact Person: _____

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I authorize my consent to have management verify the information contained to this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and Housing Credit Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

FAMILY HOUSEHOLD COMPOSITION:

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant/applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex on the individual applicant on the basis of visual observation or surname."

Race

- _____ White
- _____ Asian
- _____ Black or African American
- _____ American Indian/Alaskan Native
- _____ Native Hawaiian or Other Pacific Island
- _____ Other

Ethnicity

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino

Marital Status

- _____ Married
- _____ Separated
- _____ Unmarried

Sex

- _____ Male
- _____ Female

PROGRAM INFORMATION

Would anyone in your household benefit from a wheelchair or other handicapped accessible unit?
_____ Yes _____ No If yes, would you like to request an adapted unit? _____ Yes _____ No

Do you need accommodation(s) to live in the unit that you are applying for?
_____ Yes _____ No If yes, please describe the type of accommodation(s) needed.

How did you hear about our housing? _____

Briefly describe your reason(s) for applying for our apartments: _____

What is your preferred moving date? _____

Do you currently _____ own _____ rent If rental, amount of current rent \$ _____

Check utilities paid by you _____ Heat _____ Electric _____ Gas _____ Other

Approximate monthly cost of utilities paid by you (exclude phone & cable) \$ _____

Check which bedroom size you want: _____ One Bedroom or _____ Two Bedroom

General Authorization for Release of Information



CONSENT I authorize & direct any Federal, State or local agency, organization, business or individual to release to & verify my application for participation, and/or to maintain my continued assistance under the section 8, Rental Rehabilitation, Low-Income Public & Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) or Rural Development in administering and enforcing programs, rules and policies. I also consent to release information from my file about my rental history and any violations of my lease or occupancy policies. I also consent to release information from my file about my rental history to credit bureaus, collection agencies or future landlords, including my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | |
|----------------------------------|-----------------------------|
| Identity & Marital Status | Employment, Income & Assets |
| Medical or Child Care Allowances | Credit & Criminal Activity |
| Residences & Rental Activity | |

GROUP OR INDIVIDUAL THAT MAY BE ASKED The groups or individuals that may be asked to release information (depending on program requirements) include but are not limited to:

- | | |
|--|--|
| Previous Landlords (Including Public Housing Agencies) | Past & Present Employers |
| Courts & Post Offices | Welfare Agencies |
| Schools & Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Social Security Administration |
| Medical & Child Care Providers | Support & Alimony Providers |
| Retirement Systems | Veterans Administration |
| Utility Companies | Banks & Other Financial Credit |
| Providers & Credit Bureaus | Intuitions: Excludes |
| | authorization to charge for VOD's |

CONDITIONS I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

Tenant/Applicant's Signature

Co-Tenant/Co-Applicant's Signature

Address

City State Zip

Print Tenant/Applicant's Name

Date

Print Tenant/Applicant's Name

Date

Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "request a copy of tax form" must be prepared and signed separately.

UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: _____

I am currently unemployed: YES NO

I work on a seasonal basis depending on the time of year: YES NO

I receive benefit income such as unemployment, disability, workers compensation: YES NO

[] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment

I have been unemployed for _____ years and _____ months

My last job paid \$ _____ per hour and I worked _____ hours per week

*****Please complete either Section A, B, or C as applicable*****

Section A

I [print name], _____, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

Section B

I [print name], _____, state that I am currently unemployed but am aware of an employment start date of _____ at \$ _____ per _____.

Section C

I [print name], _____, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$ _____ from anticipated employment over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: _____ Date _____



EFFECTIVE DATE: _____

DECLARATION OF STUDENT STATUS

Please check A or B

- _____ A. I am **not** currently a full-time student and **do not** anticipate being a full-time student in the next twelve months.
- _____ B. I am currently a full-time student or anticipate becoming a full-time student in the next twelve months. My household qualifies to live at Thomas Place Apartments, due to the following status:
Approved Qualification: Check one)
 - _____ I am a single parent with children who are students and the household receives TANF (AFDC) payments.
 - _____ I am enrolled in certain federal, state or local job training program(s) that are considered lower-income.
 - _____ I am a single parent and neither the residents nor my children are dependent on a third party.
(Send copy of most recent income tax return)
 - _____ At least one adult who is not a full-time student will be residing in the unit.
 - _____ I am a full-time student who is married and file joint tax return.
(Send copy of most recent income tax return)

I further understand that my household cannot consist of all full-time students unless the household meets at least one of the above exception rules which must be verified in writing by a third party, and I agree to report any change in the student status of any household member to management immediately.

Under penalty of perjury, I _____ certify that the information provided herein is true, accurate and complete to the best of my knowledge.

I further understand that should any of the information provided herein prove to be false, incomplete or inaccurate, it would be considered a serious violation of my lease agreement and grounds for immediate eviction.

Signature of Resident/Applicant

Date

Management

Date