

PRELIMINARY RENTAL APPLICATION

For	Office	IIca	Only
11()	Unite	USE	(

Auburn Manor Ap				Date Received:			
4212-207 Auburn S Rockford, IL 6110	1	15) 0.44 00.45			Time Received:		
Tel: (815) 964-8526 Fax: (815) 964-8047				Received by:			
HOW DID YOU	U HEAR A	ABOUT AUBUR	RN MANOR	?			
Fill out comp	letely.	If something	g does not	apply, mark	x "N/A" on the line.		
Applying for:	1 Bedroom	2 Bedroom		Total numb	er of persons to occupy Apt.		
HEAD OF HOUSE	EHOLD						
Full Legal Name:					Phone:		
F	irst	Middle		Last			
Is this your birth na	me?	Yes No If no, wh	hat is your full	birth name?			
Preferences:							
Have you been disp	laced by gov	vernment action or a p	presidentially d	eclared disaster?	☐ Yes ☐ No		
the relationship of e	ach househo	ON: List below the Held member to the HeGAL NAME			members who will be living Social Security #	in the apartment. Give	
HEAD			SELF				
OTHER ADULT							
No one else can joir not listed above?	the househo	old without prior man	l nagement appro erson's name an	oval. Do you plan ad explain:	to have anyone living with y	rou in the future who is	
No one else can joir with you at Concord	the househod Commons?	old without prior man	nagement appro Yes, list that pe	oval. Is there anyons oval and o	one living with you now that explain:	is <u>not</u> applying to live	
List the addresses th	nat you have	lived at during the la	ast three (3) year	rs, beginning wi	th your current address:		
Address		(City, State. Zip	Code			
Landlord Name							
Landlord Phone Nu	mber				-		

Landlord Address				-	
Landlord City, State, Zip Code	e			_	
Address	(City State Zin Co	de		
Landlord Name		_			
Landlord Phone Number					
Landlord Address					
Landlord City, State, Zip Code					
Are you currently living i	in subsidized housi	ng?] No	
List ALL City, States and th	e County that you hav	re lived in since 19	96.		
APPLICANT					
City	State	County	City	State	County
PERSONAL REFERENCES	S: List two personal no Address, City, Stat			telationship	Phone
CO-APPLICANT IN with N/A.	NFORMATION	N: If there is	s no co-ap	-	
Full Legal Name: First	Mi	ddle	Last	Phone:	
List the addresses that you have	ve lived at during the la	ast three (3) years,	beginning wi	th your current addres	<u>ss</u> :
Address	(City, State. Zip Co	de		
Landlord Name				_	
Landlord Phone Number				_	
Landlord Address					
Landlord City, State, Zip Code					
Address		City, State. Zip Co	de		
Landlord Name				_	
Landlord Phone Number				_	
Landlord Address					
Landlord City, State, Zip Code					
Are you currently living i	in subsidized housi	ng?] No	

CO-APPLICANTCity	State	County	City	State	County
City	State	County	City	State	County
PERSONAL REFERENCES: Name	List two personal Address, City, S			Relationship	Phone
Nume	7 iddress, city, i	rate, zip		Relationship	T HOIC
	A TON				
GENERAL INFORM In the event of an emergency, no		n must be authorized t	o enter remo	ove and/or store househo	old's property in case of
serious illness or death.)					ord is property in ease or
Name				Relationship	
Address		City, S	state, Zip Coo	le	
Work Phone:			Home Phon	e:	
Does your household have a pet	? Yes No.	If yes, what kind?			
Have you or any other person p	planning to occu	py the apartment:			
1. ever broken an apartment le	ase?	□Yes	☐No. If yes	, explain:	
 ever been requested to vacat ever been sued for non-payr 		∐Yes	☐No. If yes ☐No. If yes	, explain:	
4. ever been convicted of a cris		□Yes	□No. If yes	, expiaiii	
5. a current drug or any other of		nce user?	□No. If yes	, explain:	
6. been evicted from federally	assisted	_	_	_	
housing in the past three year		□Yes	□No. If yes	, explain:	
7. a sex offender with lifetime registration requirements?					
8. an alcohol abuser whose behavior could interfere with others' health, safety, and/or right to peaceful enjoyment? Yes No. If yes, explain:					
Do you or any other person planning to occupy the apartment currently hold a Section 8 voucher? Yes No.					
If yes, Name of agency:Phone					
List all vehicles the household owns. No trailers, boats, recreational vehicles, or large trucks are permitted.					
Vehicle Type	Year		Color		License Plate #
The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname.					
If you do wish to provide the information, please check this box:					

List <u>all City</u>, States and the County that you have lived in since 1996.

HEAD OF HOUSEHOLD (please check as appropriate)

RACE	ETHNICITY	SEX	
American Indian / Alaskan Native			
☐ Asian	Hispanic or Latino	Male	
Black or African American Native Hawaiian or Other Pacific Islander	☐Not Hispanic or Latino	Female	
White			
winc	<u> </u>		
☐ Information provided by Management.			
Please check the box or boxes that apply to eith	ner the HEAD or CO-APPLICA	ANT:	
HEAD Handicapped D	isabled Age 62 or C	ver No:	one of these
	isabled Age 62 or C		one of these
Do you wish to claim the \$400.00 deduction fo	r handicap or disabled househo	ld status?	☐ Yes ☐ No
Do you, or any other person planning on occup If yes, explain		essible features?	☐ Yes ☐ No
CERTIFICATION: I hereby certify that I am maintain a separate subsidized rental unit in am must pay a security deposit for this apartment princome limits and by management criteria. I ce understand that false statements or information	other location. I further certify prior to occupancy. I understand rtify that all information in this are punishable by law and will	that this will be m I that my eligibility application is true lead to cancellation	by permanent residence. I understand I by for housing will be based on applicable to the best of my knowledge and I on of this application or termination of
tenancy after occupancy. I understand that if act that this is a preliminary application and gives		cation will become	e a part of the lease. I further understand
Signature of Applicant:			Date:
Signature of Co-Applicant:			Date:
AUTHORIZATION: I do hereby authorize A agencies, local police departments, offices, gro materials which are deemed necessary to comp	ups, previous landlords and/or	organizations to ol	
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Signature of Applicant:			Date:
Signature of Co-Applicant:			Date: