

One Deerfield Place

733 OSTERMAN AVENUE
DEERFIELD, ILLINOIS 60015
(847) 945-3661
FAX: (847) 945-0146

Thank you for your interest in an apartment at One Deerfield Place. In order to process your application, please complete the attached forms and return to us via fax, email, mail or in person.

Make sure you complete and return:

Application, Citizenship Form, Supplement to Application Form

Please include copies of :

ID, birth certificate and social security card

ONE DEERFIELD PLACE:

- Is a Smoke-Free building. You cannot smoke in any of the apartments or common areas of the building
- Is Affordable living for Seniors 62 years of age and older and persons with Disabilities needing the accessibility features of a barrier-free unit.

If all forms are not completed and/or returned, the application will be denied.

Please note that returning this information does not guarantee your eligibility to rent an apartment at One Deerfield Place.

Return via mail, email, or in person--information is at the top of this page.



One Deerfield Place

733 Osterman
 Deerfield, Illinois 60015
 Phone: 847-945-3661
 TTY (IL): 800-526-0844

Office Use Only	Mgr. Initials _____
Date/Time Rec'd _____	
Contact: _____	
Change: _____	
Other: _____	
Appl phone # change: _____	

Managed By: Housing Opportunity Development Corporation

4/28/2017

Please complete all sections of this application. Incomplete applications will be returned. An Application does not guarantee housing.

Applicant Name:

(Head of Household)

_____ Last First M.I.

Present Address:

_____ Street City/State Zip Code

Home Phone #: _____

Cell/Work #: _____

Apt. Size Requested: (check one): 1 Bdrm 2 Bdrm Accessible

1. Household Composition: Complete the following information for each household member who will occupy the apartment at the time of move-in.

Name (Last Name, First Name, M.I.)	Birthdate	Social Security #	Relation to Head of House	Sex*	Race*	FT/PT Student?	
						Y/N	Name of School
			HEAD				

*Optional (Sex/Race is for statistical purposes only. It does not determine eligibility)

Identification will be required, including copy of birth certificate, valid State Drivers License or State ID card.

Social Security card copies and citizenship status are required for all applicants.

The two exemptions to SSA number disclosure are: (1) any applicants who do not contend eligible immigration status

(2) anyone who was age 62 or older as of January 31, 2010 and was already receiving HUD rental assistance.

2. Occupancy: (Check yes or no to each question)

Yes No Will any of the above people live anywhere else except the unit for which you are applying?
 Who? _____ Where? _____

Yes No Will any one else live in the apartment on either a full-time or part-time basis?
 Who? _____ WHY? _____

Yes No Do you expect any of the above to change in the next 12 months? If YES, why? _____

Yes No Have any of the people above used names or a social security number other than the names or numbers used above? If YES, please explain: _____

Yes No Is any member of the household a U.S. military veteran? Who: _____

- Yes No Would anyone in your household benefit from a special needs unit with accessibility features or need a "reasonable accommodation"? (for mobility, vision, or hearing)
- Yes No Is any member of the household a full- or part-time student at an institution of higher education? (college, trade/technical school) School Name, City: _____
- Yes No Does any member receive financial assistance through loans, grants, scholarships? If "yes", verification will be required to determine eligibility.

3. General Information: Check either YES or NO to each question, and explain as needed.)

- Yes No a) Has ANY member of the household been arrested or has a record of conviction, adjudication other than acquittal; OR is or was under home-monitoring for a felony or misdemeanor in ANY state for acts other than a minor traffic violation? If Yes, please explain: (List who, record, dates of incarceration, years of monitoring, State)
- _____
- _____

- Yes No b) Is any member of the household listed on any state sex offender registry? Please list **ALL states** in which household members 18 years and over have lived:
- _____

- Yes No c) Has any member of your household been evicted or involuntarily removed from ANY apartment, including subsidized housing, in the last 5 years, for any reason? If YES, explain:
- _____
- _____

- Yes No d) Has any member of the household exhibited a pattern of behavior that would interfere with the rights of others due to the abuse of alcohol?

- Yes No e) Does any member of the household use, sell, store, buy or manufacture illegal drugs?

- Yes No f) Has any member of your household ever been convicted of the use or the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? If "YES", please explain:
- _____
- _____

- Yes No g) Have you ever filed for bankruptcy? If "YES", what year, why: _____

- Yes No h) Are you currently living in subsidized or Section 8 housing?

- Yes No i) Do you understand that you may not collect subsidy at 2 locations at the same time?

NOTE: You must be completely moved out of your current unit, return the keys & complete the move-out inspection prior to receiving subsidy at this property. Management will request a copy of the move-out inspection at lease signing.

- Yes No j) Have you ever failed to cooperate with the recertification process, failed to report income, or violated the lease or house rules in previous housing?

- Yes No k) Was your housing assistance ever terminated, or in the process of being terminated, for suspected fraud? If YES, WHEN and at what property? _____

- Yes No l) Have you been displaced, and have a current Certificate of Displacement?

4. Vehicle Identification: a) License #: _____ State Issued: _____
 Make/Model/Year: _____
 b) License #: _____ State Issued: _____
 Make/Model/Year: _____

5. Current Job: List current job information for all members of the household (full- and part-time)

If you are self-employed, please list that information below, and list income on pg. 4.

a) Employer: _____ Hours worked per week: _____
 Address, city, zip: _____
 Phone: _____ Contact Name: _____
 Household Member Employed: _____

b) Employer: _____ Hours worked per week: _____
 Address, city, zip: _____
 Phone: _____ Contact Name: _____
 Household Member Employed: _____

c) Employer: _____ Hours worked per week: _____
 Address, city, zip: _____
 Phone: _____ Contact Name: _____
 Household Member Employed: _____

Attach additional sheets, as necessary.

6. Landlord References: List the last 5 years of where you have lived, even if living with family members or in a shelter. The landlord is the company/person to whom you pay rent or mortgage.

a) **Current** Landlord's Name: _____
 Landlord's Address, city, zip: _____
 Current Landlord's Phone: _____ Rent: \$ _____
 Dates you lived there: From: _____ To: _____
 Name(s) on Lease: _____
 Is the Landlord a relative? _____ If "YES", what relation? _____
 Why do you want to relocate? _____
 Are you being evicted or have you, your family or guests caused damage to the unit? _____

b) **Previous** Landlord's Name: _____
 Landlord's Address, city, zip: _____
 Previous Landlord's Phone: _____ Rent: \$ _____
 Dates you lived there: From: _____ To: _____
 Was the Landlord a relative? _____ If "YES", what relation? _____
 Why did you relocate? _____
 Were you evicted or did you, family or guests cause damage to the unit? _____

c) **Previous Landlord's Name:** _____
Landlord's Address, city, zip: _____
Previous Landlord's Phone: _____ **Rent: \$** _____
Dates you lived there: From: _____ **To:** _____
Was the Landlord a relative? _____ **If "YES", what relation?** _____
Why did you relocate? _____
Were you evicted or did you, family or guests cause damage to the unit? _____
Attach additional pages, if necessary to cover last 5 years.

7. Household Income, Assets and Liabilities

a) **INCOME:** (List ALL income received by any person who will reside in the unit such as a full- or part-time job, Social Security/SSI, disability, AFDC, child support, alimony, cash for jobs, RR or Veteran's benefits, cash gifts, unemployment, pensions, worker's compensation, self-employment, military, etc.)

Family Member Name	Source of Income	GROSS Amount of Income \$	Bal. put on Debit Exp Card?	Frequency of Income
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

b) **ASSETS:** (List all assets such as checking, savings, CD's trusts, IRA's, 401K, Keogh Account, trusts, retirement, land, house, stocks, savings bonds, mutual funds, treasury bills, mortgage or deed of trust, value of life insurance/funeral policy, ANY benefits debit cards,) (List others on additional paper)

Family Member Name	Type of Asset/Held Where (bank, brokerage, company)	Cash Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c) Please list any benefits received (Social Security, Public Aid, Unemployment) that are provided/placed on any type of **direct deposit debit cards** (you must provide current balances printout at interview for unit):

d) **LIABILITIES (Your bills):** Please list any monthly bills, including cable, internet fees, utilities, alimony, credit accounts (ex.: car payments, personal credit cards, car insurance, cell phone payments, child support paid to someone not in the household, repayment agreements to HUD, landline phone bill, etc.)

<u>Lender:</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

d) **Has any member disposed of any assets in the last 2 years for less than fair market value?**
 Yes No If Yes, to Whom: _____ Amount: \$ _____

8. Allowances and Deductions (if applicable)

Note** (The following questions are voluntary, however, if you qualify, the benefits could reduce your rent)

1) Yes No If the Head of Household, spouse or co-head is 62 years or older, handicapped or or disabled, the household may be eligible for the "Elderly Household" benefits. Does your household fit this qualification?

2) Do you or any members of your household have any of the following:
 Yes No Medicare Yes No Other Health Insurance:
 Yes No Medicaid Yes No Dental Insurance

3) Yes No Do you pay childcare to anyone or an agency for a dependent household member 12 & under to allow you to work or go to school, or look for a job?
 To Whom: _____ Annual Amt: \$ _____
Valid proof of payment by cancelled check or money order is required.

9. Emergency Contact: (List someone not living in household.)

1st Contact Name: _____ Relationship: _____
 Address, city zip: _____
 Phone: _____ Work/Cellphone: _____

2nd Contact Name: _____ Relationship: _____
 Address, city, zip: _____
 Phone: _____ Work/Cell Phone: _____

10. How did you hear about this property? _____

Name: _____

SS #: _____

Name: _____

SS #: _____

SIGNATURE CLAUSE:

I understand that management is relying on this information to prove my household's eligibility for a program of the U.S. Department of Housing and Urban Development (HUD). 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 and fines up to \$10,000.00. **I understand Management will verify my income & subsidy status thru the Enterprise Income Verification (EIV) System through HUD.**

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility and suitability for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria & the requirements of a program of the U.S. Dept of HUD.

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to naming any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies, obtaining credit information from other credit institution, as well as conducting criminal, eviction and landlord checks.

I hereby grant this property & the Management Company the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current & former employers to release information that they may have about me and release them from my liability & responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

ALL ADULT household members (18 years of age and older) must sign below:



_____/_____/20
Signature Date

_____/_____/20
Signature Date

_____/_____/20
Signature Date

_____/_____/20
Signature Date

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, sexual identity, handicap or familial status.

Return the completed application to :
Management Office
One Deerfield Place
733 Osterman
Deerfield, IL 60015

Exhibit 3-5: Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:
- (1) Form I-551, **Permanent Resident Card**
 - (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
 - (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
 - (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
 - (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.