



ADA

Morton Grove Senior Housing
9016 Waukegan Road
Morton Grove, IL 60053
847-470-8777

Received:
Date:
Time:
By:



APPLICATION FOR HOUSING

(Please Print)

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

1. Full Name: Last First Middle Name

Current Address: City:

State: Zip Code: Daytime Phone:

Unit size: 1 Bedroom 2 Bedroom

2. List all people that are expected to live in the unit:

Table with 8 columns: Full Name, Age, Date of Birth, Relationship, Social Security #, Sex, Full or Part Time Student, Marital Status. Includes a 'Head of household' label in the Relationship column.

3. List all states and counties each person has lived in.

4. Is any member of your household a full- or part-time student at an institution of higher learning? Yes ( ) No ( ) If yes, please indicate the name of the member, name of the institution, address of institution, and student status (full and/or part-time).

5. Are you a U.S. citizen? Yes ( ) No ( )

6. Are you or any household member disabled? Yes ( ) No ( )

7. Were you receiving HUD rental assistance at another location on January 31, 2010? Yes ( ) No ( )

8. Do you need special accommodations or modifications to the living unit based on a disability? Yes ( ) No ( )

If so, please explain: \_\_\_\_\_

9. Do you have a live-in aid? Yes ( ) No ( )

10. Have you or anyone in your household ever used another names other than the name listed above? Yes ( ) No ( )

If so, please explain: \_\_\_\_\_

11. Household Income: List all sources of income, SS, SSI, Job, Pension, Contributions, VA, Unemployment, Alimony, Child Support, Workman's Comp, Annuity, Business or Rental Income, Dividends, Other Income

**Household Member                      Source of Income                      Gross MONTHLY Income                      On Debit Card?                      Y or N**

Household Member	Source of Income	Gross MONTHLY Income	On Debit Card?	Y or N

12. Have you received any lump sum payments (including but not limited to deferred SS or SSI benefits, lottery or gambling winnings, insurance settlements)? Yes ( ) No ( )

13. Have you disposed of any assets for less than Fair Market Value during the previous two years? Yes ( ) No ( )

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

14. ASSETS: List all assets such as checking, savings CD's, cash on hand, trusts, IRA's 401K, Keogh Account, land, house, stocks, savings bonds, mutual funds, treasury bills, real estate mortgage or deed of trust, value of life /funeral insurance or policy, ANY benefit debit cards.

Household Member	Type of Asset	Held Where?	Cash Value
		(bank, brokerage, company)	

15. Are you Homeless? Yes ( ) No ( )

16. Are you a homeowner? Yes ( ) No ( )

If not, please provide your rental history (add additional sheets if necessary). Include family information if you are currently living with family.

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

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

Landlord Address: \_\_\_\_\_ Relative  Yes  No

Reason for Leaving: \_\_\_\_\_

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

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

Landlord Address: \_\_\_\_\_ Relative  Yes  No

Reason for Leaving: \_\_\_\_\_

17. Are you currently living in a federally subsidized housing unit? Yes ( ) No ( )

18. Do you expect a change in your household composition? Yes ( ) No ( )

If so, please explain: \_\_\_\_\_

19. Are you or any member of your household a victim of domestic violence? \_\_\_\_\_

20. Have you ever been evicted from previous housing including subsidized housing? Yes ( ) No ( )

If yes, explain: \_\_\_\_\_

21. Are you or any member of your household a current drug user? Yes ( ) No ( )

22. Do you or any other household member use an illegal drug or other illegal controlled substance? Yes ( ) No ( )

If yes, explain: \_\_\_\_\_

23. Have you or any household member's alcohol abuse or pattern of alcohol abuse interfered with the health, safety, or right to peaceful enjoyment of other residents? Yes ( ) No ( )

24. Are you or any household member subject to lifetime registration requirement under any State Sex Offender Registration program? Yes ( ) No ( )

25. Have you ever been convicted of a crime? Yes ( ) No ( )

If yes, explain: \_\_\_\_\_

26. Have you ever been convicted of any felony or misdemeanor other than traffic violations? Yes ( ) No ( )

If yes, explain: \_\_\_\_\_

27. Do you have medical expenses (co-payments, prescriptions, dental fees, etc.)? Yes ( ) No ( )

28. Do you pay medical insurance premiums? Yes ( ) No ( )

If yes, explain: \_\_\_\_\_

29. Do you pay for any Special Equipment/Apparatus that allows the disabled member or other household member to work? Yes ( ) No ( )

If yes, explain: \_\_\_\_\_

30. Do you have/plan to have a pet? Yes ( ) No ( ) If yes, what kind? \_\_\_\_\_

31. Do you own and/or drive a car? Yes ( ) No ( ) If yes, what model, make and year? \_\_\_\_\_

\_\_\_\_\_ License Plate Number \_\_\_\_\_

32. How did you hear about this location? \_\_\_\_\_

Applicant(s) understands that we will conduct the following background checks (please initial):

\_\_\_\_\_ I/We authorize you to run a criminal conviction/current drug use check on all states.

\_\_\_\_\_ I/We authorize you to run a sex offender registry on all states.

\_\_\_\_\_ I/We authorize you to run a credit report (under the name of Lakeside Towers) for the purpose of renting an apartment.

\_\_\_\_\_ I/We authorize you to contact my current or former landlord.

The information solicited on this application is requested by the owner in order to assure the Federal Government that Federal laws prohibiting discrimination against Resident applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. 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 of individual applicants on the basis of visual observation or surname.

I understand that this is not a contract and does not legally obligate either party. The above information is full, true and complete to the best of my knowledge. I agree to notify management of any address change.

\_\_\_\_\_  
Signature - Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Spouse or Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Agent  
Initials

\_\_\_\_\_  
Date

**HEAD OF HOUSEHOLD**  
**(Completion of this section is optional)**

Ethnicity

Race

\_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino

\_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ White  
\_\_\_\_\_ Other

REV 1/17