An Embrace Living Community

310 West Martin Avenue | Naperville IL 60540 O 630.357.0909 | F 630.357.1699 | TTY 711 | martinave@embraceliving.org

Dear Applicant:

In response to your inquiry, enclosed is an application packet for Martin Avenue Apartments. This packet includes eligibility requirements and application papers. **Please read all this information.**

Please complete, sign and date the application papers. Any section left blank will deem the application "incomplete" and be returned to you. If any question on the forms does not apply to you, please mark it with an "n/a" or cross-through it.

Once a complete application is received, it is reviewed for preliminary eligibility according to HUD requirements. If preliminary eligibility is met, your name will be placed on the waiting list. Your name on the waiting list does not guarantee eligibility nor does it ensure housing.

This property maintains a substantial waiting list. Management cannot guarantee housing within your time frame. The waiting list is maintained in chronological order based on date and time of your application. Preference is given to extremely low income applicants or applicants displaced by government or natural disaster.

The waiting list is updated at least annually with written notification to applicants on the list. You are required to respond by returning the updated form. It is your responsibility to notify the facility office should your address, phone, or family composition change.

A thorough screening for eligibility and suitability is not done until your name is at the top or near the top of the list and you are being considered for admission. Please refer to the enclosed "Tenancy Requirement and Screening".

Sincerely,

Manager







Martin Avenue Apartments 310 West Martin Avenue Naperville, IL 60540 630-357-0909 TTY: 711

APPLICATION FOR TENANCY

The apartment you are applying for has been designed for those persons aged 62 and over and/or those persons 18 and over who have a physical condition that has resulted in a mobility impairment requiring the special design features of a "barrier-free" apartment.

This application will be used only to determine your <u>preliminary eligibility</u> for this program which is subsidized by the Department of Housing and Urban Development (HUD). If eligible, your name will be placed on our Active Wait List. When an apartment becomes available, you will be contacted for an interview to determine if you/your household meets the established criteria of eligibility and suitability.

The undersigned hereby makes application for an apartment in the above referenced housing community as indicated below.

GENERAL INFORMATION

Applicant Name:		
Last	First	Middle
Current Address: Street:		
City/State/Zip:		
Home Telephone #:	Cell Telephone #:	

PROGRAM INFORMATION

Martin Avenue Apartments offers two difference program types for its apartments. Please read the information below carefully. Depending on income you might qualify for one or both programs.

Program Types				
Section 8	Market			
Age:	Age:			
62 or older	62 or older			
And / Or	And / Or			
disabled	disabled			
Monthly Rent:	Monthly Rent:			
Calculated by 30% of your	Studio - \$422.00			
adjusted Annual Income	One Bedroom - \$471.00			
Income Limits:	Income Limits:			
\$26,950 (one person)	\$43,050 (one person)			
\$30,800 (two persons)	\$49,200 (two persons)			

ELIGIBILITY

Eligibility for admission requires that the applicant be an "Elderly Family" or have a "Mobility Impairment". Refer to the statements found in the Program Information section for the definitions of eligibility.

APARTMENT SELECTION:

Please check off all housing for which you wish to apply. You may select apartments in one or both types of programs.

	Section 8	Market
Studio Apartment		
No more than one person can occupy a		
Studio Apartment.		
Studio Apartment – Barrier Free		
Only one person can occupy a Studio Apartment		
and need the special features of a Barrier Free		
Studio. Applicants for a barrier free unit may		
also apply for a standard unit.		
One Bedroom		
No more than two people can occupy a One		
Bedroom Apartment.		
One Bedroom – Barrier Free		
No more than two people can occupy a One		
Bedroom Apartment and at least one person need		
of special features of Barrier Free Apartment.		
Applicants for a barrier free unit may also apply		
for a standard unit.		

Does the applicant or any household member need reasonable accommodation for a mobility accessible or hearing impairment unit? [] Yes [] No If yes, please indicate the type of reasonable accommodation needed.

Have you or any h community? [currently living in a government subsidized No	
Explain:					
Reason for movin	g from	current res	sidency: _		
How did you hear	of our	communit	y?		

List each household member who would be living in the unit:

	Γ	Γ				
	Relationship to		Gender	Social		
	Head of	Date of	(Optional	Security		
Name	Household	Birth	Disclosure)	Number	Occupation	
Were any applicants age 62 or older as of January 31, 2010, and who do not have a Social Security Number, receiving HUD rental assistance at another location on January 31, 2010? [] Yes [] No If yes, community information needed						
		lind	d/an lived at th			
Have you or any housel				•		
	j no ny	cs, cxpiaiii				
Does anyone live with ges, explain				Yes [] No	
Do you plan to have an						
[] Yes [] No If y	ves, explain				
Will one of the househ	ld manhana live	an uu hara a	las avaant in t	ha unit annliad	farl	
Will any of the househo		-	-			
	j no ny	es, explain				
Will any of the househo	old members who	will live in	the unit on lea	ss than a full tin	ne basis?	
[] Yes [
	J 5	, 1				
Do any of the above me	entioned applicant	ts attend an	institution of	higher learning	?	
[] Yes [] No					
	swer the following					
Name(s) of appli	cants:					
Name of instituti	on(s):					
Please indicate st	tatus: []	Full tin	ne [] Part	time	
CURRENT HOUSING	C					
CURRENT HOUSIN	<u>u</u>					
[] Rental [] Home Owne	r []	Other (Expl	ain).		
Present Landlord:						
Nan		dress		City State	e Zip	
Phone:				-	res:	
Monthly Rent: <u>\$</u>		<u>\$</u>	Т	otal <u>\$</u>		

Have you or any member of your family ev	er been	evicte	d from	n a resi	idence	or have any
eviction proceedings ever been instituted?	[]	Yes	[]	No
If yes, please describe the circumstances:						

Please list landlord and address for residences within last 5 years if different than current address listed on the application:

Name	Address	City, State, Zip	Phone #	Date of Residency

TYPE OF AUTO(S)

Make / Model:			License Plate #:				State:	
Make / Model:			License Plate #:				State:	
<u>PETS</u>	Do you own a Pet? If, yes, type and size:	[]	Yes	[]	No	

ASSETS

В.

List value of all assets held by those expected to reside in unit. (If you have additional accounts, please place the information on a separate sheet of paper and attach it to the application.):

A. Checking Account(s):

Locatio	on of Bank:	
Accour	Int Number:	
Curren	nt Balance:	
Locatio	on of Bank:	
Accour	nt Number:	
Curren	nt Balance:	
	gs Account(s):	
	gs Account(s):	
Saving		
Saving Locatio	on of Bank:	
Saving Locatio Accourt	on of Bank:	
Saving Locatio Accourt	on of Bank:	
Saving Locatio Accour Curren	on of Bank: Int Number: Int Balance:	
Saving Locatio Accour Curren Locatio	on of Bank: int Number: nt Balance: on of Bank:	
Saving Locatio Accour Curren Locatio Accour	on of Bank: int Number: nt Balance: on of Bank:	

C.	Certificates of Deposits (CD's):	Value	Annual Interest
D.	 Money Market / Treasury Notes / Bond	ds: <u>Value</u>	Annual Interest
E.		# of Shares	Value
F.	Real Estate: Location / Type: Remaining Mortgage: Estimated Value:		
G.	IRA/ Keogh Account: Value:		rest:
H.	Life Insurance: Name:	Cash Value	e:
Ι	Personal Property Being Held as an In collections, antiques, etc.):		
J.	Other (Such as cash not held in banks, etc	c.). Please specify.:	
	T	DTAL ASSET VALUE: <u>\$</u>	
dispo	any member of my family, have [osed of any assets in the previous two years and approximate value.	s. If assets have been dispos	sed of, please list

INCOME

Income from all those expected to reside in unit should be included in family income:

Annual Income Source		
(Indicate Gross Monthly Amount)	Head of Household	Family Member #2
A. Social Security Retirement		
B. Supplemental Security Income		
C. Social Security Disability		
D. Public Aid		
E. Pension/Annuities/Insurance		
Benefits		
F. Wage/Salary/Self-Employment		
Income (include gratuities)		
G. Interest/Dividends from C.D.'s,		
Stocks, Bonds, Savings		
H. Income from Real Estate		
I. Other (i.e. educational grants, family		
support, child support, etc.) Please		
specify source.		
J. Student Financial Aid/Scholarship		
K. Other		
Total Monthly Income:		

EXPENSES

	List Name of	Monthly Payment	How Often Payment
Type of Expense	Expense	Amount	Is Made
A. Credit Card			
B. Loans			
C. Medical Insurance Premium			
D. Medical Insurance Premium			
E. Doctor Visits			
F. Outstanding Medical Bills			
G. Prescriptions			
H. College Tuition			
I. Other:			
J. Other:			
K. Other:			
Total Monthly Expenses:			

REFERENCES

Personal References:	
Name:	
Address:	
Telephone: Relationship:	
Name:	
Address:	
Telephone: Relationship:	
Name:	
Name:	
Address: Telephone: Relationship:	
Telephone Relationship	
1. Have you or any household member ever filed for bankruptcy?	
[] Yes [] No If yes, explain	
2. Have you or any household member ever willfully or intentionally refuse	ed to pay rent when
due? [] Yes [] No If yes, explain	
 3. Have you or any household member ever been evicted, breached or viola while leasing any type of rental housing? [] Yes [] No If yes, explain 	-
 4. Are you or any household member currently under any litigation or other loan defaults, late payment of rent, bills, utilities, etc.? [] Yes [] No If yes, explain 	
5. Have you or any household member ever been convicted of a felony? (Trincluded.) [] Yes [] No If yes, please list dates, criserved, parole status:	
6. Have you or any household member been evicted from a federally assisted related criminal activity?	C
Yes No If yes, explain	
7. Are you or any household member a current illegal abuser or addict of a substance?	controlled
[] Yes [] No If yes, explain	

8. Have you or any household member ever been arrested or convicted of the illegal distribution or manufacturing of any controlled substance?
[] Yes [] No If yes, explain
 9. Do you or any household member abuse or have a pattern of abuse of alcohol that would interfere with the health, safety, or right to peaceful enjoyment of the premises of others? [] Yes [] No If yes, explain
 10. Are you or any household member currently subject to a lifetime registration requirement under a state sex offender registration program? [] Yes [] No If yes, explain
11. Have you or any household member been convicted of any crime involving fraud or dishonesty? [] Yes [] No If yes, explain
 12. Are you currently charged with any of the criminal activities sited in questions 1-11? [] Yes [] No If yes, explain
13. Please list <u>all</u> states in which you or any household member has resided.
15. Theuse list <u>un</u> states in which you of uny nousehold memoer has resided.
14. Please list all states in which you or any household member has lived or have held licenses to drive since 1996 (include driver's licenses #).
 to drive since 1996 (include driver's licenses #). 15. Have you or any household member ever used any name(s) or social security number(s) other than the one currently being used?
 to drive since 1996 (include driver's licenses #). 15. Have you or any household member ever used any name(s) or social security number(s)
to drive since 1996 (include driver's licenses #)
to drive since 1996 (include driver's licenses #)
to drive since 1996 (include driver's licenses #)
to drive since 1996 (include driver's licenses #)
to drive since 1996 (include driver's licenses #)
to drive since 1996 (include driver's licenses #)
to drive since 1996 (include driver's licenses #)
to drive since 1996 (include driver's licenses #)

APPLICANTS CERTIFICATION

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for section 8 assistance. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we consent for a criminal background check to be completed. I/we understand that false statements or information are punishable under federal law and is grounds for denial of admission to this community. I/we understand that if my/our address or phone number change, it is my/our responsibility to report this change to the on-site management. All notices from on-site management will be sent by first class mail at the current address listed on this application.

Signature of Head of Household:	Date:
Signature of Family Member #2:	Date:
Signature of Family Member #3:	Date:
Signature of Family Member #4:	Date:
+++++++++++++++++++++++++++++++++++++++	-++++++++++++++++++++++++++++++++++++++
MANAGEMENT USE ONLY:	
Date & Time Received:	Reviewed By:
Eligible [] Income Level:	Date Acceptance Letter Sent:
Ineligible [] Reason:	-
Date Rejection Letter Sent:	

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development Office of Housing

Name of Property	Project No.	Address of Property	
Name of Owner/Managing Agent		Type of Assistance or Program Title:	
Name of Head of Household	1	Name of Household Member	

Date (mm/dd/yyyy):

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

- 1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
- 2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **2.** The five racial categories to choose from are defined below: You should check as many as apply to you.
 - 1. American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - 2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 - **3.** Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 - 4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - **5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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)				
Emergency	Assist with Recertification P	rocess		
Unable to contact you	Change in lease terms			
Termination of rental assistance	Change in house rules			
Eviction from unit	Other:			
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.				
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 and maintained as confidential information. Providing 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 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.