



Date: _____

Time: _____

RENTAL HOUSING APPLICATION

Please select the affordable housing developments you would like to apply for. Pay close attention to the number of bedrooms offered as they differ between the housing developments. Only apply for housing developments that meet the number of bedrooms needed. At the end of the application, be sure to sign the Applicant's Certification for each affordable housing development you have selected.

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Borinquen Bella | <input type="checkbox"/> Madres Unidas | <input type="checkbox"/> Tierra Linda | <input type="checkbox"/> Humboldt Park Residence |
| - 1, 2 & 3 Bedrooms | - 2 & 3 Bedrooms | - 1, 2 & 3 Bedrooms | - Studios Only |
| - No Pets | - Accessible Units | - Accessible Units | - Accessible Units |
| | - No Pets | - No Pets; No Smoking | - No Pets |

FOR OFFICE USE ONLY

Date Applied: _____ Annual Income: \$ _____

Wait List #: _____ Interviewed By: _____

Ward: _____ Approved By: _____

DO NOT LEAVE ANY LINES BLANK. IF NOT APPLICABLE, WRITE N/A.

Applicant's Name: _____ Co-Applicant's Name: _____

Telephone: _____ Telephone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

THIS APPLICATION IS FOR:

____ 0-Studio ____ 1-BR Apartment ____ 2-BR Apartment ____ 3-BR Apartment

____ Do you require a unit for any special needs? (Sect. 504, hearing and/or visual impaired, other)

Is there anything you'd like us to know about your special needs? _____

____ Do you have a car? Year: _____ Make: _____ Model: _____

Year: _____ Make: _____ Model: _____

HOUSEHOLD INFORMATION:

Complete the table below beginning with yourself and listing all other people who will live with you in the apartment.

NAME	DATE OF BIRTH	SSN OR ITIN	M/F	RELATION TO HEAD OF HOUSEHOLD

How did you hear about LUCHA? _____

Why do you wish to move at this time? _____

HOUSING HISTORY:

Applicant's Present Address: _____

Co-Applicant's Present Address: _____

Landlord: _____

Landlord: _____

Landlord's Phone: _____

Landlord's Phone: _____

How long have you lived there? _____

How long have you lived there? _____

Monthly Rent: \$ _____

Monthly Rent: \$ _____

Monthly gas and electric cost: \$ _____

Monthly gas and electric cost: \$ _____

Previous Address: _____

Previous Address: _____

Previous Landlord: _____

Previous Landlord: _____

Landlord's Phone: _____

Landlord's Phone: _____



HOUSING HISTORY CONTINUED:

How long did you live there? _____

How long did you live there? _____

Monthly Rent: \$ _____

Monthly Rent: \$ _____

Monthly gas and electric cost: \$ _____

Monthly gas and electric cost: \$ _____

Reason for moving: _____

Reason for moving: _____

IF YOU OWN YOUR OWN HOME:

Monthly Mortgage: \$ _____

Balance on Mortgage: \$ _____

Real Estate Taxes Per Year: \$ _____

Insurance Premium Per Year: \$ _____

Monthly Gas & Electric Cost: \$ _____

Other Expenses: _____

OTHER REAL ESTATE YOU MAY OWN:

Description and Address: _____

Current Market Value: \$ _____

Balance Due on Mortgage: \$ _____

What are your plans for the Real Estate if you move to one of our apartments? _____

Have you given away, sold any property or other assets in the past two years? Yes _____ No _____

If yes, please describe: _____

INCOME AND ASSETS:

Our housing program requires you to be income eligible as defined by published guidelines. In order to determine your eligibility, it is necessary for you to provide the following information related to your income and assets. This information will be verified at the time your name comes up on the waiting list.

Be sure to include all sources of income that may include, but not be limited to: Wages, SSI, SSDI, Veteran's Benefits, Survivor's Benefits, Other Pensions, AFDC, General Relief, Aid to the Blind, Alimony, Child Support, Unemployment Compensation, Worker's Compensation, etc.

Applicant's Employer: _____

Co-Applicant's Employer: _____

Address: _____

Address: _____



INCOME AND ASSETS CONTINUED:

Phone: _____

Phone: _____

Title/Position: _____

Title/Position: _____

Length of Employment: _____

Length of Employment: _____

Complete the table below beginning with yourself and listing all other people who will live with you in the apartment.

NAME	SOURCE OF INCOME	WEEKLY, MONTHLY, BI-MONTHLY	ANNUAL GROSS AMOUNT

List all checking and savings accounts, retirement plans, mutual funds, certificates of deposit, etc. in the table below:

NAME	FINANCIAL INSTITUTION	CURRENT BALANCE

List any Stocks and Bonds that you own:

Name of Stock: _____ Number of Shares: _____

Value: \$ _____ Annual Income: \$ _____



CREDIT REFERENCES:

For Applicant

Name: _____

Address: _____

Account Number: _____

For Co-Applicant

Name: _____

Address: _____

Account Number: _____

PERSONAL REFERENCE:

For Applicant

Name: _____

Phone: _____

Relationship: _____

For Co-Applicant

Name: _____

Phone: _____

Relationship: _____

EMERGENCY CONTACT:

If we are unable to reach you, please list a person we may contact.

For Applicant

Name: _____

Address: _____

Phone: _____

Relationship: _____

For Co-Applicant

Name: _____

Address: _____

Phone: _____

Relationship: _____



ELIGIBILITY FOR PREFERENCE STATUS:

The following information will need to be verified prior to the offer of an apartment.

Please check any and all categories that apply to your situation:

_____ Displaced from an urban renewal area.

_____ Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit.

_____ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.

Is there any additional information you would like us to know about your situation? _____

Please note that completion of this section is optional. The Federal Government requires that we obtain the following information in order to monitor the owner's compliance with Equal Housing Opportunity and Fair Housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

For Applicant

Race: American Indian or Alaskan Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander

Ethnicity: Hispanic or Latino
 Non-Hispanic or Non-Latino

Marital Status: Married Separated Unmarried
 Widowed Divorced

Highest Education Level: No High School Diploma
 High School Diploma GED Diploma
 Vocational Certificate Some College-Never Completed
 Associate's Degree Bachelor's Degree Master's Degree
 Doctoral Degree

Do you have a disability? Yes No

Are you a U.S. Veteran? Yes No

Are you a Union member? Yes No

For Co-Applicant

Race: American Indian or Alaskan Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander

Ethnicity: Hispanic or Latino
 Non-Hispanic or Non-Latino

Marital Status: Married Separated Unmarried
 Widowed Divorced

Highest Education Level: No High School Diploma
 High School Diploma GED Diploma
 Vocational Certificate Some College-Never Completed
 Associate's Degree Bachelor's Degree Master's Degree
 Doctoral Degree

Do you have a disability? Yes No

Are you a U.S. Veteran? Yes No

Are you a Union member? Yes No



BACKGROUND & CREDIT CHECK AUTHORIZATION:

I/We, _____ authorize

The Landlord/Manager/Agent:

- Borinquen Bella LP
- Madres Unidas LP
- Tierra Linda LP
- HPR Preservation LP

to check my/our background and credit references as needed to comply with tenant eligibility procedures. I/We fully understand that I/We may have to pay a fee of \$30.00 per adult for the background and credit check fees. It is a nonrefundable fee.

Applicant Signature: _____ Date: _____

Date of Birth: _____ SSN/ITIN: _____

Co-Applicant Signature: _____ Date: _____

Date of Birth: _____ SSN/ITIN: _____



3541 W. NORTH AVENUE | CHICAGO, IL 60647 | LUCHA.ORG
EMAIL: lucha@lucha.org TEL: 773.276.5338 FAX: 773.276.5358

Borinquen Bella

APPLICANT'S CERTIFICATION:

Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.
3. I hereby give (managing agent) authorization to verify the information in this application.
4. **WARNING:** Section 1001 of the Title 1B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application and may be grounds for denying residency.

Applicant's Signature

Date

Co-Applicant's Signature

Date





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Madres Unidas

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Co-Applicant's Signature

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Tierra Linda

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Humboldt Park Residence

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Applicant's Signature

Date

Co-Applicant's Signature

Date

