

APPLICATION INSTRUCTIONS

DATE: _____ KEEP THIS PAGE FOR YOUR RECORDS

To properly process your application, we must run a credit check and national criminal search, which includes a national sex offender search. This fee totals **\$19.00 per adult applicant age 18 and over** who plans to legally reside in the unit. A **money order or cashier's check** must accompany completed application to be processed, **made out to property name listed below.**

Completed application must also include:

- A **copy of Social Security cards and birth certificates** for all members on the application.
- A **copy of the driver's licenses or ID cards** for all applicants **age 18 and over** on the application.
- **Signatures** in all required areas.
- Contact **phone numbers must be listed** so we can contact you if necessary.
- Specify at the top of the application the **apartment/property** you are applying for.

Once we complete the processing of your application, you will be notified if we have an apartment available for you. If an apartment is available you will be sent additional paperwork. If we do not have a vacant apartment at that time, you will be notified that you have been placed on our waiting list. When an apartment becomes available, we will notify you by the phone number you list on your application. **No other means of contact will be used.** If you have not heard from us within 6 months you will need to renew your application. **Applications expire after 6 months.**

Please make sure that you have completed all of the above. Completed applications and appropriate processing fee(s) should be mailed to:

MICHAEL TODD
ATTN: _____
P.O. BOX 3141
QUINCY, IL. 62305

CHECK/MONEY ORDER MADE OUT TO PROPERTY NAME



“This institution is an equal opportunity provider.”

If you wish to file a Civil Rights program complain of discrimination, complete the USDA Program Discrimination Complaint Form, found on-line at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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Revised 12-09-2020



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Rental Housing Application for _____ Apartments/Properties

Date Received: _____

Time Received _____

APPLICANT INFORMATION

Name: _____

Last
First
Middle Initial

Current Address: _____

Street
City
State
Zip Code

Telephone #: _____ **SS#:** _____ **Date of Birth:** _____

HOUSEHOLD INFORMATION

List below, **all** information for each additional household member who will occupy the unit.

<u>Name</u> (First, Middle Initial, Last)	Relationship to Head of Household		Social Security Number	Date of Birth (Mo./Day/Yr.)	Age	Nationality/Citizenship
	HEAD					

Do you anticipate a change in household composition during the next 6 months? Yes ___ No ___

Will any of the above household members live anywhere except in the apartment? Yes ___ No ___

Will any **other** persons live in the apartment on a less than full-time basis? Yes ___ No ___

If you answered "Yes" to either question, please explain: _____

Do you require any special accommodations? Yes ___ No ___

If yes please explain: _____

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MISCELLANEOUS INFORMATION

Are any household members a full-time or part-time student at an institute of higher learning?

Yes _____ No _____

If yes please list schools you/they are attending: _____

Have you disposed of any assets within the last two years? _____

If yes, please explain: _____

Were you 62 years old or older as of January 1, 2010 and receiving HUD rental assistance? _____

(An applicant may qualify for exemption of disclosing/providing verification of a Social Security number)

Are you a current user of illegal drugs? Yes _____ No _____

Do you abuse alcohol to the extent that you could be a danger to others health, safety, or right to a peaceful enjoyment? Yes _____ No _____

Has any household member ever been evicted from any subsidized housing program for drug related or criminal activity? Yes _____ No _____ If "yes", who: _____

Explain: _____

Are any household member 18 years of age and above listed on a state or federal sex offender registry?

Yes _____ No _____

For each household member 18 years or older, please list all states in which they have lived since 1996:

Name: _____ States: _____

Name: _____ States: _____

Have you or any co-applicant been **arrested**? Yes _____ No _____

Have you or any-co-applicant been **convicted**? Yes _____ No _____

Explain: _____

Does anyone in the household currently have any charges/convictions **pending** against them?

Yes _____ No _____ If "Yes", who: _____

Explain: _____

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LANDLORD INFORMATION (Last 5 years) Attach separate sheet if necessary.

Current Housing: Own _____ Rent _____ Other _____ Rent Paid Per Month \$ _____

Landlord's Name: _____ Are you/co-tenant related to this landlord? _____

Landlord's Address: _____
Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr. TO (mo./yr.))

Previous Housing: Own _____ Rent _____ Other _____ Rent Paid Per Month \$ _____

Landlord's Name: _____ Are you/co-tenant related to this landlord? _____

Landlord's Address: _____
Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr. TO (mo./yr.))

Previous Housing: Own _____ Rent _____ Other _____ Rent Paid Per Month \$ _____

Landlord's Name: _____ Are you/co-tenant related to this landlord? _____

Landlord's Address: _____
Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr. TO (mo./yr.))

ELDERLY/HANDICAPPED

Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development? Yes _____ No _____

Please realize that your eligibility must be verified.

Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit?

If so, would you like to request an adapted unit? Yes _____ No _____

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EMPLOYMENT INFORMATION

Head of Household Employer: _____ Telephone #: _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ Dates of Employment: _____
(mo./yr. TO (mo./yr.))

GROSS Monthly Income: \$ _____ (Before taxes)

Second Employer, or
 Previous Employer: _____ Telephone #: _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ Dates of Employment: _____

GROSS Monthly Income: \$ _____ (Before taxes)

Spouse/Co-Applicant Employer: _____ Telephone #: _____

Occupation: _____ Dates of Employment: _____
(mo./yr. TO (mo./yr.))

GROSS Monthly Income: \$ _____ (Before taxes)

CREDIT HISTORY

Please list 2 credit references that are current and have open account balances.

A credit check will be run through the Credit Bureau.

Creditor: _____ Address _____

Telephone: () _____ Account #: _____

Creditor: _____ Address _____

Telephone: () _____ Account #: _____

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BENEFITS Check Yes or No, and the GROSS monthly income received.

Please list the total benefit income of all members of the household. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

Benefit Type			Gross Monthly	Household Member(s) Receiving Benefit
Social Security (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security (Child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI (Child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability or Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We must have written verification from the source of income showing your monthly or (annual) GROSS income.

OTHER INCOME Check Yes or No, and the GROSS monthly income received.

Does any member of the household have income from any of the following? If “yes”, state the amount, frequency, and the household member receiving the income.

Income Type			Gross Monthly	Household Member(s) Receiving Benefit
Income from Self-Owned Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurring Cash Contributions or Gifts including rent or utility payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payments from Insurance Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Grants/Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran’s Administration Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Reserves/National Guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI Bill Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Other Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We must have written verification from the source of income showing your monthly or (annual) GROSS income.

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CHILD CARE EXPENSES

Do you currently pay babysitting and/or dependent care while being employed? Yes ____ No ____

If "Yes", are you related to Caregiver? Yes ____ No ____

Caregiver/Facility Name: _____

Address: _____
Street City State Zip Code

Daytime Phone Number: _____ Monthly Expense: \$ _____

Verification of expense will be made.

EMERGENCY CONTACT INFORMATION

Please list the name of nearest relative not living with you. This person may be given entry to your apartment in case of emergency.

Name of Contact: _____
Last First Middle Initial

Current Address: _____
Street City State Zip Code

Daytime Phone Number: _____ Evening Phone Number: _____

Relationship: _____

VEHICLE IDENTIFICATION

	DRIVERS LICENSE	MAKE OF AUTO	MODEL	YEAR
HEAD OF HOUSEHOLD				
SPOUSE/CO-APPLICANT				
OTHER				
OTHER				

NO PET POLICY

NO PETS are allowed unless you are applying for an apartment in a Rural Development or HUD designated elderly housing complex. The Management Company will consider with proper documentation a request for an assistance, service, or companion animal. If approved, you will receive written authorization.

There are NO exceptions.

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I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature(s) is our consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine eligibility.

I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I understand that a check will be made of the sex offender registry in states in which I have resided.

WARNING: “Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited thereon. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (6), (7), and (8).”

PLEASE READ THE STATEMENT BELOW CAREFULLY BEFORE SIGNING THIS COMPLETE APPLICATION:

BACKGROUND CHECK – I/we understand that a background, including both criminal and credit, check will be conducted. Rejection of the application may occur if a history/conviction exists of any of the following:

1. Sex offender;
2. Disturbances of neighbors;
3. Destruction of property;
4. Drug-related criminal activity;
5. Criminal activity;
6. Prior evictions or poor landlord reference(s);

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SIGNATURES: (All adult household members must sign below.)

NO APPLICATION WILL BE PROCESSED WITHOUT SIGNATURES

_____/_____/_____
Applicant/Head of Household Date

_____/_____/_____
Additional Adult Household Member Date

_____/_____/_____
Additional Adult Household Member Date

This information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familiar status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. 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.

OPTIONAL INFORMATION:

Ethnicity: Not Hispanic or Latino___ Hispanic or Latino___

Race: (Mark one or more) White ___ American Indian/Alaska Native___ Asian___
Black or African American___ Native Hawaiian or Other Pacific Islander___

Sex: Male___ Female___

How did you hear about our properties/apartments:

Newspaper or other advertisement___ Existing tenant referral___ Other:_____

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

CONSENT

The undersigned, authorize and direct any Individual, Business, Organization, Federal, State or Local Agency to release and/or verify any information as deemed necessary for the purpose of verification of my eligibility or continued eligibility in the Section 42 – Low Income Housing Tax Credit Property program.

INFORMATION THAT MAY BE REQUESTED

By my signature below, I understand that previous and/or current information regarding me may be necessary in order to determine my eligibility. Some examples of verification sources are listed below, however this is not a comprehensive list involving all possible verifications that may be requested. By your signature below, you are consenting verification of any source deemed necessary in determining your eligibility.

Identity and Marital Status	Medical Allowances
Residences and Rental Activity	Employment, Income, and Assets
Credit and Criminal Activity	Student Status

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

Courts and Post Offices	Law Enforcement Agencies
Medical Providers	Retirement Systems
Utility Companies	Credit Providers and Credit Bureaus
Past and Present Employers	Welfare Agencies
State Unemployment Agencies	Social Security Administration
Veterans Administration	Banks and Other Financial Institutions
Previous Landlords (including Public Housing Agencies)	

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Printed Name: Head of Household

Signature: Head of Household

Date

Printed Name: Co-Head of Household

Signature: Co-Head of Household

Date

Printed Name: Other Household Member Over 18

Signature: Other Household Member Over 18

Date

Printed Name: Other Household Member Over 18

Signature: Other Household Member Over 18

Date

Note: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "Request for copy of tax form", must be prepared and signed separately.

