

PRELIMINARY APPLICATION FOR APARTMENTS

Please select apartment you are applying for:

Alhambra, IL ___ Bunker Hill, IL ___ Coffeen, IL ___ Greenville, IL ___ Wood River, IL ___

!!!APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS ARE COMPLETED!!!!

Name _____ Spouse _____
Date of Birth _____ SSN _____ Date of Birth _____ SSN _____
Gender (optional) _____ Gender (optional) _____
Present Address _____
Phone # _____ Spouse Phone # _____

Marital Status

___ Married ___ Unmarried ___ Separated

DEPENDENT CHILDREN LIVING WITH YOU:

Name _____	Date of Birth _____
SSN _____	Gender (optional) _____
Name _____	Date of Birth _____
SSN _____	Gender (optional) _____
Name _____	Date of Birth _____
SSN _____	Gender (optional) _____
Name _____	Date of Birth _____
SSN _____	Gender (optional) _____

NAME(S) & BIRTHDATES OF PERSONS PLANNING TO OCCUPY APARTMENT:

Name _____	Date of Birth _____
SSN _____	Gender (optional) _____
Name _____	Date of Birth _____
SSN _____	Gender (optional) _____
Name _____	Date of Birth _____
SSN _____	Gender (optional) _____
Name _____	Date of Birth _____
SSN _____	Gender (optional) _____

CURRENT/MOST RECENT ADDRESS

Address _____ Own _____ Rent _____
Landlord _____ Phone # _____ Monthly Payment _____

PREVIOUS ADDRESS

Address _____ Own _____ Rent _____
Landlord _____ Phone # _____ Monthly Payment _____



IF PRESENTLY EMPLOYED:

Employer's Name _____
Business Address _____
Annual Salary \$ _____

Phone # _____
Start Date _____

SOURCES AND AMOUNTS OF ALL INCOME STATED IN ANNUAL GROSS DOLLARS:

_____ \$ _____
_____ \$ _____
_____ \$ _____

ASSETS:

If you have disposed of assets at less than fair market value within the last two (2) years please describe:

<u>Asset</u>	<u>Fair Market Value</u>	<u>Sales Price</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES:

Bank _____	Phone # _____	Contact Person _____
Address _____		
Credit _____	Phone # _____	Contact Person _____
Address _____		
Credit _____	Phone # _____	Contact Person _____
Address _____		

IN CASE OF EMERGENCY: PLEASE LIST ONE OR TWO NAMES OF RELATIVES OR OTHER PERSONS, WHO ARE RESPONSIBLE FOR YOUR WELL-BEING OR BUSINESS.

Name _____	Phone # _____
Address _____	
Name _____	Phone # _____
Address _____	

Do you own a car? Yes ___ No ___
MAKE _____ MODEL _____ LIC# _____

Are you a U.S. citizen? Yes ___ No ___

Do you need special accommodations or modifications to the living unit because of a disability? Yes ___ No ___

Are you enrolled in an institution of higher education (Community College, University, Vocational School, Technical School)? Yes ___ No ___ **If yes, are you a veteran?** Yes ___ No ___

DATE OF OCCUPANCY DESIRED _____
NUMBER OF BEDROOMS REQUIRED _____



ILLEGAL ACTIVITY:

Have you ever been convicted of illegal drug or alcohol use? Yes _____ No _____
 Are you a registered sex offender? Yes _____ No _____
 Have you or any member of your household been evicted from federally assisted housing for drug-related activity during the last three (3) years? Yes _____ No _____

LIST ALL STATES WHERE YOU HAVE LIVED SINCE 1996:

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND GIVES NO LEASE OR RENT RIGHTS. ADDITIONAL INFORMATION WILL BE REQUIRED AT A LATER DATE TO COMPLETE PROCESSING OF TENANTS.

I am applying for the rental of an apartment and hereby authorize Morrissey Contracting Company, Inc., Managing Agent for the apartments, to conduct a credit check and background check with any and all credit agencies and police agencies to include all arrests, convictions or pleadings. I have read and understand the above form and give my permission to check all named references. I hereby certify that the information I have provided is accurate and complete.

(A copy of my signature is deemed as valid as the original.)

SIGNATURE _____ DATE _____
 Head of Household

SIGNATURE _____ DATE _____
 Spouse or Co-Head



RACE/ETHNIC INFORMATION:

The following race/ethnic and marital status information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through its Rural Development Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap 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.

HEAD OF HOUSEHOLD (check below as appropriate)

Racial/Ethnic Categories

- | | |
|--|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Non-Hispanic or Latino | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian, Alaskan Native | |
| <input type="checkbox"/> Black or African American | |

Marital Status

- | | | |
|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Separated |
|----------------------------------|------------------------------------|------------------------------------|

Managing Agent:
Morrissey Contracting Co., Inc.
P.O. Box 67 Godfrey, IL 62035
Phone 618-466-9006 Fax 618-466-9558

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