

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

**PRELIMINARY APPLICATION FOR APARTMENTS**

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

Application Date: \_\_\_\_\_

Please circle the apartment you are applying for:

Arrowhead Apt.    Maplewood Apt.    Coffeen Apt.    Greenwood Apt.    Golden Oak Apt.  
Alhambra, IL    Bunker Hill, IL    Coffeen, IL    Greenville, IL    Wood River, IL

Name \_\_\_\_\_ Co-Tenant \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_  
Gender (optional) \_\_\_\_\_ Gender (optional) \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Co-Tenant Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Co-Tenant Email \_\_\_\_\_

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) \_\_\_\_\_

Disclosure of Social Security numbers is required for the applicant & all members of the applicant's Household, except those household members who do not contend eligible immigration status.

**CURRENT/MOST RECENT ADDRESS**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord \_\_\_\_\_ Phone # \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Dates you lived at this address: From \_\_\_\_\_ To \_\_\_\_\_

**PREVIOUS ADDRESS**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord \_\_\_\_\_ Phone # \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Dates you lived at this address: From \_\_\_\_\_ To \_\_\_\_\_

**IF PRESENTLY EMPLOYED:**

Employer's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_  
Annual Salary \$ \_\_\_\_\_



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**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:

Asset Fair Market Value Sales Price

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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) \_\_\_\_\_

**PETS:**  None  Dog  Cat  Other **Service Animal:**  Yes  No

**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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Do you own a car?** Yes \_\_\_ No \_\_\_

YEAR \_\_\_\_\_ 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 \_\_\_\_\_



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**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-Tenant

**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

- \_\_\_ Hispanic or Latino
- \_\_\_ Non-Hispanic or Latino
- \_\_\_ Asian
- \_\_\_ American Indian, Alaskan Native
- \_\_\_ Black or African American
- \_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_ White
- \_\_\_ Other

\_\_\_\_\_



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