



valley view

senior apartments

3303 east state street, rockford, illinois 61108 | 815-399-5523 phone | 815-399-5571 fax | valleyviewrockford.com



FOR MANAGEMENT USE
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APPLICATION FOR HOUSING

(Please Print)

Please complete all sections of this application. Incomplete applications will be returned. Submitting an Application does not guarantee housing.

1. Full Name: _____
Last First Middle Name

Current Address: _____ City: _____

State: _____ Zip Code: _____ Daytime Phone: _____

Unit size: 0 Bedroom (studio) _____ 1 Bedroom (Small, Standard, Large) _____

2. List all people that are expected to live in the unit:

Full Name (First, Middle, Last)	Age	Date of Birth	Relationship	Social Security #	Sex M/F Prefer not to disclose	Full or Part Time Student Yes/No	Marital Status Single Married Separated Divorced Widowed
			Head of household				

3. List all states and counties each person has lived in.

4. Is any member of your household a full or part-time student at an institution of higher learning?

Yes () No ()

If yes, please indicate the name of the member, name of the institution, address of institution, and student status (full and/or part-time).

5. Are you a U.S. citizen? Yes () No ()

6. Are you or any household member disabled? Yes () No ()
7. Do you need special accommodations or modifications to the living unit based on a disability?
 Yes () No ()
 If yes, please explain:

8. Do you have a live-in aid? Yes () No ()
9. Have you or anyone in your household ever used another names other than the name listed above?
 Yes () No ()
 If yes, please explain:

10. Household Income: List all sources of income, SS, SSI, Job, Pension, Contributions, VA, Unemployment, Alimony, Child Support, Workman's Comp, Annuity, Business or Rental Income, Dividends, Other Income

Household Member	Source of Income	Gross Monthly Income	On Debit Card? Y or N

11. Have you received any lump sum payments (including but not limited to deferred SS or SSI benefits, lottery or gambling winnings, insurance settlements)? Yes () No () Date: _____
12. Have you disposed of any assets for less than Fair Market Value during the previous two years?
 Yes () No ()
 If yes, please explain: _____

13. ASSETS: List all assets such as checking, savings CD's, cash on hand, trusts, IRA's 401K, Keogh Account, land, house, stocks, savings bonds, mutual funds, treasury bills, real estate mortgage or deed of trust, value of life /funeral insurance or policy, ANY benefit debit cards.

Household Member	Type of Asset	Held Where? (bank, brokerage, company)	Cash Value

14. Are you Homeless? Yes () No ()

15. Are you a homeowner? Yes () No ()

If not, please provide your rental history for the **past two (2) years** below (add additional sheets if necessary). Include family information if you are currently living with family.

RENTAL HISTORY: (please include street, apt #, city, State, zip code, phone)

1. Rental Address: _____

Landlord Full Name: _____ Phone: _____

Landlord Full Address: _____

Relative Yes No Move in Date: _____ Move out Date: _____

Reason for Leaving: _____

2. Rental Address: _____

Landlord Full Name: _____ Phone: _____

Landlord Full Address: _____

Relative Yes No Move in Date: _____ Move out Date: _____

Reason for Leaving: _____

16. Do you expect a change in your household composition? Yes () No ()

If yes, please explain: _____

17. Are you or any member of your household a victim of domestic violence? Yes () No ()

18. Are you or any member of your household a current drug user? Yes () No ()

19. Do you or any other household member use an illegal drug or other illegal controlled substance?

Yes () No ()

If yes, explain: _____

20. Have your or any household member's alcohol abuse or pattern of alcohol abuse interfered with the health, safety, or right to peaceful enjoyment of other residents? Yes () No ()

21. Are you or any household member subject to lifetime registration requirement under any State Sex Offender Registration Program? Yes () No ()

22. Have you ever been convicted of a crime? Yes () No ()

If yes, explain: _____

23. Have you ever been convicted of any felony or misdemeanor other than traffic violations?

Yes () No ()

If yes, explain: _____

24. Do you have/plan to have a pet? Yes () No ()

If yes, what kind? _____

25. Do you own and/or drive a car? Yes () No ()

If yes, what model, make and year?: _____

License Plate Number: _____

26. How did you hear about this location? _____

Applicant(s) understands that we will conduct the following background checks (please initial):

____ I/We authorize you to run a criminal conviction/current drug use check on all states.

____ I/We authorize you to run a sex offender registry on all states.

____ I/We authorize you to run a credit report (under the name of Valley View Apartments) for the purpose of renting an apartment.

____ I/We authorize you to contact my current or former landlord.

The information solicited on this application is requested by the owner in order to assure the Federal Government that Federal laws prohibiting discrimination against Resident applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. 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 (Completion of this section is optional):

Ethnicity

____ Hispanic or Latino

____ Not Hispanic or Latino

Race

____ American Indian/Alaskan Native

____ Asian

____ Black or African American

____ Native Hawaiian or Other Pacific Islander

____ White

____ Other

I understand that this is not a contract and does not legally obligate either party. The above information is full, true and complete to the best of my knowledge. I agree to notify management of any address change.

Signature - Head

Date

Signature - Spouse or Co-Head

Date

Owner/Agent Initials

Date