



valley view

senior apartments

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



FOR MANAGEMENT USE
recvd date: _____
recvd time: _____
recvd by: _____

APPLICATION FOR HOUSING

(Please Print)

Please complete all sections of this application. Incomplete applications will be returned. Must submit photo ID or Driver's License and a Verification of Disability if under 62. 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?	Cash Value
		(bank, brokerage, company)	

14. Valley View has a No Smoking Policy. Do you agree to adhere to this No Smoking Policy? 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. **Current** Rental Address:

Landlord Full Name: _____ Phone: _____

Landlord Full Address: _____

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

Reason for Leaving: _____

2. **Previous** 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 you 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
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Owner/Agent Initials	Date
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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.