



**ILLINI TOWER APARTMENTS
ROSS FINANCIAL SERVICES, INC.
APPLICATION FOR AFFORDABLE HOUSING**

Office Use Only:	
Date Received:	Time Received:

**Please Read Carefully – Application Will Not Be Processed
Unless It Is Fully Completed**

Applicant Name: _____

Current Address: _____
Street Address

_____ City State Zip

_____ Home Phone Work Phone Driver's License #

Optional:

Ethnicity: _____
(Enter One Code) 1 – Hispanic or Latino 2 – Not Hispanic or Latino

Race: _____
(Enter One Code) 1 = White 2 = Black or African American 3 = American Indian or Alaskan
Native 4 = Asian 5 = Pacific Islander or Native Hawaiian

List the Head of Household and all other members **who will be living in the unit.** Give the relationship to the head of household. Designate live-in attendants, foster child/adult in Column A.

Member No.	Full Name	Relationship to Head	Birth Date	Age		Social Security #	Full or Part Time Student?
1 - Head		N/A					
2							
3							
4							
5							
6							

Does anyone currently live with you that is not on this application? Yes_____ No_____. If yes, please explain _____.

Do you expect a change in your family composition? Yes_____ No_____. If yes, please explain _____.

The following questions are being asked for program and unit eligibility only.

Is the head of household, co-head, or spouse handicapped or disabled? Yes_____ No_____.

Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility impairments? Yes_____ No_____. Can you provide a doctor's statement to that effect? Yes_____ No_____.

Does any member of your family require an assistive animal? Yes_____ No_____. Can you provide a doctor's statement to that effect? Yes_____ No_____.

Have you been displaced as a result of **a)** a governmental action? _____ **b)** displaced as a result of a presidentially declared disaster? _____ If yes to a or b , please state the address and phone of the government or social service agency we can contact to verify this information: _____

Are you or any member of your household a current user of an illegal drug or controlled substance? Yes_____ No_____.

Have you or any person named on the application, ever been convicted for using, dealing or manufacturing illegal drugs? Yes_____ No_____.

Do you or any person named on this application abuse alcohol to the point where your behavior interferes with other's health, safety, and right to peaceful enjoyment. Yes _____ No _____

Have you or anyone named on this application ever been convicted of a crime? Yes_____ No_____. If yes, please explain _____

Are you or anyone named on this application subject to a state lifetime sex offender registry Yes _____ No _____.

Have you or anyone named on this application ever been evicted from federal housing for drug-related criminal activity in the last three years? Yes _____ No_____.

Have you or anyone named on this application ever been evicted from conventional housing or ever received a written notice for nonpayment of rent? If yes to any of above, please explain _____

References from current and previous landlords will be used to determine if you meet the requirements of our Tenant Selection Plan.

List all states you have lived in since 1996:

Current Housing Status

Street Address	City	State	Zip	
Landlord Name	Street Address	City	State	Zip
Landlord Phone	Monthly Rent	How long at residence?		

Previous Housing

Street Address	City	State	Zip	
Landlord Name	Street Address	City	State	Zip
Landlord Phone	Monthly Rent	How long at residence?		

Previous Housing

Street Address	City	State	Zip	
Landlord Name	Street Address	City	State	Zip
Landlord Phone	Monthly Rent	How long at residence?		

Asset Information – All Information Will Be Verified By a Third Party

	Do you have money held in?	Yes	No	Amount	Member No.
1	Checking Accounts				
2	Savings Accounts				
3	Stocks				
4	Bonds				
5	Trust				
6	Securities				
7	Capital Investments				
8	IRA/KEOGH Accounts				
9	Certificates of Deposit				
10	Pension/Retirement Funds				
11	Life Insurance				
12	Annuity				
13	Mutual Funds				
14	Treasury Bills				
15	Safety Deposit Box				
16	Insurance Settlement				
17	Do you have more than \$300 cash on hand?				
18	Do you currently own real estate?				
19	Do you currently hold a contract for deed?				
20	Do you have items held for investment purposes? (coin collections, antique cars, stamps, etc.)				
21	Are any of the above held jointly with another person? If yes, please list name of person:				
22	Other (List)				

Question #	Member No.	List Name, Address, and Account Number of Bank or Institution where funds are held. Please provide phone and fax number if available. Provide a copy of entire property tax statement for any real estate owned.

Have you given away any assets during the two-year period preceding the date of this application? Yes_____ No_____. Have sold any assets for less than fair market value in the two-year period preceding the date of this application? Yes_____ No_____. If yes please complete box below:

Relationship to Head of Household	Estimated Value of the Asset	Date Sold or Disposed of	Amount Received

Allowance Information – All Information Will be Verified By a Third Party

	Do you expect to incur any of the following expenses?	Yes	No	Monthly Amount	Member No.
1	Childcare which enables you or another household member to work, go to school, or to seek employment?				
2	Attendant Care for Handicapped or Disabled Household Member?				
3	Auxillary Apparatus for Handicapped or Disabled Household Member? (Wheelchairs, Ramps, Adaptive Devices, etc.				
	The following questions are for households whose head, co-head, or spouse is disabled or at least 62 years of age.				
4	Medicare Premiums?				
5	Other Medical Insurance Premiums?				
6	Outstanding Medical Bills on which you are currently paying?				
7	Drug Cost not Covered by Insurance? (Include Non-Prescription Drugs if prescribed by a physician)				
8	Do you receive medical assistance through the public assistance program?				
9	Services of Doctors, Dentists, or Health Care Professionals?				
10	Services of Health Care Facilities				
11	Transportation to Treatment?				
12	Do you expect to have any additional medical expenses during the next 12 months? i.e. glasses, hearing aid, batteries, dental.				

Question #	Member No.	List Name and Address of Service Provider, Day Care Center, Insurance Company, Doctor, Pharmacy, Etc. Please provide phone and fax number if available.

How did you hear about our property?

TV	
Yellow Pages	

Newspaper	
Flyer	
Resident Referral	
Other	

Signatures

I (we) certify this housing will be my (our) only residence.

I (we) will not maintain a separate subsidized rental unit in a different location. I (we) certify all household and income information is correct to the best of my (our) knowledge.

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use or obtaining of Federal Funds.

By signing below, I authorize Ross Financial Services, Inc. to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information and to conduct a credit and criminal check of my background. I understand that I have a right to notification of any adverse information found on my credit and criminal report and a chance to disprove incorrect information. I agree to notify the site manager if any information on this application changes.

All Household Members 18 Years of Age or Older Must Sign:

Print	Signature	Date
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Print	Signature	Date
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Print	Signature	Date
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Print	Signature	Date
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Manager Signature

Print	Signature	Date
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**** Ross financial Services, Inc. does not discriminate based upon race, color, sex, religion, national origin, familial status, or handicap status in the rental of housing units.****

Disclosure of SSNs for the applicant and for all members of the applicant's household, except those household members who do not contend eligible immigration status.

Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.