

Enclosed is a list of Apartments with address, and county. Please check the apartments that you would like to have your application in & send the form back with your application:



County	City	Apartment	Address	Zip Code
<input type="checkbox"/> Ford	Paxton	Prairie View Carlson	800 S. High St.	60957
<input type="checkbox"/> Ford	Paxton	Franklin	656 W. Franklin St.	60957
<input type="checkbox"/> Grundy	Morris	Ashland Court	2404 Ashland Circle	60450
<input type="checkbox"/> Grundy	Gardner	Garden Grove	600 S. East St.	60424
<input type="checkbox"/> Iroquois	Cissna	Cissna Park	405 N. 1 st St.	60924
<input type="checkbox"/> Iroquois	Gilman	Gilman	525-529 N. Secor	60938
<input type="checkbox"/> Kankakee	Herscher	Solartown	140 N. Mulberry St.	60941
<input type="checkbox"/> LaSalle	Seneca	Village Apts. of Seneca	231-233 S. Main St.	61360
<input type="checkbox"/> Livingston	Chatsworth	Elliott-Pearson	405 E. Walnut St.	60921
<input type="checkbox"/> Livingston	Fairbury	Marsh	501 W. Ash St.	61739
<input type="checkbox"/> Livingston	Fairbury	Phoenix	606-610 W. Hickory St.	61739
<input type="checkbox"/> Livingston	Forrest	Oak	216-218 W. James St.	61741
<input type="checkbox"/> Livingston	Pontiac	Prairie Vista	703-705 Illini Ave.	61764
<input type="checkbox"/> Livingston	Dwight	South	415 W. South St.	60420
<input type="checkbox"/> Livingston	Dwight	Village Apts. of Dwight	508 S. Union St.	60420
<input type="checkbox"/> Peoria	Chillicothe	Ramsey	1208 N. 2 nd St.	61523
<input type="checkbox"/> Vermillion	Hoopeston	Country Manor	824 E. Wyman St.	60942
<input type="checkbox"/> Vermillion	Rankin	Rankin Terrace	290 W. 3 rd St.	60960
<input type="checkbox"/> Will	Wilmington	Country Village	1185 S. Buchanon St.	60481
<input type="checkbox"/> Woodford	Germantown Hills	Orchard	409-521 Upper Ten Mile Creek and 507 Apple Drive	61548



**P.O. Box 20
Forrest, IL 61741
Sam Palen**

**(815)657-8259 Phone
(815)657-8268 Fax
Cheryl Palen**

Rental Housing Application

I hereby apply for a rental housing living unit in this housing complex, and for rental assistance, if I am eligible and if it is available. I certify that this will be my permanent residence and I will not maintain a separate subsidized rental unit in a different location.

PRELIMINARY INFORMATION PERTAINING TO APPLICANT(S)

Applicant's Name: _____ DOB: _____ Age: _____ S.S. #: _____

Co-Applicant's Name: _____ DOB: _____ Age: _____ S.S. #: _____

Others Living in the Unit:

Name: _____ DOB: _____ Age: _____ S.S. #: _____

Name: _____ DOB: _____ Age: _____ S.S. #: _____

Name: _____ DOB: _____ Age: _____ S.S. #: _____

Present Address: _____

Telephone #: _____ Approximate Annual Family Income: \$ _____

Source(s) of Income: _____ Approximate Net Worth: \$ _____

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

Do you request consideration for an income adjustment based on a disability? Yes / No

Do you need special accommodations or modifications to the living unit based on a disability? Yes / No

Is the head of household a part-time or full-time student of an institute for higher education? Yes / No

I authorize Palen Real Estate, Inc. to obtain credit information and references as necessary to make tenancy decisions. This institution is an equal opportunity provider and employer.

(Owner or Agent)

(Applicant)

(Date Received)

(Co-Applicant)

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through USDA, Rural Development, 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 furnish it, the owner (or management agent) is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

HEAD OF HOUSHOLD

(check as appropriate)

Race:
 American Indian/Alaskan Native
 Asian
 Black/African American
 Native Hawaiian or Other Pacific Islander
 White
 Other

Ethnicity:
 Hispanic/Latino
 Not Hispanic/Latino

Marital Status:
 Married
 Separated
 Unmarried

Sex:
 Male
 Female

Property Name: _____

Fax Number: _____

RENTAL APPLICATION

Applicant: _____ SS#: _____ Date of Birth: _____

Co-Applicant: _____ SS#: _____ Date of Birth: _____

List all other persons to occupy apartment that are 18 years of age or older:

Name: _____ SS#: _____ Date of Birth: _____

Name: _____ SS#: _____ Date of Birth: _____

Employment – Applicant

Employer _____
Address _____
Phone _____ Length of Time _____
Position _____ Supervisor _____
Approx. Income \$ _____ wk. mo. yr
Email Address: _____

Employment – Co- Applicant

Employer _____
Address _____
Phone _____ Length of Time _____
Position _____ Supervisor _____
Approx. Income \$ _____ wk. mo. yr
Email Address: _____

Former Employer and Contact Information

Other Income _____ Source: _____

Present Street Address: _____

City / State / Zip: _____

Length of Time: _____ Owns Rents Do you have a lease? _____ Expires When? _____

Name of Landlord or Mortgage Holder: _____ Phone No: _____

Previous Street Address: _____

City / State / Zip: _____

Length of Time: _____ Owns Rents Do you have a lease? _____ Expires When? _____

Name of Landlord or Mortgage Holder: _____ Phone No: _____

Have you ever been evicted or foreclosed from any premises? Yes No
If yes, explain: _____

Nearest Relative (Other than Husband or Wife) – WHO TO REACH IN AN EMERGENCY:

Name _____ Relationship _____ Phone _____
Address _____ City/State/Zip _____

FALSE INFORMATION GIVEN ON AN APPLICATION IS IN ITSELF GROUNDS FOR REJECTION OF THE APPLICATION OR TERMINATION OF TENANCY.

Authorization for Release of Information

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by prospective property manager or property owner to furnish any or all of the above mentioned information. I release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith provide to prospective property manager or property owner. the above mentioned information as requested, in order to successfully complete a background investigation of my rental application. I will allow a photocopy of this authorization to be as valid as the original.

Applicant's Signature: _____

Home Phone: _____ Co-Applicant's Signature: _____

Work Phone: _____ Other Occupant's Signature: _____
Equal Housing Opportunity

Applicant's Driver's License #: _____ State _____

Co-Applicant's Driver's License #: _____ State _____

(A) Previous Address: _____

County: _____

Name of Landlord or Owner: _____

Landlord's/Owner's Phone Number: _____

Whose name was the lease in?: _____

Was this address rented or owned? _____ By Who? _____

When did you move to this address? _____ Month _____ Year _____

(B) Previous Address: _____

County: _____

Name of Landlord or Owner: _____

Landlord's/Owner's Phone Number: _____

Whose name was the lease in?: _____

Was this address rented or owned? _____ By Who? _____

When did you move to this address?: _____ Month _____ Year _____

(C) Previous Address: _____

County: _____

Name of Landlord or Owner: _____

Landlord's/Owner's Phone Number: _____

Whose name was the lease in?: _____

Was this address rented or owned? _____ By Who? _____

When did you move to this address? _____ Month _____ Year _____

Applicant: Employer's Name: _____

Employer's Address: _____

Type of Business: _____

Position Held: _____

Name & Title of Supervisor: _____

Length of Time at Present Job: _____

Co-Applicant: Employer's Name: _____

Employer's Address: _____

Type of Business: _____

Position Held: _____

Name & Title of Supervisor: _____

Length of Time at Present Job: _____

NOTE: IF LESS THAN 12 MONTHS, PROVIDE INFORMATION FOR PREVIOUS EMPLOYER

Applicant: Employer's Name: _____

Employer's Address: _____

Type of Business: _____

Position Held: _____

Name & Title of Supervisor: _____
 Length of Time at Present Job: _____

Co-Applicant: Employer's Name: _____
 Employer's Address: _____
 Type of Business: _____
 Position Held: _____
 Name & Title of Supervisor: _____
 Length of Time at Present Job: _____

ANNUAL INCOME:

- a. Base Pay of Applicant (Including commissions, fees, tips, overtime or other employment earnings) \$ _____
- b. Base Pay of Co-Applicant (including same as above) \$ _____
- c. Income From Other Sources: **Include Social Security or Pension payments, unemployment, insurance benefits, military allotments, bank interest, stock dividends, real estate income, OR INCOME FROM ANY OTHER SOURCE.**

Family Member	Source	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL ANNUAL FAMILY INCOME (Add A, B & C) \$ _____

Have you or any household member ever filed bankruptcy? Yes No When? _____

Are there currently any outstanding judgments against you or co-applicant? Yes No

CURRENT LIABILITIES:

List all credit accounts open, including bank cards, department stores, car notes, mortgages, and any other indebtedness.

Name of Creditor	Amount Owed	Monthly Payments	# of Payments Left
TOTALS			

Please give two (2) references other than family members.

NAME

ADDRESS

PHONE

APPLICANT SIGNATURE AND CERTIFICATION

We understand the information given on this application will be used to determine eligibility for housing and that this information will be verified. We understand that giving false information on this application will result in this application being denied.

We certify that all information given on this application is true, complete and accurate. We understand that if any of the information we have given proves to be false, misleading or incomplete, our application may be denied; or if move-in has occurred, our occupancy may be terminated.

We authorize management to make any and all inquiries to verify this information directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State and local agencies.

If our application is approved, we certify that only those persons listed on this application will occupy the apartment, that they will maintain no other places of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing. We agree to notify management in writing regarding any changes in household composition.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(c) seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation or mode of living.

If this application is for a household or more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

WARNING: SECTION 101 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING FEDERAL FUNDS.

Signature of Head of Household Date

Signature of Co-Applicant Date

Signature of Co-Applicant Date

This data and all data received by the management relative to income of applicants is regarded as being confidential in nature and protected accordingly to the extent permitted by law.

Optional and Supplemental 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.

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

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.	
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.



P.O. BOX 20
FORREST, IL 61741
815-657-8259

United States Department of Agriculture
Rural Development
Rural Housing Service
AUTHORIZATION TO RELEASE INFORMATION

Name of Tenant

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information;

- Past and present employment or income records,
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, *et seq.*, RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RI-IS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.
Your prompt reply is appreciated.

Signature (Tenant or Adult Household Member)

Date



"This institution is an Equal Opportunity Provider, and Employer."
For more information write or call the 504 Compliance Coordinator
at the address provided in the letter header above.