

Illinois Independent Living Center, Inc  
at  
Katharine Manor

**HOMEMAKER SERVICE AND APARTMENT RENTAL APPLICATION**

Name of Applicant:	
Your Current Address	
City, State, Zip	
Daytime Phone	
Evening Phone	
Email	

Applying for:   \_\_1BR       \_\_2BR       \_\_3BR

Requested Move In Date: \_\_\_\_\_

Yes	No	
		Are all the lease holders at least 18 years or older?
		Are you able to regularly pay the rent?
		Do you confirm that you & all your occupants have <u>NOT</u> in the last 10 years been convicted of a felony crime involving violence, major drugs, or sexual offenses?
		Do you have DHS-Division of Rehab (DRS) Home Services? (Must have DRS Services to rent in the building and use the in-house homemaker agency)
		Are your DRS hours billed to Aetna Insurance? (IILC only bills homemaker services to Aetna Insurance or the DRS office directly)
		Are your DRS hours billed to the DRS office directly? (IILC only bills homemaker services to Aetna Insurance or the DRS office directly)
		Do you have a physical disability?
		Are you able to stand & pivot or independently transfer yourself?
		Please explain your disability and services needed:

<b>Homemaker Services</b>	
How many hours do you have...	Per month: _____ or Per Week: _____
Aetna or DRS Case Manager's Name:	
Case Manager's Phone:	
Case Manager's Email:	

When will you need homemaker services? Example: Mon 8a-10a, Wed 1p-4p

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

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**OCCUPANT INFORMATION**

List each person who would live with you (including yourself). Correct legal names and Social Security Numbers and/or ITIN must be used. No roommates. Legal family only or authorized paid personal assistant or live-In Caregiver.

Last Name	First Name	MI	Birth Date	Social Security #	Relation

Yes	No	Household Information...
		1. Does anyone live with you now who is not listed above? If yes, please explain why this person will not be living with you:
		2. Do you expect any additions to the household within the next 12 months? If yes, please list name and relationship:
		3. Do you have full custody of your children? Explanation of custody arrangements:
		4. Do you currently live with a relative or friend? If yes, whom:
		5. Is your name on the lease where you currently live?
		6. Will this unit be your only place of residence? If no, please explain:
		7. Are you receiving Rental Assistance? If yes, include kind and source:
		8. Has your Rental Assistance ever been terminated for fraud, non-payment of rent, or failure to certify? If yes, please explain:
		9. Have any leaseholder ever filed for bankruptcy? If yes, month/year filed: _____ If it was dismissed when?
		10. Have any leaseholders and occupant ever been convicted of a felony? If yes, please explain:
		11. Have any leaseholders ever been evicted from tenancy for any reason? If yes, please explain:

**CURRENT LANDLORD INFORMATION**

Current Land Lord Name	
Address	
Unit #	
City, State, Zip	
Landlord Phone and Fax Number	
Monthly Rent	
Dates of Tenancy	
Reason For Leaving	

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<b>PREVIOUS LANDLORD INFORMATION</b>	
Previous Land Lord's Name	
Address	
Unit #	
City, State, Zip	
Landlord Phone and Fax Number	
Monthly Rent	
Dates of Tenancy	
Reason For Leaving	

**VEHICLE IDENTIFICATION:**

*Please list information for all vehicles owned by any household member.*

License Plate #	State Issued	Make	Model	Year

Driver's License #: \_\_\_\_\_ Name: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Name: \_\_\_\_\_

**EMERGENCY CONTACTS**

*Name and address - if possible, list someone in the area not already listed on this application.*

Name	Address, Town, State, Zip	Phone	Relation

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**INCOME INFORMATION**

Please include all anticipated income for the next twelve months.  
Include the **MONTHLY GROSS** dollar amount in the space provided.

Yes	No	Do YOU receive OR expect to receive income from:
		1. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash)</i>
Employer's Name		
Address		
Town, Zip		
Phone		
Fax		
Job Title		
Hrs Per Week		
Hourly Wage		
Years Employed		

Employer's Name		
Address		
Town, Zip		
Phone		
Fax		
Job Title		
Hrs Per Week		
Hourly Wage		
Years Employed		

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**INCOME INFORMATION CONTINUES**

Yes	No	Do YOU receive OR expect to receive income/assistance from:
		2. Self Employed?
		3. Unemployment benefits or workman's compensation?
		4. Public Assistance, General Relief or Aid to Families with Dependent Children, Housing Choice Voucher (formerly Section 8), Rental Housing Support?
		5. Child Support or Alimony? ( <i>Any AWARDED amount – collected or uncollected</i> )
		6. Social Security, SSI or any Veteran's pension or disability benefits?
		7. Severance payments or Settlements? ( <i>such as insured settlement</i> )
		8. Disability, death benefits or life insurance dividends?
		9. Regular gifts or payments from anyone outside of the household? ( <i>This includes anyone supplementing your income or paying any of your bills</i> )
		10. Educational grants, scholarships or other student benefits?
		11. Lottery winnings or inheritances?
		12. Payments from rental property, land contracts or other forms of real estate?
		13. Any other income sources or types not listed?
		14. Are you participating in a program that will be paying your rent?

If you answered Yes to any of the above please provide details below.

Source	Monthly Amount

**ASSET INFORMATION:**

Yes	No	Do YOU have...
		1. Checking or savings accounts?
		2. CD's money market accounts or treasury bills?
		3. Stocks, bonds, securities or trust funds?
		4. Pensions, IRAs, KEOGH or other retirement accounts?
		5. Cash on hand over \$500 or a safe deposit box?
		6. Real estate, rental property, land/contracts for deeds or other real estate holdings? ( <i>This includes your personal residence, vacant land, farms, vacation homes or commercial property</i> )
		7. Personal property as an investment? ( <i>This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques</i> )
		8. Have you given away any assets for LESS than fair market value within the past 2 years?

If you answered Yes to any of the above please provide details below.

Source	Monthly Amount

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Yes	No	<b>STUDENT INFORMATION</b>
		Is any leaseholder a full-time student currently or planning to be in the next 12 months?
IF YES, STUDENT MUST CONTINUE WITH THE FOLLOWING QUESTIONS: (You will need to provide verification of all items you answered YES.)		
		a. Are you married <u>and</u> currently filing a joint tax return?
		b. Are you receiving AFDC (Aid to Families with Dependent Children)?
		c. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?
		d. Are you a single parent with minor child(ren) and neither you nor the minor child(ren) are dependent on anyone else's tax return?

Yes	No	<b>HOUSING CHOICE VOUCHER (Section 8):</b>
		Will you be receiving HCV rental assistance at time of move-in?
If Yes, Case Manager's Name:		
Case Manager's Phone:		
Case Manager's Email:		

Yes	No	<b>PETS \$250.00 Pet Deposit. Only one cat or dog less than 20 pounds.</b>
		Do you have any pets?
If Yes, how many?		
What kind?		



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**This section has no bearing on rental decisions.**

**Mono-racial**

	<i>Choose one column only</i> <b>Household or Persons</b>	
<b>Race: White</b>		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
<b>Race: Black / African American</b>		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
<b>Race: Asian</b>		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
<b>Race: American Indian / Alaskan Native</b>		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
<b>Race: Native Hawaiian / Other Pacific Islander</b>		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		

**Bi-racial and Multi-racial**

<b>Race: Asian and White</b>		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
<b>Race: Black / African American and White</b>		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
<b>Race: American Indian/ Alaska native and Black / African American</b>		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
<b>Race: Other Multi-racial</b>		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		

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Rental Application Signature Page  
And  
Authorization for Release of Information

All questions that were answered YES will be verified through the appropriate source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

I understand if my physical needs increase beyond the level appropriate for the in-house homemaker agency I will have until the end of my lease or a written agreed upon time period to vacate the unit.

I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the affordable housing requirements.

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. In connection with this application I authorize all corporations, companies, credit agencies, educational institutions, financial institutions, law enforcement agencies, military services, current or former landlords, and/or parties deemed necessary to this application to release information they may have about me to Illinois Independent Living Center, Inc. and release them from any liability or responsibility for doing so; further, I authorize procurement of investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation and that further information may be made available upon written request within a reasonable period of time.

The above information, to the best of my knowledge, is true and correct.

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Date

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Print Full Name

---

Social Security Number

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Signature





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**Rental Application Checklist**

Name: \_\_\_\_\_

Applicant Should Bring to the Rental Screening Appointment...	
	Completed application
	Valid US Government issued ID (Driver's License or State I.D.)
	Social Security Card for each adult leaseholder
	Paystubs for the last 90 days of each adult occupant
	Other source of income documentation
	If receiving unemployment insurance, provide award letter with eligible period and amount
	Last 3 months of statements for checking and/or saving accounts of each adult occupant
	If applicable award letter for Social Security or Pension Payments
	If applicable court ordered child support
	If applicable proof of rabies and vaccination shots for dog or cat with \$250.00 pet deposit