

Country Village
700 Brady Mill Rd
Anna, IL 62906
Phone: (618)833-3440 Fax: (618) 833-4008

Country Village: Vienna
901 Galeneer St
Vienna, IL 62995

Country Village
40 Lois Lane
Metropolis, IL 62960
Phone: (618) 940-0308
Fax: (618) 940-0408

TTY: 800-526-0844

This is a preliminary application and does not obligate you to rent an apartment, nor does it obligate **Country Village** to rent an apartment to you. Please fill out this Preliminary Application **completely**, then sign and date it. **Incomplete applications will not be accepted.**

OFFICE USE ONLY	Date Received: _____	Time Received: _____
Unit size you are interested in:	<input type="checkbox"/> 1 Bedroom (1-2 persons) Reserved for: 62+ yrs old	<input type="checkbox"/> 2 Bedroom (2-4 persons) 2 person minimum
	<input type="checkbox"/> 3 Bedroom (3-6 persons)	<input type="checkbox"/> Please circle location preference: Anna/Metropolis/Vienna

APPLICANT'S CONTACT INFORMATION

Name: _____	Home Phone: () _____
Address: _____	Mobile Phone: () _____
City, State & Zip: _____	Work Phone: () _____
E-mail Address: _____	

1. List all persons who intend to occupy the unit for which you are applying:

Name	Sex <small>(Optional)</small>	Date of Birth	Relationship to Household Head	SSN
			HEAD	

2. Select ethnicity and race for head of household:

Racial Categories (Select All That Apply)			Ethnic Categories (Select One)	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Not-Hispanic or Not-Latino	

3. Please state the total gross **annual** income of your household. (This includes income from employment for all persons 18 years of age and older, alimony and child support, social security, public aid, disability income, pensions, income from assets, interest and regular money gifts.) \$ _____

4. Will any member your household require a handicap accessible unit? Yes No

5. Have you been displaced from your housing because it was in an urban renewal area, or as a result of government action, or as a result of a major disaster as determined by the U.S. President? Yes No

WARNING: Section 1001 of Title of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.

6. Please list all states and counties of residence for all applicants 18 years of age or older have lived: *(This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.)*
- AL AK AZ AR CA CO CT DE FL GA HI ID IL IN
 IA KS KY LA ME MD MA MI MN MS MO MT NE NV
 NH NJ NM NY NC ND OH OK OR PA RI SC SD TN
 TX UT VT VA WA WV WI WY Washington D.C

AUTHORIZATION TO CHECK CREDIT AND CRIMINAL RECORDS:

I/We understand and hereby authorize agent/owner of «sitename». and any consumer or credit reporting agency or bureau employed by it to investigate my (our) character, general reputation, mode of living, credit and financial responsibility and the statements made in the Preliminary Application, to inquire into and check for criminal records, civil judgments and other relevant information, and to make a consumer or credit report in connection therewith.

I/We hereby certify that this information is true and correct to the best of my knowledge. I/We understand that any false statement on this application will disqualify my application and my name will not be put on the waiting list. I/We further agree that if an apartment becomes available and housing assistance is offered, I/we will provide verification of my eligibility as prescribed by HUD.

Signature (Head of Household)

Signature (Spouse/Co-Head)

Date

«sitename» is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 423 W. 55th St, 9th Fl. NY, NY 10019, (212) 319-1200, NY TTY 1-800-662-1220.



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.

Form HUD- 92006 (05/09)

