

# HOUSING APPLICATION



**ZION DEVELOPMENT CORPORATION**

Please return or mail **ONLY** to:

The **Grand Apartments**  
1146 Broadway  
Rockford, IL 61104  
(815) 986-0299  
(815) 986-0306 (FAX)

App Code: \_\_\_\_\_

Received: \_\_\_\_\_

ALL SECTIONS MUST BE FILLED OUT COMPLETELY, PLEASE ASK SOMEONE FROM OUR OFFICE IF YOU NEED HELP TO COMPLETE THIS FORM.

## **APPLICANT INFORMATION (please print)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License or State ID #

## **RESIDENTIAL HISTORY (at least past two years, include incarceration time)**

### **Current Address:**

\_\_\_\_\_  
Name – House/Rental/Shelter

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State & Zip Code

### **Dates of Residence:**

\_\_\_\_\_  
Month/Year to Month/Year

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Amount of Rent

\_\_\_\_\_  
Why do you want to leave?

### **Prior Address:**

\_\_\_\_\_  
Name – House/Rental/ Shelter

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State & Zip Code

### **Dates of Residence:**

\_\_\_\_\_  
Month/Year to Month/Year

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Amount of Rent

\_\_\_\_\_  
Why do you want to leave?

### **Prior Address:**

\_\_\_\_\_  
Name – House/Rental/Shelter

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State & Zip Code

### **Dates of Residence:**

\_\_\_\_\_  
Month/Year to Month/Year

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Amount of Rent

\_\_\_\_\_  
Why do you want to leave?

Have you ever been asked to leave a Residence? **YES/NO**      Have you ever been evicted? **YES/NO**

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**CURRENT EMPLOYER**

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Employer Name

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Telephone #

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Street

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Job Title

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City, State, Zip Code

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Employed From:    Month/Year

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**TOTAL ANNUAL INCOME CERTIFICATION**

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Salaries, etc.      Social Security Pensions      Public Assistance      SSI      \*Other      Total

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\*Please include all legal sources and amounts including alimony, child support, parental support, and bank interest or regular income from any other source.

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Do you currently have a Section 8 Certificate? Circle One: **YES/NO**

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Are you currently on the Section 8 waiting list? Circle One: **YES/NO**

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If **YES**, when did you apply? \_\_\_\_\_

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**BANKING INFORMATION**

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Do you have any bank accounts? **YES/NO**

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Checking Account Number

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Saving Account Number

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Name of Bank

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Name of Bank

---

Street

---

Street

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**LOAN & CREDIT CARD INFORMATION**

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Company Name

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Company Address

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Balance or Monthly Payment

---

Company Name

---

Company Address

---

Balance or Monthly Payment

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Has there ever been a judgement of foreclosure of bad debt against you? **YES/NO**

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If **YES**, when? \_\_\_\_\_

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**LIST THREE (3) PEOPLE *NOT* RELATED TO YOU AS REFERENCES**

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**Reference #1:**

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Name

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Telephone Number

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Street

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Relationship

---

City, State, Zip Code

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How long have you been acquainted?

**Reference #2:**

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Name

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Telephone Number

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Street

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Relationship

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City, State, Zip Code

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How long have you been acquainted?

**Reference #3**

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Name

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Telephone Number

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Street

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Relationship

---

City, State, Zip Code

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How long have you been acquainted?

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**EMERGENCY CONTACT (people/next of kin, to contact in case of an emergency)**

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Name

---

Telephone Number

---

Street

---

Alternative Telephone Number

---

City, State, Zip Code

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Relationship

---

Name

---

Telephone Number

---

Street

---

Alternative Telephone Number

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City, State, Zip Code

---

Relationship

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How did you hear about **The Grand Apartments?**

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I AM REQUESTING AN APPLICATION FOR **THE GRAND APARTMENTS** RENTAL. IF ACCEPTED AS A TENANT, I AGREE TO ABIDE BY THE RULES OF **THE GRAND APARTMENTS**. I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE, CORRECT AND COMPLETE AND THAT ALL INCOME HAS BEEN LISTED. I UNDERSTAND THAT **THE GRAND APARTMENTS** WILL REQUEST A CREDIT, WARRANT CHECK, INCOME VERIFICATION, HOUSING STATUS AND HOUSEKEEPING CHECK TO ASSIST IN DETERMINING MY ELIGIBILITY AND THAT IF I HAVE FALSIFIED OR WITHHELD INFORMATION, IT MAY BE USED AS GROUNDS TO DENY MY APPLICATION.

**THE GRAND APARTMENTS** HAS MY PERMISSION TO MAKE THIS INCOME INFORMATION AVAILABLE ONLY AS NEEDED TO ASSURE MY ELIGIBILITY FOR THE DEVELOPMENT FOR WHICH I AM APPLYING.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Do you have any special needs for this apartment? **YES/NO**

If **YES**, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information provided on this application will be used to determine eligibility to become a resident of **The Grand Apartments**. This date received by the management relative to income of applicant is regarded as being confidential in nature and protected accordingly to the extent permitted by law.

**The Grand Apartments** does not discriminate against the handicapped.

**The Grand Apartments is an Equal Opportunity Housing provider abiding by the Federal Fair Housing Ordinance.**



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