

Rental Application



Return to:

Lincoln Towers
320 N. Harlem
Freeport, IL 61032
Phone: (815) 235-3474 Fax: (815) 233-9554

For Office Use Only:

Date Received: _____
Time Received: _____
Received By: _____

HOW DID YOU HEAR ABOUT LINCOLN TOWERS? _____

*****Please Fill out Completely. If anything does not apply, mark "N/A" on the line.*****

APPLICANT INFORMATION:

Head of Household:

First Name _____ Middle Initial _____ Last Name _____
Street Address _____
City _____ State _____ Zip Code _____
Date of Birth _____ Social Security No _____
Primary Ph # _____ 2nd Ph# _____ (Family, Friend or Other phone #)

Co-Applicant:

First Name _____ Middle Initial _____ Last Name _____
Street Address _____
City _____ State _____ Zip Code _____
Date of Birth _____ Social Security No _____
Primary Ph # _____ 2nd Ph# _____ (Family, Friend or Other phone #)

INCOME INFORMATION:

List your total MONTHLY INCOME, please include all sources such as Social Security, SSI, SSD, Pensions, Job, Unemployment, Annuities, Real Estate Income, Lottery Payments and any Other Misc sources of income.

Head of Household

Co-Applicant

Soc Sec \$ _____
Pension \$ _____
SSI \$ _____
Other \$ _____

Soc Sec \$ _____
Pension \$ _____
SSI \$ _____
Other \$ _____

ASSET INFORMATION:

Do you have a Checking Account? Yes No If yes, what is current balance? _____
Do you have a Savings Account? Yes No If yes, what is current balance? _____
Do you have Other Asset Accounts? Yes No If yes, what is current balance? _____
Do you own any real estate? Yes No If yes, what is current value? _____

List any Assets disposed of in the last 2 years:

BACKGROUND INFORMATION:

- 1) Do you Rent or Own your current home? Rent Own
- 2) How many total household members will be living in the apartment? _____
- 3) Do you currently live in federally assisted housing? Yes No
- 4) Have you been evicted from federally assisted housing in the past three years? Yes No. If yes, explain: _____
- 5) Have you ever been requested to vacate an apartment for a Lease violation? Yes No. If yes, explain: _____
- 6) Have you ever been taken to court for non-payment of rent? Yes No. If yes, explain: _____
- 7) Has any member of the Household ever been convicted of a felony or misdemeanor other than a traffic violation? Yes No. If yes, explain: _____
- 8) Are you or any other person planning to occupy the apartment, a current user of a controlled substance or have a previous conviction related to drugs? Yes No. If yes, explain: _____
- 9) Does any member of the Household have an Alcohol or Drug abuse problem whose behavior could interfere with others' health, safety, and right to peaceful enjoyment? Yes No. If yes, explain: _____
- 10) Is any member of the Household a Sex Offender with lifetime registration requirements? Yes No. If yes, What State: _____ Explain: _____
- 11) We screen for Sexual Offenders with Lifetime Registration Requirements. Please list ALL addresses including City, Counties & States you have lived in since 1996:

- 12) Do You Have A Pet? Yes No. If yes, what kind. _____
Any Pet must have annual shots, be neutered or spayed and if a cat it must be declawed.
- 13) Are you requesting any Federal preference? Yes No Please List _____
- 14) Are you or any member of your Household currently a student at a facility of higher education?
 Yes No
- 15) Are you eligible to claim the deduction for handicap/disabled household status? Yes No
- 16) Would you like to request any accessibility features for daily living? Yes No

CURRENT LANDLORD REFERENCE:

Landlord Name _____ Landlord Phone # _____

Street Address _____

City _____ State _____ Zip Code _____

PREVIOUS LANDLORD REFERENCE:

Landlord Name _____ Landlord Phone # _____

Street Address _____

City _____ State _____ Zip Code _____

Please check the box(es) that apply to either the HEAD or CO-APPLICANT:

HEAD	<input type="checkbox"/>	Age 55or Over	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Handicapped	<input type="checkbox"/>	None of these
CO-APPLICANT	<input type="checkbox"/>	Age 55or Over	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Handicapped	<input type="checkbox"/>	None of these

CERTIFICATION: I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my only permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I understand that if accepted as a resident, this application will become a part of the lease. I further understand that this is a preliminary application and gives no lease or rental rights.

The Undersigned applicant(s) has examined the statements made on this application form and hereby certifies that they are true, correct and complete. The statements made are to confirm eligibility and to assist in the calculation of rent payments needed for the lease agreement.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

AUTHORIZATION: I do hereby authorize Lincoln Towers and its staff or authorized representative to contact any credit report bureaus, agencies, local police departments, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____