

Stone Ridge Square Apartment Community

RESIDENT APPLICATION = \$25.⁰⁰ fee for each applicant over the age of 18

Payable via check or money order only. Non Refundable. Must be paid at time application is submitted.

HOUSEHOLD COMPOSITION- Please complete this entire form.

Information below is required for ALL applicants over the age of 18.

	Full Name	Relationship to HOH	Date of Birth	M/F	AGE	Full Time Student Y/N	Social Security Number/Alien Registration Number	Receiving any source of Income?
1		Head of Household						<input type="checkbox"/> Yes <input type="checkbox"/> No
2								<input type="checkbox"/> Yes <input type="checkbox"/> No
3								<input type="checkbox"/> Yes <input type="checkbox"/> No
4								<input type="checkbox"/> Yes <input type="checkbox"/> No
5								<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of the household members listed above foster children? Yes No If yes, who? _____

Are any of the household members listed above a live-in attendant? Yes No If yes, who? _____

Are any of the household members planning to attend school full time? Yes No If yes, who? _____

APPLICANT INFORMATION

<u>Applicants Name/Phone # or Email</u>		<u>Occupation</u>		<u>Drivers License or State ID- REQUIRED</u>	
				State: _____ ID#: _____	
<u>Employer Name & Street Address</u>			<u>City, State, Zip</u>		<u>Work Phone</u>
<u>Date Hired</u>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	<u># of hours worked per week</u>	<u>Work Fax</u>		
	Salary \$ _____				

<u>Applicant #2 Name/Phone # or Email</u>		<u>Occupation</u>		<u>Drivers License or State ID- REQUIRED</u>	
				State: _____ ID#: _____	
<u>Employer Name & Street Address</u>			<u>City, State, Zip</u>		<u>Work Phone</u>
<u>Date Hired</u>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	<u># of hours worked per week</u>	<u>Date Hired</u>		
	Salary \$ _____				

<u>Applicants #3 Name/Phone # or Email</u>		<u>Occupation</u>		<u>Drivers License or State ID- REQUIRED</u>	
				State: _____ ID#: _____	
<u>Employer Name & Street Address</u>			<u>City, State, Zip</u>		<u>Work Phone</u>
<u>Date Hired</u>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	<u># of hours worked per week</u>	<u>Date Hired</u>		
	Salary \$ _____				

HOUSING REFERENCES – if more than one applicant please list references on back side. This is required for each applicant.

<u>Current Landlord's Name/Phone #</u>	<u>Circle One</u> <input type="checkbox"/> Own <input type="checkbox"/> Rent	<u>Current Rent/Mortgage Amount</u>
<u>YOUR Current Street Address (required)</u>	<u>City, State, Zip</u>	<u>From:</u> <u>To:</u>
<u>Previous Street Address (required)</u>	<u>City, State, Zip</u>	<u>From:</u> <u>To:</u>
<u>Please list an emergency contact</u>	<u>Relationship</u>	<u>Telephone Number</u>

OTHER SOURCES OF INCOME -- if more than one applicant please list information on back side. This is required for each applicant

Source - Employment	Source - Benefits/Pension	Source - Benefits/Pension
Second Job <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No	Pension/Annuity <input type="checkbox"/>
Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No	Grants/Scholarships <input type="checkbox"/> Yes <input type="checkbox"/> No
Tips <input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Gifts <input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions/fees <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Other <input type="checkbox"/>
Overtime pay <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security/ SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	

IF ANY BOXES ARE MARKED "YES" FOR "OTHER SOURCES OF INCOME": Please fill in information below. **We require proof of all sources of income. Please be prepared to provide proof of any income listed below.**

Household Member Name	Amount Received	Source
	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	
	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	
	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	
	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	

HOUSEHOLD ASSETS

Type of Asset	Type of Asset	Type of Asset
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/ Keogh Account* <input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension Fund* <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage/Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No
Cash <input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Funds/Stock* <input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance Policy* <input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit* <input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate/Land* <input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property/Investme. <input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

Household Member Name	Type of Asset	Cash Value	\$ Asset will return in the Next 12 months

NOTE: *When listing the cash value of any of the items that have an asterisk, please keep in mind penalties for withdraw, or any fees deducted to convert the asset to cash. For example, if you owned a home, and sold it, how much cash would you have after you paid off the mortgage, the realtor, etc.? That's the amount you should list in the "Cash Value" column

Have you sold any real estate for less than it's worth within the last two years? (If sale is due to divorce, bankruptcy or foreclosure, answer "No") Yes No

If yes, please explain:

All of the Information provided above on this Application is true and complete to the best of my knowledge and belief.

*****Disclaimer*****

The information submitted on this form is needed to determine if your household is eligible under this property's leasing criteria. Any information that is found to be inaccurate, untrue, or deliberately falsified will be an automatic denial of this application and a forfeiture of any application fee and/or deposit.

If you are mailing in this application, please include copies of drivers license/state ID, VISA or other picture ID. Thank you. All forms, along with a check or money order for total application fee due, can be mailed to:

Stone Ridge Square Apartments
Attn: Property Manager
1714 E. Colorado Ave
Urbana, IL 61802



Please allow 24-48 hrs for processing. Any missing information, forms, or payment can delay your application process.

Applicant Signature /Date

Phone #: _____

Co-Applicant #1 Signature/Date

Phone #: _____

Co-Applicant #2 Signature/Date

Phone #: _____

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application to the owner/manager of the apartment community listed below.

INFORMATION COVERED

I/We understand that the previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|------------------------------------|--------------------------------|----------------------------------|
| Past and Previous Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | State Unemployment Agencies | Retirement Systems |
| Educational Institutions | Social Security Administration | Medical and Child Care Providers |
| Banks/Other Financial Institutions | Public Housing Agencies | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for one year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____	_____	
Applicant/Resident	(Print Name)	Date
_____	_____	
Co-Applicant/Resident	(Print Name)	Date
_____	_____	
Co-Applicant/Resident	(Print Name)	Date
_____	_____	
Adult Member	(Print Name)	Date
_____	_____	
Apartment Name	Contact	Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506 "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

EMPLOYMENT VERIFICATION

Applicant..please fill in this top section only and return with your application. We will contact your employer.

TO: (Name & address of employer)

Date: _____

RE: _____
Applicant/ Tenant Name
Social Security #
Employee ID#

I hereby authorize release of my employment information: (Employee Signature)

Date: _____

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of the stated purpose only. Your prompt response is crucial and greatly appreciated.

RETURN FORM TO:

FAX: (217) 344-0010

Stone Ridge Square Apartments Project Owner/Management Agent

**APPLICANTS DO NOT FILL OUT THIS SECTION –
 THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY**

Employee Name: _____ **Job Title:** _____

Presently Employed: YES / NO **START DATE :** _____ **END DATE:** _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ **Year-to-date earnings:** \$ _____ through ____/____/____

Comments: _____ **Start date of current payroll year:** ____/____/____

Overtime Rate: \$ _____ /hour **Average of overtime per week:** _____(hours)

Shift Differential Rate: \$ _____/hour **Average of shift differential per week:** _____(hours)

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Anticipated change in employee's rate of pay within the next 12 months: _____; **Effective Date:** ____/____/____

If employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional Remarks: _____

Employer's Signature **Employer's Printed Name** **Date**

Employer's Title **Employer (Company) Name and Address**

Phone Number **Fax Number** **E-mail**

Note: Section 1001 of Title 18 of US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction