

# Rental Application



**Return to:**

**Coatsworth Building**  
**c/o 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 THE COATSWORTH BUILDING?** \_\_\_\_\_

\*\*\*\*\*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 # \_\_\_\_\_ 2<sup>nd</sup> 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 # \_\_\_\_\_ 2<sup>nd</sup> 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 \$ \_\_\_\_\_

Soc Sec \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_  
SSI \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

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 55 or Over	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Handicapped	<input type="checkbox"/>	None of these
CO-APPLICANT	<input type="checkbox"/>	Age 55 or 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 the Coatsworth Building 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: \_\_\_\_\_