

# BRIARWOOD APARTMENTS

3345 Resource Parkway

DeKalb, IL 60115

PHONE: 815.758.2960 FAX: 815.517.1594

Thank you for your interest in Briarwood Apartments. Briarwood Apartments is an affordable rental property in junction with the Illinois Housing Development Authority (IHDA). IHDA establishes limits by family size for the area in which the affordable rental property is located. Two income limits are used to determine eligibility for the affordable housing program. IHDA's schedule of maximum annual income limits refers to 60% of the area median income with a per person limit. Because Briarwood is an affordable rental property and not federally subsidized, we also consider 30% of monthly income. Thirty percent of monthly income must meet the rent amount. This determines whether or not an applicant would be considered rent burdened. Briarwood Apartments does accept the Housing Choice Voucher.

Please refer to the charts below for income requirements for market rent.

<b>Annual income cannot exceed 60%, based on the number of people in the household</b>								
	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
60%	\$32,520	\$37,200	\$41,820	\$46,440	\$50,160	\$53,880	\$57,600	\$61,320

The chart below shows the minimum income requirements at 30% for each bedroom size.

	<b>Rent</b>	<b>Deposit</b>	<b>30%, minimum allowable annual income</b>
1 Bedroom	\$650	\$650	\$26,000
2 Bedroom	\$767	\$767	\$30,680
3 Bedroom	\$1,005	\$1,005	\$40,200

Income sources include, but are not limited to, wages, Social Security, pension, child support, alimony. You must include the amount, not just the source, on the Income section of the application. All income will be verified before applications can be approved. A landlord reference and background check are also completed. All adults over 18 years of age must sign the back of the application. For HCV applicants, income is verified through the Housing Authority of the County of DeKalb. We will attempt three (3) times to verify income and a landlord reference. If these cannot be verified, the application will be closed.

Briarwood Apartments are smoke free buildings. There are refrigerators with icemakers, dishwashers, garbage disposals, high efficiency natural gas heat and central air conditioning, balconies or bay windows. Each apartment has a washer dryer hook up as well as a laundry facility in each of the buildings. Tenant pays gas and electric and Briarwood pays water, sewer, trash. Briarwood has ample parking including assigned covered carports. Briarwood does allow pets. Tenants must show proof of spay/neuter, proof the cat/dog is current with shots, and dogs cannot exceed 25 pounds at adult age. There is a one-time pet deposit of \$150.00.

Qualified applications will be held for 12 months. After 12 months, we will notify tenants that they will need to resubmit an application if they are still interested.

Thank you for applying to Briarwood Apartments.



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## HEAD OF HOUSEHOLD - PERSONAL INFORMATION

Name (Head of household) \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital status \_\_\_\_\_ Do you smoke? YES NO

Drivers License Number and State Issued \_\_\_\_\_

Race (circle): White Black American Indian or Alaskan Native Asian or Pacific Islander

Ethnicity (circle): Hispanic Non-Hispanic

Have you been: Displaced from an urban renewal area \_\_\_\_\_ Displaced as a result of a government action \_\_\_\_\_  
Displaced as a result of a major disaster \_\_\_\_\_

If you checked one of the above, please explain: \_\_\_\_\_

Who referred you/how did you hear about us? \_\_\_\_\_

## ADDRESS

*Current* Address \_\_\_\_\_ Apt. \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Time at this location \_\_\_\_\_ Landlord name \_\_\_\_\_

Landlord phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Amount of Rent \_\_\_\_\_ Up to date on rent? (circle) YES NO

*Previous* Address \_\_\_\_\_ Apt. \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Time at this location \_\_\_\_\_ Landlord name \_\_\_\_\_

Landlord phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Amount of Rent \_\_\_\_\_ Up to date on rent? (circle) YES NO

## EMPLOYMENT/ INCOME

*Current* employer/Source of income \_\_\_\_\_ Occupation \_\_\_\_\_  
(Source of income includes Social Security (include income below), child support, etc.)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Hours/week \_\_\_\_\_ **Income \$** \_\_\_\_\_ (circle) weekly biweekly monthly yearly

Employment/Income Continued on the next page.



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Additional employer/Source of income \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Hours/week \_\_\_\_\_ **Income \$** \_\_\_\_\_ (circle) weekly biweekly monthly yearly

**ASSETS**

Do you have a checking account? (circle) YES NO  
Bank name \_\_\_\_\_ Account # \_\_\_\_\_  
Do you have a savings account? (circle) YES NO  
Bank name \_\_\_\_\_ Account # \_\_\_\_\_  
Do you have life insurance? (circle) YES NO  
Name of carrier and contact information \_\_\_\_\_

**PERSONAL INFORMATION – CO-APPLICANT/HOUSEHOLD MEMBER OVER AGE 18**

Name (co-applicant) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Marital status \_\_\_\_\_ Do you smoke? YES NO  
Relationship to Head of Household \_\_\_\_\_  
Drivers License Number and State Issued \_\_\_\_\_  
Race (circle): White Black American Indian or Alaskan Native Asian or Pacific Islander  
Ethnicity (circle): Hispanic Non-Hispanic

Current Address \_\_\_\_\_ Apt. \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Time at this location \_\_\_\_\_ Landlord name \_\_\_\_\_  
Landlord phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Amount of Rent \_\_\_\_\_ Up to date on rent? (circle) YES NO

**EMPLOYMENT/INCOME – CO-APPLICANT/HOUSEHOLD MEMEBER OVER AGE 18**

Current employer/Source of income \_\_\_\_\_ Occupation \_\_\_\_\_  
(Source of income includes Social Security, child support, etc.)  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Hours/week \_\_\_\_\_ Income \$ \_\_\_\_\_ (circle) weekly biweekly monthly yearly



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**ASSETS – CO-APPLICANT/HOUSEHOLD MEMBER OVER AGE 18**

Do you have a checking account? (circle) YES NO

Bank name \_\_\_\_\_ Account # \_\_\_\_\_

Do you have a savings account? (circle) YES NO

Bank name \_\_\_\_\_ Account # \_\_\_\_\_

Do you have life insurance? (circle) YES NO

Name of carrier and contact information \_\_\_\_\_

**LIST ALL OTHERS UNDER AGE 18 WHO WILL BE OCCUPYING THE APARTMENT**

Name	Date of Birth	Age	Social Security #	Relationship to Applicant

Number of bedrooms needed? \_\_\_\_\_ Date you are needing an apartment \_\_\_\_\_

Do you currently hold a Section 8 voucher? \_\_\_\_\_ If yes, list the agency name and contact person

\_\_\_\_\_

**HISTORY** – if you have rented before, you must list references for the most recent three (3) residences, starting with your current address. Be sure to include the apartment number. If you have not rented before, you must list personal references.

City/State/Zip	Landlord name, address, phone/fax/email	Rental period from, to

Do you anticipate having a pet at Briarwood? YES NO Specify \_\_\_\_\_

Have you or anyone named on this application ever been evicted? (circle) YES NO

If yes, explain \_\_\_\_\_

Do you or anyone named on this application owe a previous landlord money for rent/damages? YES NO

If yes, explain \_\_\_\_\_

Have you or anyone named on this application ever abused alcohol to the extent such alcohol abuse cause behavior that interfered with the health, safety or right to peaceful enjoyment of the premises by others? YES NO

If yes, explain \_\_\_\_\_

Have you or anyone named on this application been convicted of a felony? YES NO

If yes, explain \_\_\_\_\_

Have you or anyone named on this application **ever** been involved in, arrested, or convicted of any crime *other than* traffic violations? YES NO If yes, explain \_\_\_\_\_



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Are you or anyone named on this application subject to a lifetime state sex offender registration requirement in any state? YES NO If yes, provide name and state where requirement is ordered \_\_\_\_\_

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Has the applicant ever broken a lease? YES NO

Has the applicant ever been brought to court by another landlord? YES NO

Is the total move-in amount available now (rent and deposit)? YES NO

INTENTIONALLY LEFT BLANK



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**SIGNATURE CLAUSE**

I/We certify that the answers given herein are true and complete to the best of my/our knowledge:  
I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history, criminal history, and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain any application fee, (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include bother favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so. By signing below I/We hereby authorize and consent to the Owner/Property Manager to obtain all criminal history records necessary.

**Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony or knowingly or willingly makes false statements to any departments or agencies of the United States.**

**THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE; ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.  
\*ALL THOSE 18 YEARS AND OLDER MUST SIGN THE APPLICATION.**

_____	_____	_____
Applicant Name Printed	Date	Applicant Signature
_____	_____	_____
Co-Applicant Name Printed	Date	Co-Applicant Signature
_____	_____	_____
Other Adult in Household Name Printed	Date	Other Adult in Household Signature
_____	_____	_____
Other Adult in Household Name Printed	Date	Other Adult in Household Signature

*\*Please attach a copy of a driver's license or state ID for each applicant*



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