



DURING COVID-19, SOME ADJUSTMENTS AND EXCEPTIONS HAVE BEEN MADE TO OUR APPLICATION PROCESS:

- Applications can be emailed to info@chadhousing.org. Please be sure to send one email with all attachments including the rental application.
- Applications can be placed in our CHAD Office Dropbox outside the building. Please be sure you include the completed application and all required documents noted on the checklist of the application packet. Our office is located at 531 E. Roosevelt Rd. #200, Wheaton IL. 60187.
- When submitting a rental application, we are allowing clear and colored copies or pictures of all Birth Certificates, U.S. Government Issued IDs, and Social Security Cards.
- The \$25 application fee has been waived.

Please contact us with any questions at info@chadhousing.org or by phone at 630-456-4452.

Thank you for your interest in CHAD Housing.





RENTAL APPLICATION CHECKLIST

PLEASE NOTE: The application will **not** be accepted with incomplete information and/or missing documentation. All documents requested below must be provided when submitting the attached Rental Application.

Applicant(s) must provide the following with the completed application:		CHAD Staff Only
1.	Completed application – All information must be filled in on the application. If a section does not apply, please indicate <i>not applicable</i> .	
2.	Landlord contact information for both current & previous Landlord.	
3.	\$25.00 non-refundable Money Order for each adult occupant 18 years +	
4.	Valid US Government issued ID (Driver’s License, State I.D, U.S. Passport) for each adult occupant 18 and over. No copies accepted.	
5.	Social Security Card for each adult leaseholder/occupant 18 years of age or older. No copies accepted.	
6.	Birth Certificates for children under 18 years of age living in the home.	
7.	Guardianship papers (<i>if applicable</i>)	
8.	Paystubs for all sources of employment income for the last 90 days for <i>each</i> Adult occupant.	
9.	If receiving unemployment benefits, provide Unemployment Benefit Statement with eligible period and amount. Benefits must have a duration period that will satisfy at least a one year lease term.	
10.	Last 3 months of bank statements for Checking and/or Saving accounts of each adult occupant. (Includes any type of Pay cards and/or Money apps)	
11.	Current year award letter for Social Security and/or Pension Payments (<i>if applicable</i>)	
12.	Court ordered Child Support document or agreed notarized letter from secondary parent and proof of payments deposited into a checking account (<i>if applicable</i>)	
13.	If receiving regular weekly/monthly gift payments, a notarized letter is required along with proof of payments deposited into a checking account.	
14.	Housing Choice Voucher Move-In Packet and Voucher (<i>if applicable</i>)	
15.	Other sources of income documentation.	
16.	If applicable, proof of Rabies, vaccination shots for Dog or Cat, and picture of the pet. A \$200 pet fee will be required prior to move-in.	

Thank you for your interest in CHAD housing!





RENTAL APPLICATION

For Office Use Only

Date & Time Completed Application Verified: _____ Office Staff: _____

Please Circle One: Marketing Source: CHAD Website - For Rent Sign - Car Signage - Open House - Apartments.com - Facebook - Flyer/Ad – Apartment List – Apartment Solutions – Go Section 8 - IL Housing Search –Other: _____ Agency Referral or Person Referral Name: _____

Please Circle One: Preferred Language: English Spanish Polish Gujarati Urdu Chinese Other: _____

Applying for: ___ Studio ___ 1BR ___ 2BR ___ 3BR ___ 4BR

Requested Move In Date: _____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are all the leaseholders at least 18 years or older?
<input type="checkbox"/>	<input type="checkbox"/>	Are you able to regularly pay the rent?
<input type="checkbox"/>	<input type="checkbox"/>	Do you confirm that all leaseholders have no more than between \$0-\$10,000 in collections?
<input type="checkbox"/>	<input type="checkbox"/>	Do you confirm that all leaseholders have <u>NOT</u> filed bankruptcy or the bankruptcy was discharged?
<input type="checkbox"/>	<input type="checkbox"/>	Do you confirm that you & all your occupants have <u>NOT</u> in the last 5 years been convicted of a felony crime involving violence, major drugs, or sexual offenses?

If you checked “no” to any of the above questions you do not qualify for renting with CHAD.

OCCUPANT INFORMATION

List each person who would live with you (including yourself). Correct legal names and Social Security Numbers and/or ITINs must be used.

Last Name	First Name	MI	Birth Date	Social Security #	Relation





Yes	No	Household Information...
		1. Does anyone live with you now who is <u>not</u> listed above? If yes, please explain why this person will not be living with you:
		2. Do you expect any additions to the household within the next 12 months? If yes, please list name and relationship:
		3. Do you have full custody of your children? Explanation of custody arrangements:
		4. Do you currently live with a relative or friend? If yes, whom:
		5. Is your name on the lease where you currently live?
		6. Will this unit be your only place of residence? If no, please explain:
		7. Are you receiving Rental Assistance? If yes, include kind and source:
		8. Has your Rental Assistance ever been terminated for fraud, non-payment of rent, or failure to certify? If yes, please explain:
		9. Have any leaseholder ever filed for bankruptcy? If yes, month/year filed: _____ If it was dismissed when?
		10. Have any leaseholders and/or occupant ever been convicted of a felony? If yes, please explain:
		11. Have any leaseholders ever been evicted from tenancy for any reason? If yes, please explain:

CURRENT ADDRESS & CONTACT INFORMATION	
Your Current Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email	

CURRENT LANDLORD INFORMATION	
Current Landlord Name	
Address	
Unit #	
City, State, Zip	
Landlord Phone and Fax Number	
Monthly Rent	
Dates of Tenancy	
Reason For Leaving	





PREVIOUS LANDLORD INFORMATION	
Previous Landlord Name	
Address	
Unit #	
City, State, Zip	
Landlord Phone and Fax Number	
Monthly Rent	
Dates of Tenancy	
Reason For Leaving	

VEHICLE IDENTIFICATION:

Please list information for all vehicles owned by any household member.

License Plate #	State Issued	Make	Model	Year

Driver's License #: _____ Name: _____
 Driver's License #: _____ Name: _____

EMERGENCY CONTACTS:

Name and address - if possible, list someone in the area not already listed on this application.

Name	Address, Town, State, Zip	Phone	Relation





INCOME INFORMATION

Please include all anticipated income for the next twelve months. **Please do NOT include previous employments on this page.**

Yes	No	Do You or a household member 18 years old or older receive OR expect to receive income from:
		Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash)</i>
EMPLOYER 1:		
Applicant Name		
Employer's Name		
Address		
Town, Zip		
Phone		
Fax		
Job Title		
Hrs Per Week		
Hourly Wage		
Years Employed		
EMPLOYER 2:		
Applicant Name		
Employer's Name		
Address		
Town, Zip		
Phone		
Fax		
Job Title		
Hrs Per Week		
Hourly Wage		
Years Employed		

Please note additional employment information on the reverse side of this page.





INCOME INFORMATION CONTINUES

Yes	No	Do YOU receive OR expect to receive income/assistance from:
		2. Self Employed? Please explain:
		3. Unemployment benefits or Workman’s compensation?
		4. Public Assistance, General Relief or Aid to Families with Dependent Children, Housing Choice Voucher (formerly Section 8), Rental Housing Support?
		5. Child Support or Alimony? (<i>Any AWARDED amount – collected or uncollected</i>)
		6. Social Security, SSI or any Veteran’s pension or disability benefits?
		7. Severance payments or Settlements? (<i>such as insured settlement</i>)
		8. Disability, death benefits or life insurance dividends?
		9. Regular gifts or payments from anyone outside of the household? (<i>This includes anyone supplementing your income or paying any of your bills</i>)
		10. Educational grants, scholarships or other student benefits?
		11. Lottery winnings or inheritances?
		12. Payments from rental property, land contracts or other forms of real estate?
		13. Any other income sources or types not listed?
		14. Are you participating in a program that will be paying your rent?

If you answered Yes to any of the above please provide details below.

Source	Monthly Amount

ASSET INFORMATION:

Yes	No	Do YOU have...
		1. Checking / Savings accounts, or pay cards?
		2. CD’s money market accounts or treasury bills?
		3. Stocks, bonds, securities or trust funds?
		4. Pensions, IRAs, KEOGH or other retirement accounts?
		5. Cash on hand over \$500 or a safe deposit box?
		6. Real estate, rental property, land/contracts for deeds or other real estate holdings? (<i>This includes your personal residence, vacant land, farms, vacation homes or commercial property</i>)
		7. Personal property as an investment? (<i>This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques</i>)
		8. Have you given away any assets for LESS than fair market value within the past 2 years?

If you answered Yes to any of the above please provide details below.

Source	Monthly Amount





Yes	No	STUDENT INFORMATION
		Is any leaseholder a full-time student currently or planning to be in the next 12 months?
IF YES, STUDENT MUST CONTINUE WITH THE FOLLOWING QUESTIONS: (You will need to provide verification of all items you answered YES.)		
		a. Are you married <u>and</u> currently filing a joint tax return?
		b. Are you receiving AFDC (Aid to Families with Dependent Children)?
		c. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?
		d. Are you a single parent with minor child(ren) and neither you nor the minor child(ren) are dependent on anyone else's tax return?

Yes	No	HOUSING CHOICE VOUCHER (Formerly Section 8):
		Will you be receiving HCV rental assistance at time of move-in?
If Yes, Case Manager's Name:		
Case Manager's Phone:		
Case Manager's Email:		

Yes	No	PETS \$200.00 Pet Fee. Only <i>one</i> Cat or Dog less than 30 pounds.
		Do you have any pets?
If Yes, how many?		
What breed?		



ZERO INCOME CERTIFICATION

This form should only be completed if you or someone in your household 18 years old or older has a zero income and does not receive any financial assistance from any sources.

I, _____, do hereby swear and affirm that I do not have any income. This includes but is not limited to income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a personal business
- Social Security, SSI, Pension, Disability, Worker's Compensation Benefits, Unemployment Benefits, Child Support, Alimony, Welfare/General Assistance
- Pensions, Annuities, Retirement Funds, Inheritances, Whole Life Insurance, Survivor Benefits
- Savings Bonds, Stocks/Bonds
- Interest income from Savings, Checking, IRAs. Certificates of Deposit, Money/Market Funds
- Real Estate/Property Burial Plots
- Periodic allowance such as gifts received from persons not living in the household
- Sales from self-employed resources
- Any other income not named above
- I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date





This section has no bearing on rental decisions.

Mono-racial:	<i>Choose one column only</i> Household or Persons	
Race: White		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: Black / African American		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: Asian		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: American Indian / Alaskan Native		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: Native Hawaiian / Other Pacific Islander		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		

Bi-racial and Multi-racial:

Race: Asian and White		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: Black / African American and White		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: American Indian/ Alaska native and Black / African American		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		
Race: Other Multi-racial		
<i>Ethnicity: Hispanic / Latino</i>		
<i>Ethnicity: Not Hispanic / Latino</i>		





To be signed by all members of the household who are 18 years old or older:

Rental Application Signature Page And Authorization for Release of Information

All questions that were answered YES will be verified through the appropriate source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, address, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the affordable housing requirements.

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. In connection with this application authorize all corporations, companies, credit agencies, educational institutions, financial institutions, law enforcement agencies, military services, current or former landlords, and/or parties deemed necessary to this application to release information they may have about me to Community Housing Advocacy & Development and release them from any liability or responsibility for doing so; further, I authorize procurement of investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation and that further information may be made available upon written request within a reasonable period of time.

The above information, to the best of my knowledge, is true and correct.

Date

Print Full Name

Social Security Number

Signature





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The above information, to the best of my knowledge, is true and correct.

Date

Print Full Name

Social Security Number

Signature

