

ST. CLAIR COUNTY HOUSING AUTHORITY1790 South 74th Street, Belleville, IL 62223
(618)277-3290 Fax: (618)277-1806 TDD: (800)545-1833 x 933**Cedar Ridge Apartments**101 North Fritz
Lebanon, IL 62254

I hereby apply for a rental housing living unit in this housing complex, and for rental assistance, if I am eligible and if it is available. I certify that this will be my permanent residence and I will not maintain a separate subsidized rental unit in a different location.

----- PLEASE PRINT ALL INFORMATION -----

PRELIMINARY INFORMATION PERTAINING TO APPLICANT(S)

Applicant's Name: _____ SSN: _____ Date of Birth: _____ Age: _____

Co-Applicant's Name: _____ SSN: _____ Date of Birth: _____ Age: _____

Others Living in the Unit:

Name _____ SSN: _____ Date of Birth: _____ Age: _____

Name _____ SSN: _____ Date of Birth: _____ Age: _____

Name _____ SSN: _____ Date of Birth: _____ Age: _____

Present Address: _____

Telephone Number: _____ Approximate Annual Family Income: \$ _____

Source(s) of Income: _____ Approximate Net Worth: \$ _____

Are you a U.S. Citizen? Yes NoAre you a student under the age of 24? Yes No If Yes, Are you a veteran? Yes No. Are you married? Yes NoDo you request consideration for an income adjustment based on a disability? Yes NoDo you need special accommodations or modifications to the living unit based on a disability? Yes No

The information solicited below is requested by the apartment owner in order to assure the Federal Government, acting through USDA Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner (or managing agent) is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

HEAD OF HOUSEHOLD

(Check as appropriate)

Race
 American Indian / Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other
Ethnicity
 Hispanic or Latino
 Not Hispanic or Latino
Marital Status
 Married
 Separated
 Unmarried
Sex
 Male
 Female

SIGNATURE(S):

(Applicant)_____
(Owner or Agent)_____
(Co-Applicant)_____
(Date Received)

St. Clair County Housing Authority does not discriminate in admission or access to, or treatment or employment in programs or activities on the basis of a handicap in violation of section 504 of the Rehabilitation Act.



This Institution is an Equal Opportunity Provider and Employer

