

Cedar Ridge Apartments <input type="checkbox"/> 101 North Fritz Lebanon, IL 62254	THE RURAL DEVELOPMENT PROPERTIES of the ST. CLAIR COUNTY HOUSING AUTHORITY 1790 South 74th Street, Belleville, IL 62223 (618)277-3290 Fax: (618)277-1806	St. Libory Apartments <input type="checkbox"/> Lincoln & Darmstadt St. Libory, IL 62282
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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 No

Are you a student under the age of 24? Yes No If Yes, Are you a veteran? Yes No. Are you married? Yes No

Do you request consideration for an income adjustment based on a disability? Yes No

Do 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 <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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SIGNATURE(S): _____
 (Applicant)

 (Owner or Agent)

 (Co-Applicant)

 (Date Received)

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EQUAL HOUSING OPPORTUNITY

In accordance with Federal Law and U.S. Department of Agriculture (USDA) policy, the St. Clair County Housing Authority is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. USDA is an equal opportunity provider, employer and lender. To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 800-795-3272 (voice) or (202) 720-6382 (TDD). PN 370(10-11-06)

ILAN No 2430 NOTICE

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For Management Use Only

Eligibility Determination: Date: _____ (Attach copy of Notification Letter)

___ Eligible Unit Size(s): ___ 1bdr. ___ 2bdr. ___ 3bdr. ___ 4bdr. Date Purged from Waiting List: _____

___ Ineligible: Reason(s) _____

Comments: _____



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