



The Renaissance Apartments
3757 S. Wabash Ave
Chicago, Illinois 60653
Fax (773) 924-9271 Phone (773) 924-9270
Single Room Occupancy

Preliminary Questionnaire

The information provided on this questionnaire will be used to determine eligibility to become a resident of the Renaissance Apartments. Please review the Eligibility Requirements for The Renaissance Apartments prior to completing this questionnaire. **All sections must be filled out completely.** Should you need assistance, please ask someone in the office to assist you.

_____/_____/_____
Name **Sex** **Date of Birth**

Mailing Address (including city, state and zip code)

(_____)_____
Home or Cell Number **Alternate Number**

Please answer the following questions:

1. Are you chronically homeless? Yes _____ No _____
NOTE: See Eligibility Requirements for Chronic Homeless definition. Submit documentation.
2. Do you have documentation to support your chronic homeless status? Yes _____ No _____
NOTE: See Eligibility Requirements for Chronic Homeless documentation needed. Documentation required at time of application submission.
3. Are you currently residing in a shelter? If yes, name of shelter _____
****PLEASE SUBMIT HOMELESS DOCUMENTATION WITH THIS APPLICATION FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION BEING REJECTED**
4. Do you have a disabling condition? Yes _____ No _____
NOTE: Documentation required supported by a letter from a medical/clinical professional attesting to the presence of the condition at time of application submission.
 - A diagnosable substance abuse disorder
 - A serious mental illness
 - A developmental disability
 - A chronic physical illness or disability, including the co-occurrence of two or more of these conditions.
5. Will you require a handicap accessible unit? Yes _____ No _____
6. Are you a full-time student at an educational institution? Yes _____ No _____
7. Please state your **Total Gross Annual Income**. (This includes income from employment, alimony, child support, social security, public assistance, disability income, pensions, and income from assets, interest and monetary gifts from friends and / or family.) \$ _____

I understand that any false statement on this questionnaire will disqualify my opportunity to obtain housing. I agree that if an apartment becomes available and housing assistance is offered, I will provide verification of my eligibility as prescribed by HUD.

Signature

Date

TRC does not discriminate against race, color, creed, religion, sex, national origin, familial status, ancestry, unfavorable military discharge, marital status or handicap.



TRC - AN EQUAL OPPORTUNITY HOUSING PROVIDER

OFFICE USE ONLY: **Date Received** _____ **Time Received** _____ **By** _____