



**THE  
RENAISSANCE  
COLLABORATIVE, INC.**



Please mail or fax to: The Renaissance Apartments  
3757 S. Wabash Ave  
Chicago, Illinois 60653 Fax (773) 924-9271 Phone (773) 924-9270

**Single Room Occupancy**

**RESIDENT APPLICATION**

The information provided on this application 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 the application. **All sections must be filled out completely.** Should you need assistance, please ask someone in the office to assist you.

Documents required to complete application:

Birth Certificate\_\_\_ Picture ID\_\_\_ SS Card\_\_\_ Medical Card\_\_\_

**APPLICANT INFORMATION**

_____	____-____-____	____/____/____
<b>Applicant's Name</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
_____	_____	_____
<b>Current Address</b>	<b>City/ Zip Code</b>	<b>(Area Code) Telephone</b>
_____	<b>or</b>	_____
<b>Drivers License</b>		<b>State ID Number</b>



# TOTAL ANNUAL INCOME CERTIFICATION

_____ Wages/Salaries Etc.	_____ Social Security/Pension	_____ Public Assistance
_____ SSI	_____ Other	\$ _____ Total

\*Please include all legal sources and amounts of income including alimony, child support, parental support, bank, interest or regular income from any other source.

## BANKING INFORMATION

CHECKING _____ Name of Bank	SAVINGS _____ Name of Bank
_____ Address	_____ Address
_____ Account Number	_____ Account Number
\$ _____ Current Balance	\$ _____ Current Balance

## LOAN & CREDIT CARD INFORMATION

_____ Name of Company	_____ Address	_____ Balance/Mo Payment
_____ Name of Company	_____ Address	_____ Balance/Mo Payment
_____ Name of Company	_____ Address	_____ Balance/Mo Payment

## PERSONAL REFERENCES

_____ Name	_____ Name
_____ Address	_____ Address
_____ Phone Number (Area Code)	_____ Phone Number (Area Code)
_____ Relationship	_____ Relationship

**In case of an emergency, please list (2) two people to contact (next of kin)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number(s) Area Code

\_\_\_\_\_  
Phone Number(s) Area Code

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

Who referred you to The Renaissance Apartments? \_\_\_\_\_

**AGREEMENT**

**I am requesting a rental application, if accepted as a tenant I agree to abide by the rules of TRC. I certify that all statements made on this application are true, correct and complete and that all income has been listed. I understand that TRC will request a credit check, warrant check, criminal record, income verification, housing status and housekeeping check to assist in determining my eligibility and that if I have falsified or withheld information. It may be used as grounds to deny my application.**

**TRC has my permission to make this income information available only as needed to assure my eligibility for the development for which I am applying.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This data and all data received by management relative to the income of an applicant is regarded as being confidential in nature and protected accordingly to the extent permitted by law.**

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

**TRC- EQUAL OPPORTUNITY HOUSING PROVIDER**

