

READ

**The Renaissance Apartments
3757 South Wabash Avenue
Chicago, IL 60653**

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**ELIGIBILITY REQUIREMENTS FOR
THE RENAISSANCE APARTMENTS**

Thank you for your interest in renting an apartment at The Renaissance Apartments. **Please read the eligibility requirements before completing the questionnaire.**

The Tenant Selection Criteria is used in screening of applicants to ensure that all eligibility requirements are met. The requirements include but are not limited to the following:

- 1. Documented proof of chronic homelessness** (according to the HUD Criteria change in 2005 at least 1 year of documented homelessness is required. Applicant must submit 1 or more homeless letters that verify at least 12 months of homelessness). ***HUD defines a chronically homeless person as “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for one year or more or has had at least 4 episodes of homelessness in the past 3 years.” To be considered chronically homeless a person must have been on the streets or in an emergency shelter (not transitional housing) during these stays. Also, homeless does not include any individual imprisoned or otherwise detained pursuant to the act of Congress or state law.**
2. Proof of Income (not to exceed income limits), assets, expenses, disability, student status, etc.
3. Proof of Identification (State ID, Driver License, SS Card, Birth Certificate, etc)
4. Credit & Criminal Background Check (no cost to applicant) previous history of evictions and large unexplained credit balances maybe reasons for rejection. Violent & Sexual criminal histories are also reasons for rejection.
5. Capacity to live independently.
- 6. Six-month drug free (Documented proof of treatment program attended)**
7. Signatures on all required documents.

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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**

If no, explain _____

4. Will you require a handicap accessible unit? Yes _____ No _____

5. Are you a full-time student at an educational institution? Yes _____ No _____

6. Please state your **Total Gross Annual Income**. (This includes income from employment, alimony, child support, social security, public assistance, disability income, pensions, 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 _____

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