

## EDEN SUPPORTIVE LIVING RENTAL APPLICATION

How did you hear about us?

### Contact information

Name:		Home Phone:		Other Phone:	
Address:		Apartment Number:			
City:		State:		Zip:	
Date of birth:		Age:		Social Security #:	
Email Address:		OK to call? (Check Box)	Yes	No	
Emergency contact name:		Phone:			

### General Information

Please indicate sources of income and medical reimbursement (if any):

Employer:		Phone:	
Position:		Contact:	
Monthly salary (\$):			

Other Financial Source(s) (i.e., Dividends, Pension, Social Security, LINK, Teacher Retirement, etc.)

Source (s):	Monthly amount (\$):
A:	
B:	
C:	
D:	
E:	

Long-Term Care Insurance: (check box)	Yes	No	
Medicaid: (check box)	Yes	No	Medicare: (check box)
Marital Status: (check box)	Single	Married	
Have you ever been evicted from an apartment? (check box)	Yes	No	
If Yes, explain:			
5. Where do you currently live? (check box)	Nursing Home	Apartment	Private Home
			Other



Provide rental history for the past 5 years

	Address	Number of years	Rent Amount (\$)
A.			
B.			
C.			
D.			
E.			

**NON-DISCRIMINATION POLICY**

Eden does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, VESSA, marital status, familial status, sexual orientation, military discharge, or military status, in any of its activities or operations. These activities include, but are not limited to, selection of Residents, hiring and firing of staff, volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all Residents and members of our community, staff, clients, volunteers, subcontractors, vendors, and clients.

**REASONABLE ACCOMMODATION**

Under state and federal laws, individuals with disabilities may request reasonable accommodations from housing providers and we must consider the request. Reasonable accommodations in rules, policies, practices, and services must be allowed to give persons with disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue hardship or requests a change in the fundamental nature of our business. Residents with disabilities must be allowed to make reasonable modifications to their apartments and common areas subject to appropriate construction and restoration considerations. Any resident or applicant seeking a reasonable accommodation should complete a Confirmation Of Request For Reasonable Accommodation form and return it to the Executive Director.

This application is not a rental agreement, contract or lease. All applications are subject to the approval of the owner or managing agent. I (we) certify under penalty of perjury that the information and statements provided above are true and complete to the best of my (our) knowledge. I (we) consent to release this information. I (we) understand that providing false information may be grounds for denial of my (our) application and may subject me (us) to criminal penalties. I (we) give consent and authorization to have management verify the information contained in this application for the purpose of approving my (our) eligibility for occupancy. I (we) will provide all necessary information to expedite this process. I (we) understand that my (our) occupancy is contingent on meeting resident selection criteria and the Low Income Housing Tax Credit Program guidelines (Eden Champaign only). I (we) understand and agree that inquiries may include information related to credit, employment, rental and criminal records. I (we) further agree that verification of all information and references regarding sources of income and assets may be conducted and I (we) release all parties for any liability for disclosing factual information obtained by management. I (we) understand and agree that a photocopy or fax of this authorization can be used in lieu of an original. The \$125.00 application fee is not refundable if Lessor declines the applicant. Moreover, if the Applicant choose not to rent the premises, then all application fees and any and all security deposits or monies used to hold the apartment shall be retained by leaser as liquidated damages.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)



940 West Gordon  
Terrace Chicago, IL  
60613

| [www.edenslf.com](http://www.edenslf.com) |

Phone: (773) 472-1020  
Fax: (312) 463-4484