

**VÄLKOMMEN PLAZA  
310 SEVENTH STREET  
ROCKFORD, IL 61104  
815-965-4090  
815-965-9166 FAX**

\*\* PLEASE PRINT \*\*

**APPLICANT/HEAD OF HOUSEHOLD:**

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	
(STREET ADDRESS)	(CITY)	(STATE)	(ZIP CODE)
(HOME TELEPHONE)	(CELL AND/OR ALTERNATE TELEPHONE)	(WORK TELEPHONE)	

**MAILING ADDRESS IF DIFFERENT THAN ABOVE:**

(STREET ADDRESS)	(CITY)	(STATE)	(ZIP CODE)
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**LIST ALL PERSONS (BEGINNING WITH HEAD OF HOUSEHOLD) TO RESIDE IN THE UNIT:**

	NAME	SOCIAL SECURITY #	DOB	SEX* optional	RELATIONSHIP	RACE* optional
1					HEAD OF HOUSEHOLD	
2						
3						
4						

\* THIS INFO WILL NO WAY AFFECT YOU AS AN INDIVIDUAL APPLICANT. THIS INFO WILL BE USED FOR TWO PURPOSES ONLY: 1) THE DEPARTMENT OF HOUSING & URBAN DEVELOPMENT REQUIRES THIS INFO ON THE FORMS FOR THE SUBSIDY ON THE APARTMENTS, AND 2) TO FIND OUT HOW EFFECTIVE OUR ADVERTISING IS.

**TOTAL YEARLY HOUSEHOLD INCOME BEFORE TAXES: \$** \_\_\_\_\_

**SOURCE OF MONTHLY INCOME:** \_\_\_\_\_

**DOES ANY MEMBER OF YOUR FAMILY REQUIRE THE USE OF A HANDICAP-ACCESSABLE UNIT?**  
 YES       NO

**IS ANY MEMBER OF YOUR HOUSEHOLD A FULL OR PART TIME STUDENT?**       YES       NO

**DO YOU HAVE A PET?**       YES       NO      **DESCRIBE** \_\_\_\_\_

**WHAT SIZE UNIT ARE YOU APPLYING FOR? ( ) 1-BEDROOM, ( ) 2-BEDROOM (One person cannot live in a 2-bedroom)**



(APPLICANT SIGNATURE)	(DATE)	(TIME)
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**OFFICE USE ONLY**

DATE RECEIVED: _____	DATE ENTERED: _____
TIME RECEIVED: _____	TIME ENTERED: _____
BY: _____	BY: _____
	ACKNOWLEDGEMENT LETTER SENT: _____