GENERAL DESCRIPTION

Tenancy: Must be 62 years or older or disabled adult of any age. Children CANNOT live at the properties.

The apartments are all 1 bedroom, approx. 640 square feet in size.

The apartments are all on ground level and have their own exterior entrance. There is a patio on the back each apartment. The tenant is allowed to garden both in the back and front of their apartment, if they wish.

There is no garage or storage space at the properties.

The tenant is responsible for the electric. This is everything: heat, water heating, cooking, lights, air conditioning. Each apartment has a wall-mounted air conditioner. The electric bill at SilverTrees (Richmond) is, on average for the entire complex, $73.00 per month. Of course, individual usage varies. The landlord pays the water, sewer and garbage.

There is NO assigned PARKING.

There is a community room at each complex, and there are some social gatherings. Community Room can be reserved by tenants for their own private functions, at no charge.

The tenant may have a maximum of one pet, not exceeding 25 lbs in size. It must be spayed or neutered and must be current on inoculations. There is an additional $200 pet deposit.

The smoke-free policy states that the only place you may smoke is on your own rear patio. No smoking anywhere else on the property including, but not limited to: inside the apartments, community room, laundry room, parking lot, dumpster enclosures, lawn areas, etc.

RENT:

SilverTrees was developed in two phases and they have different rent requirements:

ST I: $435 minimum rent, up to $577 maximum rent (the rent is determined on a sliding scale based on household income) Security deposit of $435. Pet deposit is an additional $200.

ST II: Rent is $435 for ALL apartments. Security deposit $435. Pet deposit is an additional $200.
RENTAL HOUSING APPLICATION
SilverTrees

(Complex Name)

5901 Milwaukee, Richmond, IL 60071
(Complex Address)

I hereby apply for a rental housing living unit in this housing complex, and for rental assistance, if I am eligible and if it is available. I certify that this will be my permanent residence and I will not maintain a separate subsidized rental unit in a different location.

PRELIMINARY INFORMATION PERTAINING TO APPLICANT(S)

Applicant's Name: ____________________________ Age: __________

Co-Applicant's Name: ____________________________ Age: __________

Others Living in the Unit:

Name __________________________________________ Age: _______

Name __________________________________________ Age: _______

Name __________________________________________ Age: _______

Present Address: _____________________________________________

Telephone Number: _______ Approximate Annual Family Income: $ __________

Source(s) of Income: ___________________________________________

Approximate Net Worth: $ ___________________

Are you a U. S. citizen? Yes / No

Are you a student under the age of 24? Yes / No If Yes - Are you a veteran? Yes/No Are you married? Yes/No

Do you request consideration for an income adjustment based on a disability? Yes / No

Do you need special accommodations or modifications to the living unit based on a disability? Yes / No

SIGNED:

__________________________ (Owner or Agent) ______________________ (Applicant)

__________________________ (Date Received) ______________________ (Co-Applicant)

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through USDA Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner (or managing agent) is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

HEAD OF HOUSEHOLD
(check as appropriate)

Race ________________________________________________ Ethnicity ________________________

American Indian / Alaskan Native Hispanic or Latino Married Male

Asian Not Hispanic or Latino Married Female

Black or African American Separated

Native Hawaiian or Other Pacific Islander Unmarried

White

Other

Sex

(FOR MANAGEMENT USE ONLY)

Eligibility Determination:

Date: ____________________________ (Attach copy of Notification Letter)

Date Purged from Waiting List: __________

Ineligible - Reason(s):

COMMENTS:

PN 370 (10-11-06)
McHenry County Housing Authority (MCHA) requires all applicants or participants (Head of Household and listed household members) 17 and older to submit to a criminal background screening. The background screening may be conducted prior to admission, at any recertification, prior to moves, or at any time relating to any alleged criminal violation for the purposes of determining initial or continuing eligibility. This authorization and release form is valid during the application process, and if accepted into a MCHA housing program, for the entire duration of participation in the program.

I hereby consent and authorize the McHenry County Housing Authority to obtain information and report copies from any and all Law Enforcement agencies relative to any of which said agencies may have a record(s). I agree to indemnify and save harmless any Law Enforcement agency and its employees from any action arising out of release of information.

In connection with application for rental of McHenry County Housing Authority owned/managed properties, I give permission to McHenry County Housing Authority to request and receive information required to verify employment, depository accounts and credit history. This includes permission to run credit check reports.

I agree that a photocopy, fax or scan of this authorization may be used in lieu of the original.

________________________________________     ________________________
Signature                                      Date

________________________________________     ________________________
Witness                                        Date

Name: ______________________________________
Last   First   Middle

Address: ____________________________________
Street     City     State     Zip

Date of Birth: ____________________________ Social Security # _____________________________

Driver’s License # __________________________ State __________________

List all other names used (Nicknames, Maiden Name, Married Name):

________________________________
Race _______ Sex _______

McHenry County Housing Authority is an Equal Opportunity Provider and Employer  REV 2/2017