

PLEASE INCLUDE A \$25 NON-REFUNDABLE APPLICATION FEE. THE FEE IS CHARGED IN ORDER TO PROCESS YOUR APPLICATION AND CREDIT REPORT

OTTO REAL ESTATE, INC.
 105 E. Main St.
 P.O. BOX 244
 ARCOLA, IL 61910

PHONE # (217) 268-3051
 FAX # (217) 268-3053

APARTMENT COMPLEX APPLIED FOR _____

APPLICANT			CO-APPLICANT		
First	Middle	Last	First	Middle	Last

BIRTHDATE	BIRTHDATE
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SS#	SS#
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TELEPHONE	TELEPHONE
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PRESENT ADDRESS	PRESENT ADDRESS
-----------------	-----------------

PRESENT LANDLORD	PRESENT LANDLORD
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PHONE #	PHONE #
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RENT PAID	RENT PAID
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PREVIOUS ADDRESS	PREVIOUS ADDRESS
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LENGTH OF RESIDENCY	LENGTH OF RESIDENCY
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PREVIOUS LANDLORD	PREVIOUS LANDLORD
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PHONE #	RENT PD.	PHONE #	RENT PD.
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DRIVERS LICENSE#	DRIVERS LICENSE#
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AUTOMOBILE MAKE	AUTOMOBILE MAKE
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LICENSE PLATE#	LICENSE PLATE #
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STATE	STATE
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PRESENT EMPLOYER	PRESENT EMPLOYER
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ADDRESS	ADDRESS
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DATES OF EMPLOYMENT	DATES OF EMPLOYMENT
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POSITION	POSITION
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NAME OF SUPERVISOR	NAME OF SUPERVISOR
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PHONE#	PHONE#
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GROSS MO. INCOME	GROSS MO. INCOME
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PREVIOUS EMPLOYER	PREVIOUS EMPLOYER
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ADDRESS	PHONE#	ADDRESS	PHONE#
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ARE YOU A STUDENT UNDER AGE OF 24? YES NO	ARE YOU A STUDENT UNDER AGE OF 24 ? YES NO
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ARE YOU A VETERAN? YES / NO	ARE YOU A VETERAN? YES / NO
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IF YES, PART TIME FULL TIME	IF YES, PART TIME FULL TIME
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Are you a U.S. Citizen: (Yes /No) Are you a student under the age of 24?

Do you request consideration fo an income adjustment based on disability? (YES / NO)

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Do you need special accommodations or modifications to the living unit based on disability? YES / NO) _____

OTHER PERSONS TO OCCUPY APARTMENT/HOUSE _____

NAME	RELATIONSHIP	BIRTHDATE

DO YOU HAVE ANY PETS? YES _____ NO _____ IF YES, TYPE _____

TYPE OF APARTMENT/ HOUSE PREFERRED? _____

DATE NEEDED _____

FINANCIAL REFERENCE _____

BANK	ACCOUNT#	CHECKING

BANK	ACCOUNT#	SAVING

Have you ever been evicted or sued for Nonpayment of Rent? _____
 If yes, Indicate when such action was taken, where (City and Street Address). By Whom, For what reason and the outcome of the Action.

NAME AND ADDRESS TO CALL IN CASE OF EMERGENCY _____

NAME	ADDRESS	PHONE#

EACH APPLICANT AGREES AND REPRESENTS THAT:

1. Applicant authorizes LANDLORD to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S. C. Sec 1681 a (d), seeking information on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living of applicant and other proposed occupants.
2. Applicant and all occupants must have good credit and landlord histories (no derogatory reports). All current ratings must be R1 or II. No judgments, collections, bankruptcies or liens in the past 4 years as reported by CSC Credit Services.
3. Lease can be executed in:
 1. One name only: All other occupants (except Applicant's legal dependents under age 18 must turn in an application for Residency. The applicant must meet credit guidelines, income qualifications and previous landlord recommendations.
 2. Maximum of two people: All other occupants (except Applicant's legal dependents under age 18) must turn in an application for Residency. Both applicant's must meet credit guidelines, income qualifications and previous landlord recommendations
4. Income must be stable and there must be a reasonable expectation that it will continue during course of the lease.
5. Until LANDLORD executes and tenders a lease to applicant(s), LANDLORD shall have the right to reject this applicant(s) for whatever reason
6. Applicant(s) is not now renting any residence in a name other than that listed.

I have read this application and represent that the information provided in this application is complete and accurate, and I acknowledge and agree that in the event I enter into a lease with LANDLORD, that lease may be canceled by LANDLORD in the event that any of the information provided by me in this application or in any other document furnished by me is materially inaccurate or incomplete.

SIGNATURE	SIGNATURE
DATE	DATE

OWNER/MANAGER _____ DATE _____

FOR MANAGEMENT USE ONLY

Eligibility Determination

Date _____ Attach copy of Notification Letter
 _____ Eligible Unit size ___ 1brdm ___ 2brdm ___ 3brm ___ 4brdm Date Purged from Waiting List _____

Ineligible - Reason/Comments _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability 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 is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

HEAD OF THE HOUSEHOLD

(Check as appropriate)

Race	Ethnicity	Marital Status	Gender
___ American Indian/Alaskan Native	___ Hispanic or Latino	___ Married	___ Male
___ Asian	___ Not Hispanic or Latino	___ Separated	___ Female
___ Black or African American		___ Unmarried	
___ Native Hawaiiin or Other Pacific Islander			

* PLEASE DO NOT TILL THIS OUT, JUST SIGN AND MAIL THE BACK BY THE "X".

LANDLORD VERIFICATION

DATE:

TO:

FROM: Otto Real Estate
105 E. MAIN ST.
ARCOLA, IL 61910
(217)268-3051

RETURN THIS VERIFICATION TO THE PERSON LISTED HERE.

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance.

Name:
SSN:
Address:

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

Information Being Requested

1. How long did the referenced applicant reside at this address? _____
2. How many bedrooms? _____; how many persons lived in the unit? _____
3. What was the monthly rent? \$_____ Please circle which utilities were included in the monthly rent Gas / Electric / Water
4. Was the applicant ever late in the payment of the monthly rent? _____

If yes, and after the 5th day of the month, how many times was the applicant late over the past twelve (12) months? _____

5. What living conditions did the applicant maintain? Please check.

- _____ Acceptable housekeeping (safe and sanitary)
- _____ Unacceptable housekeeping. Please describe:

6. Was the applicant destructive to the apartment/home of the surrounding public?

Areas? _____ If yes, please explain: _____

7. Did you receive any resident complaints in reference to the applicant? _____
If yes, please explain: _____

8. Did the applicant give a proper vacate notice? _____ What was the reason given for
vacating? _____

9. Would you re-rent to the applicant in the future? _____ If not, Why: _____

10. Additional Comments: _____

Name & Title of Person
Supplying The Information (Print)

Firm/Organization

SIGNATURE

PHONE

DATE

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING
ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION
IS LEFT BLANK.**

RELEASE: I hereby authorize the release of the requested information. Information obtained
under this consent is limited to information that is no older than 12 months. There are
circumstances which would require the owner to verify information that is up to 5 years old,
which would be authorized by me on a separate consent attached to a copy of this consent.

X

SIGNATURE

X

DATE

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor or fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g, and h.

Otto Real Estate does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, it's federally assisted programs and activities.