

MORRISSEY CONTRACTING COMPANY, INC.

P.O. Box 67, Godfrey, IL 62035

618.466.9006 (Office) 618.466.9558 (FX)

Judy Morrissey 618-465-3198

Date _____

Dear _____

Thank you for inquiring about Greenwood Apartments in Greenville, IL. Enclosed is an **Application and background check questionnaire** along with the following forms:

- Employment Inquiry **(To be completed and signed by employer)**
- Pension Verification **(if applicable)**
- Social Security Verification **(if applicable)**
- Child Support Verification **(if applicable)**
- Medical Expenses Verification **(if applicable)**
- Prescription Drug Expenses **(if applicable)**
- Medical Insurance Verification **(if applicable)**
- Child Care Expense Verification **(if applicable)**
- Asset Verification **(To be completed and signed by your bank)**
- Credit Questionnaire **(To be completed and signed by institution for Loan/credit card reference, Must have 2)**
- Rental History **(this must be faxed or mailed by your previous landlord Personally)**
- Household Member Information
- Declaration of Assets

Have all items faxed or mailed back to me at the above address. To expedite this process, Please complete all documents thoroughly.

You may call if you have any further questions.

Sincerely yours,

GREENWOOD APARTMENTS

Judy Morrissey
Leasing Coordinator

JM/encls.

MORRISSEY CONTRACTING CO., INC.
P.O. BOX 67
GODFREY, IL 62035
PHONE 618-466-9006 FAX 618-466-9558

PRELIMINARY APPLICATION FOR APARTMENTS

!!!ALL ITEMS MUST BE COMPLETED!!!!

(Please circle area of interest)

MAPLEWOOD
Bunker Hill, IL

ARROWHEAD
Alhambra, IL

GREENWOOD
Greenville, IL

COFFEEN
Coffeen, IL

NAME _____ **SPOUSE** _____
Birthdate _____ SocSec.# _____ Birthdate _____ SocSec.# _____
Present Address _____ Phone # _____
Do you own _____ rent _____ your present home?

DEPENDENT CHILDREN LIVING WITH YOU:

Name _____	Age _____	Sex _____
Name _____	Age _____	Sex _____
Name _____	Age _____	Sex _____
Name _____	Age _____	Sex _____

CURRENT LANDLORD _____ Phone # _____
Address _____

PREVIOUS LANDLORD _____ Phone # _____
Address _____

SOURCES AND AMOUNTS OF ALL INCOME STATED IN ANNUAL GROSS DOLLARS:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

IF PRESENTLY EMPLOYED: Employer's Name _____
Phone # _____ Business Address _____

ASSETS:

If you have disposed of assets at less than fair market value within the last two (2) years please describe:

<u>Asset</u>	<u>Fair Market Value</u>	<u>Sales Price</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME(S) & BIRTHDATES OF PERSONS PLANNING TO OCCUPY APARTMENT:

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

REFERENCES:

Bank _____ **Phone #** _____ **Contact Person** _____
Address _____
Credit _____ **Phone #** _____ **Contact Person** _____
Address _____
Credit _____ **Phone #** _____ **Contact Person** _____
Address _____

IN CASE OF EMERGENCY: PLEASE LIST ONE OR TWO NAMES OF RELATIVES OR OTHER PERSONS, WHO ARE RESPONSIBLE FOR YOUR WELL-BEING OR BUSINESS.

Name _____ Phone # _____
Address _____
Name _____ Phone # _____
Address _____

Do you own a car? Yes ___ No ___ **MAKE** _____ **MODEL** _____ **LIC#** _____

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

Do you need special accommodations or modifications to the living unit because of a disability? Yes ___ No ___

ILLEGAL ACTIVITY:

Have you ever been convicted of illegal drug or alcohol use? Yes ___ No ___
Are you a registered sex offender? Yes ___ No ___
Have you or any member of your household been evicted from federally assisted housing for drug-related activity during the last three (3) years? Yes ___ No ___

LIST ALL STATES WHERE YOU HAVE LIVED SINCE 1996:

DATE OF OCCUPANCY DESIRED _____
NUMBER OF BEDROOMS REQUIRED _____

PLEASE NOTE THAT HTHIS IS A PRELIMINARY APPLICATION AND GIVES NO LEASE OR RENT RIGHTS. ADDITIONAL INFORMATION WILL BE REQUIRED AT A LATER DATE TO COMPLETE THE PROCESSING OF TENANTS.

I am applying for the rental of an apartment and hereby authorize Barbara Morrissey McGrew, Managing Agent for the apartments, or her agent to conduct a background check with any and all police agencies to include all arrests, convictions or pleadings. I have read and understand the above form and give my permission to check all named references. I hereby certify that the information I have provided is accurate and complete.

(A copy of my signature is deemed as valid as the original.)

SIGNATURE _____
Head of Household

SIGNATURE _____
Co-Head or Live-In

DATE _____

RACE/ETHNIC INFORMATION

The following race/ethnic and marital status information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through its Rural Development Administration, 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 is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

HEAD OF HOUSEHOLD (check below as appropriate)

Racial/ Ethnic Categories

- | | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Non-Hispanic or Latino | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian, Alaska Native | |
| <input type="checkbox"/> Black or African American | |

Marital Status

- Married Unmarried Separated

**MAIL COMPLETED APPLICATION TO:
MORRISSEY CONTRACTING CO., INC
PO BOX 67
GODFREY, IL 62035**