

BRIARWOOD APARTMENTS

3345 Resource Parkway

DeKalb, IL 60115

PHONE: 815.758.2960 FAX: 815.517.1594

Thank you for your interest in Briarwood Apartments. Briarwood Apartments is an affordable rental property in junction with the Illinois Housing Development Authority (IHDA). IHDA establishes limits by family size for the area in which the affordable rental property is located. Two income limits are used to determine eligibility for the affordable housing program. IHDA's schedule of maximum annual income limits refers to 60% of the area median income with a per person limit. Because Briarwood is an affordable rental property and not federally subsidized, we also consider 30% of monthly income. Thirty percent of monthly income must meet the rent amount. This determines whether or not an applicant would be considered rent burdened. Briarwood Apartments does accept the Housing Choice Voucher.

Please refer to the charts below for income requirements for market rent. Per IHDA, limits effective 06/01/2020.

Annual income cannot exceed 60%, based on the number of people in the household								
	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
60%	\$35,100	\$40,080	\$45,120	\$50,100	\$54,120	\$58,140	\$62,160	\$66,180

The chart below shows the minimum income requirements at 30% for each bedroom size.

	Rent	Deposit	30%, minimum allowable annual income
1 Bedroom	\$650	\$650	\$26,000
2 Bedroom	\$767	\$767	\$30,680
3 Bedroom	\$1,005	\$1,005	\$40,200

Income sources include, but are not limited to, wages, Social Security, pension, child support, alimony. You must include the amount, not just the source, on the Income section of the application. All income will be verified before applications can be approved. A landlord reference and background check are also completed. All adults over 18 years of age must sign the back of the application. For HCV applicants, income is verified through the Housing Authority of the County of DeKalb. We will attempt three (3) times to verify income and a landlord reference. If these cannot be verified, the application will be closed.

Briarwood Apartments are smoke free buildings. There are refrigerators with icemakers, dishwashers, garbage disposals, high efficiency natural gas heat and central air conditioning, balconies or bay windows. Each apartment has a washer dryer hook up as well as a laundry facility in each of the buildings. Tenant pays gas and electric and Briarwood pays water, sewer, trash. Briarwood has ample parking including assigned covered carports. Briarwood does allow pets. Tenants must show proof of spay/neuter, proof the cat/dog is current with shots, and dogs cannot exceed 25 pounds at adult age. There is a one-time pet deposit of \$150.00.

Qualified applications will be held for 12 months. After 12 months, we will notify tenants that they will need to resubmit an application if they are still interested.

Thank you for applying to Briarwood Apartments.



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HEAD OF HOUSEHOLD - PERSONAL INFORMATION

Name (Head of household) _____

Home Phone _____ Email _____

Date of Birth _____ Age _____ Social Security Number _____

Marital status _____ Do you smoke? YES NO

Drivers License Number and State Issued _____

Race (circle): White Black American Indian or Alaskan Native Asian or Pacific Islander

Ethnicity (circle): Hispanic Non-Hispanic

Have you been: Displaced from an urban renewal area _____ Displaced as a result of a government action _____

Displaced as a result of a major disaster _____

If you checked one of the above, please explain: _____

Who referred you/how did you hear about us? _____

ADDRESS

Current Address _____ Apt. _____ City/State/Zip _____

Time at this location _____ Landlord name _____

Landlord phone _____ Reason for leaving _____

Amount of Rent _____ Up to date on rent? (circle) YES NO

Previous Address _____ Apt. _____ City/State/Zip _____

Time at this location _____ Landlord name _____

Landlord phone _____ Reason for leaving _____

Amount of Rent _____ Up to date on rent? (circle) YES NO

EMPLOYMENT/ INCOME

Current employer/Source of income _____ Occupation _____

(Source of income includes Social Security (include income below), child support, etc.)

Address _____ City/State/Zip _____

Phone Number _____ Fax _____

Hours/week _____ Income \$ _____ (circle) weekly biweekly monthly yearly

Employment/Income Continued on the next page.



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Additional employer/Source of income _____ Occupation _____
Address _____ City/State/Zip _____
Phone Number _____ Fax _____
Hours/week _____ Income \$ _____ (circle) weekly biweekly monthly yearly

ASSETS

Do you have a checking account? (circle) YES NO
Bank name _____ Account # _____
Do you have a savings account? (circle) YES NO
Bank name _____ Account # _____
Do you have life insurance? (circle) YES NO
Name of carrier and contact information _____

PERSONAL INFORMATION – CO-APPLICANT/HOUSEHOLD MEMBER OVER AGE 18

Name (co-applicant) _____
Home Phone _____ Email _____
Date of Birth _____ Age _____ Social Security Number _____
Marital status _____ Do you smoke? YES NO
Relationship to Head of Household _____
Drivers License Number and State Issued _____
Race (circle): White Black American Indian or Alaskan Native Asian or Pacific Islander
Ethnicity (circle): Hispanic Non-Hispanic

Current Address _____ Apt. _____ City/State/Zip _____
Time at this location _____ Landlord name _____
Landlord phone _____ Reason for leaving _____
Amount of Rent _____ Up to date on rent? (circle) YES NO

EMPLOYMENT/INCOME – CO-APPLICANT/HOUSEHOLD MEMEBER OVER AGE 18

Current employer/Source of income _____ Occupation _____
(Source of income includes Social Security, child support, etc.)
Address _____ City/State/Zip _____
Phone Number _____ Fax _____
Hours/week _____ Income \$ _____ (circle) weekly biweekly monthly yearly



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ASSETS – CO-APPLICANT/HOUSEHOLD MEMBER OVER AGE 18

Do you have a checking account? (circle) YES NO

Bank name _____ Account # _____

Do you have a savings account? (circle) YES NO

Bank name _____ Account # _____

Do you have life insurance? (circle) YES NO

Name of carrier and contact information _____

LIST ALL OTHERS UNDER AGE 18 WHO WILL BE OCCUPYING THE APARTMENT

Name	Date of Birth	Age	Social Security #	Relationship to Applicant

Number of bedrooms needed? _____ Date you are needing an apartment _____

Do you currently hold a Section 8 voucher? _____ If yes, list the agency name and contact person _____

HISTORY – if you have rented before, you must list references for the most recent three (3) residences, starting with your current address. Be sure to include the apartment number. If you have not rented before, you must list personal references.

City/State/Zip	Landlord name, address, phone/fax/email	Rental period from, to

Do you anticipate having a pet at Briarwood? YES NO Specify _____

Have you or anyone named on this application ever been evicted? (circle) YES NO
If yes, explain _____

Do you or anyone named on this application owe a previous landlord money for rent/damages? YES NO
If yes, explain _____

Have you or anyone named on this application ever abused alcohol to the extent such alcohol abuse cause behavior that interfered with the health, safety or right to peaceful enjoyment of the premises by others? YES NO
If yes, explain _____

Have you or anyone named on this application been convicted of a felony? YES NO
If yes, explain _____

Have you or anyone named on this application **ever** been involved in, arrested, or convicted of any crime *other than* traffic violations? YES NO If yes, explain _____



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Are you or anyone named on this application subject to a lifetime state sex offender registration requirement in any state? YES NO If yes, provide name and state where requirement is ordered _____

Has the applicant ever broken a lease? YES NO

Has the applicant ever been brought to court by another landlord? YES NO

Is the total move-in amount available now (rent and deposit)? YES NO

INTENTIONALLY LEFT BLANK



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SIGNATURE CLAUSE

I/We certify that the answers given herein are true and complete to the best of my/our knowledge:
I/We authorize verification or investigation of all statements contained in this application via consumer credit reports, rental history, criminal history, and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain any application fee, (3) terminate resident's right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a resident's compliance with the lease, rules, and financial obligations. Owner and/or Property Manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so. By signing below I/We hereby authorize and consent to the Owner/Property Manager to obtain all criminal history records necessary.

Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony or knowingly or willingly makes false statements to any departments or agencies of the United States.

**THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE; ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.
*ALL THOSE 18 YEARS AND OLDER MUST SIGN THE APPLICATION.**

_____ Applicant Name Printed	_____ Date	_____ Applicant Signature
_____ Co-Applicant Name Printed	_____ Date	_____ Co-Applicant Signature
_____ Other Adult in Household Name Printed	_____ Date	_____ Other Adult in Household Signature
_____ Other Adult in Household Name Printed	_____ Date	_____ Other Adult in Household Signature

**Please attach a copy of a driver's license or state ID for each applicant*



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