

BRIARWOOD APARTMENTS

3345 Resource Parkway

DeKalb, IL 60115

PHONE: 815.758.2960 EMAIL: njohnson@dekcohousing.com

Owned and managed by the Housing Authority of the County of DeKalb. Briarwood Apartments is conveniently located close to shopping, banks, restaurants, and health services.

	Rent	Deposit
1 Bedroom	\$750	\$750
2 Bedroom	\$950	\$950
3 Bedroom	\$1,250	\$1,250

Briarwood Apartments offer:

- 24/7 Emergency Maintenance Service
- Onsite Manager's Office
- Laundry hookups in each apartment
- Laundry room in each building
- Individual High Efficiency Natural Gas Heat and Central Air Conditioning
- Individual Hot Water Heater
- Refrigerator with Ice maker, Dishwasher, and Garbage Disposal
- Ample parking including assigned parking under covered carport
- Water, sewer, & garbage paid by landlord – tenant pays gas and electric
- Certain Pets Welcome with Deposit – ask management
- Smoke free buildings

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PERSONAL INFORMATION

Name _____
Home Phone _____ Email _____
Date of Birth _____ Age _____ Social Security Number _____
Marital status _____ Do you smoke? YES NO
Driver's License/ID card Number and State Issued _____
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? 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? YES NO

EMPLOYMENT/ INCOME

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

CO-APPLICANT OR HOUSEHOLD MEMBER OVER AGE 18

Co-Applicant Name _____
Home Phone _____ Email _____
Date of Birth _____ Age _____ Social Security Number _____
Marital status _____ Do you smoke? YES NO
Relationship to Applicant _____
Drivers License Number and State Issued _____

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? YES NO

CO-APPLICANT OR HOUSEHOLD MEMEBER OVER AGE 18 INCOME INFORMATION

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

LIST ALL OTHERS UNDER AGE 18 WHO WILL ALSO 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 _____
Do you anticipate having a pet at Briarwood? YES NO Specify _____
Have you or anyone named on this application ever been evicted/currently being evicted? 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** been involved in, arrested, or convicted of any crime *other than* traffic violations? YES NO If yes, explain _____

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. Failure to answer any of the above inquires shall entitle owner to reject this application. False information given above shall entitle owner to reject this application. By signing below, I/We hereby authorize and consent to the Owner/Property Manager to obtain all criminal history records and landlord references as necessary.

_____ 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