

PLEASE REVIEW ALL INFORMATION BELOW BEFORE COMPLETING YOUR PRE-APPLICATION

Please fill out an pre-application for those properties whose eligibility requirements you meet (see below) and indicate on the pre-application the specific geographic location you would like to live.

Please make sure all information is complete and legible. Applications with missing information may be returned for completion or denied. Do not provide any additional information such as copies of income, social security cards, bank statements, birth certificates, etc. That information is collected at the time you name comes to the top of the waiting list and we have a unit available.

Many of our properties have a Wait List. If you are added to the waiting list, you will be notified by phone when your name reaches the top. If you do not respond to our notifications within 3 business days, your name will be removed from the list.

Eligibility

An applicant must qualify as an individual or family as defined by HUD/IHDA depending on the property regulations.

- Applicant/families must have annual income that does not exceed the established income limits at the time of admission according to the maximum income by family size established by HUD or IHDA based on property funding.
- Applicant and all adult members of the family must pass a criminal and credit background check.
- Applicant or any family household member that is subject to a lifetime registration requirement under a state sex offender registration program will not be eligible for housing assistance.
- Applicant and all members of the family must meet HUD requirements on citizenship or immigration status if the property is HUD funded.
- Applicant or any member of the family who currently owes rent or other amounts to a previous landlord will not be offered a unit until the outstanding balance is paid in full.

Belmont Place – 55 years of age and older – Chicago
Carefree Village – Coming in 2027 – Oak Forest
Emerald Village – 62 years of age and older - Schaumburg
Forest Oaks – 55 years of age and older – Forest Park
Freedom Village – 55 years of age and older - Homewood
Hunt Club Village – 55 years of age and older - St. Charles
Liberty Village – 55 years of age and older - Elmhurst
Poplar Creek Village – 55 years of age and older – Hoffman Estates
Town Center Pointe – 55 years of age and older - Richton Park
Zurich Meadows – 55 years of age and older - Lake Zurich

Carefree does not discriminate on the basis of race, sex, color, religion, marital status, familial status, national origin or age. Additional protections to housing discrimination may be provided depending on the site's geographical location. All properties are owned and/or managed by Carefree.



Pre-Application for Tenancy at a Carefree Owned or Management Affordable Living Property

Carefree Managed Properties:

- | | |
|--|---|
| <input type="checkbox"/> Belmont Place – Chicago | <input type="checkbox"/> Poplar Creek Village – Hoffman Estates |
| <input type="checkbox"/> Emerald Village – Schaumburg | <input type="checkbox"/> Town Center Pointe – Richton Park |
| <input type="checkbox"/> Forest Oaks – Forest Park | <input type="checkbox"/> Zurich Meadows - Lake Zurich |
| <input type="checkbox"/> Freedom Village – Homewood | |
| <input type="checkbox"/> Hunt Club Village – St. Charles | |
| <input type="checkbox"/> Liberty Village - Elmhurst | |

Please return Pre-Application to: cristina@housingseniors.com

or use our mailing address: Carefree Management
Attn: Cristina Cruz
25 Elgin Ave., Suite A
Forest Park, IL 60130

I am applying for the following type of apartment:

- ☐ **Efficiency** (Liberty Village only) ☐ **1 Bedroom** ☐ **2 Bedroom**

General Family Information			
Head of Household:			
1) Name:			
Current Street Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	Work Phone:
Date of Birth:		Gender: male ____ female ____ Prefer not to disclose ____	
Social Security Number:		E-Mail Address:	
Please indicate race/national origin:			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Asian	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Prefer Not To Disclose	
Citizen Declaration:			
<input type="checkbox"/> Yes <input type="checkbox"/> No I am either a citizen or an eligible non-citizen with immigration status. Declaration of Citizenship form will be completed at later date and attached to application.			
Are you expecting any addition to your family due to any of the following: <input type="checkbox"/> Yes See Below <input type="checkbox"/> No			
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Adoption	<input type="checkbox"/> Foster Care	<input type="checkbox"/> 50% Custody of a Minor
<input type="checkbox"/> Other:			



List additional household members		Total Numbers of Household Members: _____	
1) Name:	SSN:	Date of Birth:	
2) Name:	SSN:	Date of Birth:	
3) Name:	SSN:	Date of Birth:	
4) Name:	SSN:	Date of Birth:	
Do you or a member of your family require the special features of a unit designed for persons with mobility and/or sensory impairment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently a Housing Choice Voucher holder or receive other housing assistance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently displaced from an urban renewal area? Or as a result of a major disaster or governmental action?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you lacking fixed nighttime residence or are you fleeing/attempting to flee from violence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a full-time student 18 or older, am <u>not</u> the head, spouse or co-head of my unit, and thus am eligible for dependent status in my household. The school I attend is:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration of Combined Gross Household Income:			Amount	How Often Received
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Public Assistance (do not include TANF/food stamps)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Social Security		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Supplementary Security Income (Federal SSI)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disability or Death Benefits other than Social Security		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Veterans Administration/GI Bill Benefits		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Military Pay		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unemployment Compensation		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Workman's Compensation		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pension and/or Retirement Funds		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do any of your retirement accounts have a Required Minimum Distribution?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insurance Policies		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trusts		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Annuities		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alimony and/or Child Support combined		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ownership of a business/disbursements		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Real Estate or Personal Property		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Severance Pay		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Regular continuous support from persons not residing in the unit, such as monetary gifts, food, clothing, payment of bills, etc.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employment- include entire household		

Checking Account(s) Balance: _____

Savings Account(s) Balance: _____



I/we certify that the unit I/we occupy will be my/our only residence.

I/we understand the above information is being collected to determine eligibility for affordable housing. I/we certify that the statements made in this pre-application are true and complete to the best of my/our knowledge. I/we understand that false statements or information are punishable under federal law. I/we understand that this is only a pre-application and completing this form gives no lease or rental rights. Additional information will be required to complete the processing of all applicants.

I/we authorize Management to verify all information provided on this pre-application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate federal, state or local agencies. I/we specifically authorize a criminal background check for all states which I have lived in; a check of the state/national sex offender registry; and, a full credit report from one of the three nationally recognized credit reporting agencies through a private contractor.

I/we acknowledge that any changes to this pre-application must be made in writing. An additional Tenant application is required to process a move-in. It is the applicant's responsibility to notify property mgmt. of any changes in address, phone number and/or family composition immediately.

Applicant Signature

Date

Co-Applicant Signature

Date

Pre-applications are recorded and filed according to the date and time of submission. Your early return of this form is important. Complete all questions. Incomplete applications may be rejected. To keep our waiting list up to date, we ask you to contact our office every 6 months.

Date and Time Application received: _____ Application complete: ____ Yes ____ No
Application received by: _____ Application ☐ approved or ☐ declined by _____ Date _____

