

# Colona House

*Make Our House, Your House.*

54 41<sup>st</sup> Avenue • East Moline, Illinois  
Phone: (309) 762-1414 • Fax: (309) 762-1684  
teresa@colonahouse.com

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## Applicant

Name (First, Middle, Last) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Race of Applicant  White  Black  American Indian or Alaskan Native  Asian or Pacific Islander  Other

Ethnicity of Applicant  Hispanic  Non-Hispanic

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

How long there? \_\_\_\_\_ Reason for moving? \_\_\_\_\_

List all states lived in: \_\_\_\_\_

Current Land Lord \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Land Lord's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Prior Land Lord \_\_\_\_\_ Phone Number \_\_\_\_\_

Prior Land Lord's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you a full-time or part-time student?  Yes, Full time  Yes, Part time  No, I am not a student

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## Spouse or Co-Applicant

Name (First, Middle, Last) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Race of Applicant  White  Black  American Indian or Alaskan Native  Asian or Pacific Islander  Other

Ethnicity of Applicant  Hispanic  Non-Hispanic

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

How long there? \_\_\_\_\_ Reason for moving? \_\_\_\_\_

List all states lived in: \_\_\_\_\_

Current Land Lord \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Land Lord's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Prior Land Lord \_\_\_\_\_ Phone Number \_\_\_\_\_

Prior Land Lord's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you a full-time or part-time student?  Yes, Full time  Yes, Part time  No, I am not a student

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How did you hear about Colona House? \_\_\_\_\_

**If you or any member of your household is disabled or handicapped, you may qualify for a unit which has been specially adapted. If you would like to apply for such a unit, please indicate below.**

Yes, I feel I or another member of my household qualifies.



1. Are you (The Applicant) or Spouse/Co-Applicant subject to a state sex offender lifetime registration?  Yes  No
2. Are you (The Applicant) or Spouse/Co-Applicant involved in the use of illegal drugs?  Yes  No
3. Have you (The Applicant) or Spouse/Co-Applicant ever been convicted of a felony?  Yes  No
4. Have you (The Applicant) or Spouse/Co-Applicant been evicted from any housing in the past?  Yes  No
5. Do you or any member of your household abuse alcohol, or have a pattern of abuse of alcohol that would interfere with the health, safety, and or right to peaceful enjoyment of the premises by other residents?  Yes  No
6. Have you been displaced by government action or a presidentially-declared disaster (Statutory Preference)?  Yes  No

**Applicant's Employment**

Hours Per Week \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ Per \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_ How Long? \_\_\_\_\_

Employer's Address \_\_\_\_\_ City Employer State \_\_\_\_\_ ZIP \_\_\_\_\_

**Spouse or Co-Applicant Employment**

Hours Per Week \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_ Per \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_ How Long? \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Household Income** (Please enter annual amounts.)

	Applicant	Spouse or Co-Applicant
Wage/Salary	_____	_____
Social Security	_____	_____
Pension	_____	_____
SSI	_____	_____
Other	_____	_____
<b>Total</b>	_____	_____

**Net Household Assets**

Account Type	Location	Account Number	% Interest Rate	Principal	Interest
Total					

## Medical Allowances

Type of Allowance	Source	Monthly Cost for Applicant	Monthly Cost For Spouse or Co-Applicant	Annual Cost
Total				

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## To Be Completed By Property Manager

Total Annual Income \$ \_\_\_\_\_ (TAI)

Total Medical Expenses \$ \_\_\_\_\_

Less (-) 3% Annual Income - \$ \_\_\_\_\_

Medical Allowances + \$ \_\_\_\_\_

Plus (+) Elderly Household + \$400.00

Total Allowances - \$ \_\_\_\_\_

**Adjusted Annual Income** **= \$ \_\_\_\_\_ (AAI)**

(AAI) \$ \_\_\_\_\_ ÷ 12 = \$ \_\_\_\_\_ x 30% = \$ \_\_\_\_\_ (A)

(AAI) \$ \_\_\_\_\_ ÷ 12 = \$ \_\_\_\_\_ x 30% = \$ \_\_\_\_\_ (B)

Greater of (A) or (B) \$ \_\_\_\_\_

Less Heat Allowance - \$50.00

**Estimated Application Rent** **\$ \_\_\_\_\_**

**Application Assistance or Questions**

Appropriate, confidential, assistance can be provided in completing this application and any necessary paperwork in regards to housing. Colona House understands the fact that a potential resident may be mobility impaired or disabled, or may have questions concerning this application or the processing of additional housing paperwork. We are available Monday - Friday, 9am - 12pm and 1pm - 5pm, by calling (309) 762-1414 and scheduling an appointment for assistance.

**Informational Statements**

I/We authorize you to obtain investigative credit and criminal reports in connection with this application. These reports may include information as to my character, general reputation, personal characteristics and/or mode of living, criminal history and credit standing. I understand I can request the name of the reporting agencies providing this information.

\_\_\_\_\_ (Initials)

I/We understand that this is a preliminary application and gives no lease or rent rights. Additional information will be required to complete processing of prospective residents.

\_\_\_\_\_ (Initials)

I/We agree to notify you in writing in the event that I move from my present address.

\_\_\_\_\_ (Initials)

I/We have read this application and I/We hereby state and represent that the information provided by me/us in the application is complete and accurate, and I/we acknowledge and agree that in the event I/we enter into a lease, that lease may be cancelled by the Lessor in the event any of the information provided by me/us in this application, or any other document furnished by me/us, is materially inaccurate or incomplete. Therefore, under Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States. I/We authorize inquiries to be made to verify the statements above. I/We understand that the Rules and Regulations are adopted for the benefit of all tenants and proper operation of the property, and I/we agree that the tenancy will be subject to them.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse or Co-Applicant

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

<b>For Office Use Only!</b>	
Today's Date	_____
Today's Time	_____
Move-In Date	_____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>		
<b>Mailing Address:</b>		
<b>Telephone No:</b>		<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>		
<b>Address:</b>		
<b>Telephone No:</b>		<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>		
<b>Relationship to Applicant:</b>		
<b>Reason for Contact: (Check all that apply)</b>		
<input type="checkbox"/>	Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/>	Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/>	Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/>	Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/>	Late payment of rent	
<p><b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.</p>		
<p><b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.</p>		
<p><b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.</p>		
<p><input type="checkbox"/> Check this box if you choose not to provide the contact information.</p>		

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.