



Dear Applicant:

Thank you for your interest in applying for residency at Martin Avenue Apartments. This packet includes eligibility requirements and application papers. **Please read all this information.**

Please complete, sign and date the application papers. Any section left blank will deem the application "incomplete" and be returned to you. If any question on the forms does not apply to you, please mark it with an "n/a" or cross-through it.

Once a complete application packet is received, it is reviewed for preliminary eligibility according to HUD requirements. If preliminary eligibility is met, your name will be placed on the waiting list and a letter will be sent to you. Your name on the waiting list does not guarantee eligibility nor does it ensure housing.

This property maintains a substantial waiting list. Management cannot guarantee housing within your time frame. The waiting list is maintained in chronological order based on date and time of your application. Preference is given to extremely low income applicants or applicants displaced by government or natural disaster.

The waiting list is updated at least annually with written notification to applicants on the list. You are required to respond by returning the updated form. It is your responsibility to notify the facility office should your address, phone, or family composition change. Along with your completed application packet please provide us copies the following items.

- Copy of a Photo ID (Drivers license/state ID)
- Copy of your Social Security Card
- Copy of your proof of citizenship (Passport/Birth Certificate)

If you have any questions or problems in completing the application forms, please contact our office and we will be glad to assist you, our office hours are 9 a.m. to 4:30 p.m. Monday through Friday.

Sincerely,  
Anthony Hacker  
Manager



## Our Community

Martin Avenue Apartments is a three story building with 121 units of government subsidized and Market rate housing for seniors and physically challenged adults. The community, located at 310 West Martin Avenue in Naperville, Illinois, is owned by Naperville Elderly Homes, Inc. and operated by Evergreen Real Estate Group. The building opened in March of 1973.

This smoke free community offers 40 one bedroom units and 81 studio units. 6 units are modified to be more wheelchair accessible. Martin Avenue Apartments offers an on-site manager who has completed national certification programs. Maintenance is also on site.

### **Your Home Includes:**

- Modern appliances (stove, refrigerator)
- Air conditioning unit provided
- Individually controlled heat
- Full bathrooms with tub
- Exhaust fans in the bathroom and kitchen
- Water, heat, and electric provided

### **Other Community Features Are:**

- Access-control entrance
- Pets allowed (size, weight restrictions)
- On-site Management
- Elevators
- Community room
- Library and craft room
- 24 Hour on-call maintenance
- Wheelchair accessible bus
- Resident computer lab
- Parking
- Beauty shop
- On site laundry facilities
- Outside patio with garden
- Smoke detectors throughout
- Exercise room

## ELIGIBILITY

Management will observe all Federal, State and local laws regarding occupancy and Fair Housing. It is unlawful to discriminate on the basis of race, color, religion, sex, national origin, disability or familial status.

Martin Avenue Apartments offers two different program types for its rental units. Depending on your income, you might qualify for one or both program types.

	<b>Section 8</b>		<b>Market</b>	
<b>Monthly Rent</b>	30% of adjusted Annual Income		Studio: \$550.00 One Bedroom: \$600.00	
<b>Income Limits</b> <i>Current income guidelines for Chicago-Joliet-Naperville IL HUD Metro FMR Area as of August 2018</i>	One Person	\$29,650	One Person	\$37,440
	Two Person	\$33,850	Two Person	\$42,780

## AGE

persons who are age 62 years of age or older; families of which the head of household is 62 years of age or older; OR physically challenged individuals, defined as a person age 18 years of age or older with a physical disability, that is expected to be of long-continued and indefinite duration, substantially impedes the ability to live independently, and, is such that the ability to live independently could be improved by more suitable housing conditions.

## COST

Depending on your income and program eligibility, your rent is based on the household's annual gross income. Currently on section 8 a household is not required to pay more than 30% of the household's adjusted monthly income. For residents not on section 8, monthly rents are affordable flat rates. Water, heat, and refuse are included in the rents.

# Martin Avenue Apts.

Management Office:

**310 W. Martin Ave.**

**Naperville, IL 60540**

**Phone: (630) 357-0909**

TTY: 800-848-0298

**Office Use Only** Mgr. Initials \_\_\_\_\_

Date/Time Rec'd \_\_\_\_\_

Contact: \_\_\_\_\_

Change: \_\_\_\_\_

SRN  202/8  Homelss  HA Voucher  Mkt

Appl phone # change: \_\_\_\_\_

**Managed By: Evergreen Real Estate Services, LLC Chicago, IL**

5/1/2017

Please complete **all sections** of this application. Use N/A if not applicable. Incomplete applications will be returned. An application does not guarantee housing. Income limits and other requirements may apply. Some questions may not apply to the property, but please provide a response **PLEASE PRINT**

**Applicant Name:**

(Head of Household)

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ M. I.

Current Address: \_\_\_\_\_

\_\_\_\_\_ Street

\_\_\_\_\_ City/State

\_\_\_\_\_ Zip Code

**DAYTIME** Phone #: \_\_\_\_\_

Other Contact #: \_\_\_\_\_

**Apt. Size Requested:** ( one)  Studio  1 Bdrm  Accessible

**1. Household Composition:** Complete the following information for **each** household member who will occupy the apartment at the time of move-in.

Full Name (Last Name, First Name, M.I.)	Birthdate	Social Security #	Relation to Head of House	Sex *	Race *	FT/PT Student?	
						Y/N	Name of School
			HEAD				

(Race is for statistical purposes only. It does not determine eligibility)

**\*Optional : Not required to disclose**

Identification will be required, including copy of birth certificate, valid State Drivers License or State ID card. Social Security card copies, student and citizenship status are required for all applicants. Students include grade & Junior high school, high school, college, post-high school training/technical schools, on-line college.

(SS# need not be disclosed for those aged 62 on 1/31/2010 with original proof of residency in subsidized housing on that date for HUD subsidized properties only)

**2. Occupancy: (Check yes or no to each question)**

Yes  No Will any one else live in the unit on either a full-time or part-time basis in next 12 months?  
If YES, WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

Yes  No Have you been referred by a State Referral Network?

Yes  No Do you have a Housing Voucher? If yes, Housing Authority: \_\_\_\_\_

Yes  No Is any member of the household in the military or a U.S. military veteran? WHO: \_\_\_\_\_

Yes  No Are you homeless or living in a shelter? Shelter Name: \_\_\_\_\_

Yes  No Would anyone in your household benefit from a special needs unit with accessibility features or need a "reasonable accommodation"? (for mobility, vision, or hearing)

Yes  No Will any of the above people live anywhere else except the unit for which you are applying?  
If Yes, Who? \_\_\_\_\_ Where? \_\_\_\_\_

Yes  No Do you expect any of the above to change in the next 12 months? If YES, why?  
\_\_\_\_\_

Yes  No Have any of the people above used names or a social security # other than the names or numbers used above? If YES, please explain: \_\_\_\_\_

Yes  No Is any member of the household a full- or part-time student at a school of higher education?  
(college, trade/technical school) School Name, City: \_\_\_\_\_

Yes  No Does any member receive financial assistance through loans, grants, scholarships?  
If "yes", verification will be required to determine eligibility.

Yes  No Any member receiving benefits under a claim number different from the SS #?  
If Yes, who: \_\_\_\_\_

**3. General Information: Check either YES or NO to each question, and explain as needed.)**

Yes  No a) Has ANYONE of the household been arrested or has a record of conviction, adjudication, open/dismissed court case, other than acquittal; OR is or was under home-monitoring for a felony or misdemeanor in ANY state for acts other than a minor traffic violation? If Yes, please explain: (List who, record, dates of incarceration, years of monitoring, State)  
\_\_\_\_\_  
\_\_\_\_\_

⇒ **NOTE: b)** Please list **ALL states in which household members 18 and over have lived:**  
\_\_\_\_\_

Yes  No c) Is any member of the household listed on any state sex offender registry?

Yes  No d) Has any member of your household been evicted or involuntarily removed from ANY apartment including subsidized housing, in the last 5 years, for any reason? If YES, explain: \_\_\_\_\_

Yes  No e) Has any member of the household exhibited a pattern of behavior that would interfere with the rights of others due to the abuse of alcohol?

Yes  No f) Does any member of the household use, sell, store, buy or manufacture illegal drugs, including medical marijuana?

Yes  No g) Has any member of your household ever been convicted of the use or the illegal distribution, manufacture of illegal drugs or other illegal controlled substance, including medical marijuana?  
If YES, explain: \_\_\_\_\_

Yes  No h) Have you ever filed for bankruptcy? If "YES", what year, why: \_\_\_\_\_

Yes  No i) Are you now living in subsidized or Section 8 housing?

Yes  No j) Do you understand that you may not collect subsidy at 2 locations at the same time?

**NOTE:** You must be completely moved out of your current unit, return the keys & complete the move-out inspection prior to receiving subsidy at this property. Management will request a copy of the move-out inspection at lease signing.

- Yes  No k) Have you ever failed to cooperate with the recertification process, failed to report any cash or other income or violated the lease or house rules in previous housing?
- Yes  No l) Was your housing assistance ever terminated, or in the process of being terminated, for under- or unreported income or suspected fraud? If YES, WHEN and at what property:  
\_\_\_\_\_
- Yes  No m) Have you been displaced by gov't action, disaster or have a Certificate of Displacement?
- Yes  No n) Are you entitled to child support payments?
- Yes  No o) Have you been asked to allow or participate in extermination of pests other than regularly scheduled pest control? (this includes extra treatments for roaches, bedbugs, rodents, etc.)
- Yes  No p) Did you comply with reporting bedbugs, pests & comply with treatment policies & procedures?
- Yes  No q) Have you been asked to sign or do you have a repayment agreement to return money to HUD?

**4. Current Job: List current job information for all adults, 18 & over, of household (full- part-time)**

If you are self-employed, please list that information below, and list income on pg. 4.

- a) Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
 Address, city, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Household Member Employed: \_\_\_\_\_ Start Date: \_\_\_\_\_
- 
- b) Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
 Address, city, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Household Member Employed: \_\_\_\_\_ Start Date: \_\_\_\_\_
- 
- c) Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
 Address, city, zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Household Member Employed: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Attach additional sheets, as necessary.**

**5. Landlord References: List the last 5 years of where you have lived, even if living with family members or in a shelter. The landlord is the company/person to whom you pay rent or mortgage.**

- a) **Current** Landlord's/Shelter Name: \_\_\_\_\_  
 Landlord's/Shelter Address, city, zip: \_\_\_\_\_  
 Current Landlord's Phone: \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
 Dates you lived there: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Name(s) on Lease: \_\_\_\_\_  
 Is the Landlord a relative? \_\_\_\_\_ If "YES", what relation? \_\_\_\_\_  
 Why do you want to relocate? \_\_\_\_\_  
 Are you being asked to leave, being evicted or have your household or guests caused damage to the unit or have bedbugs?  Yes  No

**b) Previous Landlord's/Shelter Name:** \_\_\_\_\_  
 Landlord's Address, city, zip: \_\_\_\_\_  
 Previous Landlord's Phone: \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
 Dates you lived there: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Was the Landlord a relative? \_\_\_\_\_ If "YES", what relationship? \_\_\_\_\_  
 Why did you relocate? \_\_\_\_\_  
 Were you asked to leave, being evicted or did you, family or guests cause damages to the unit? \_\_\_\_\_

**c) Previous Landlord's Name:** \_\_\_\_\_  
 Landlord's Address, city, zip: \_\_\_\_\_  
 Previous Landlord's Phone: \_\_\_\_\_ Rent: \$ \_\_\_\_\_  
 Dates you lived there: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Was the Landlord a relative? \_\_\_\_\_ If "YES", what relationship? \_\_\_\_\_  
 Why did you relocate? \_\_\_\_\_  
 Were you asked to leave, being evicted or did you, family or guests cause damages to the unit? \_\_\_\_\_

**Attach additional pages, if necessary to cover last 5 years.**

**6. Household Income (jobs, gift money), Assets (checking, savings, etc.) and Liabilities (Bills Owed)**

**a) INCOME:** (List ALL income received by any person who will reside in the unit such as full- or part-time job, Social Security/SSI, disability, AFDC, child support, alimony, cash for jobs, RR/ Veteran's benefits, **cash gifts**, unemployment, pension, worker's comp, self-employed, military, UBER, Lyft, etc.)

Family Member Name	Source of Income	GROSS Amount of Income \$	Balance put on any type of Debit Card?	Frequency of Income
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

**b) ASSETS:** List all assets such as **checking, savings**, CD's, trusts, IRA's, 401K, Keogh Account, retirement, land, house, stocks, savings bonds, mutual funds, treasury bills, mortgage or deed of trusts, value of life /funeral insurance or policy, ANY benefits debit cards. List others on additional paper.

Member Name	Type of Asset/Held Where (bank, brokerage, company)	Cash Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Income, Assets, Liabilities continued

c) Please **list any benefits received** (Social Security, Public Aid, Unemployment) that are provided on any type of **direct deposit debit cards** (you must provide **current balances printouts** at the interview for the unit):

d) **LIABILITIES (Your bills):** Please list any monthly bills, including cable, internet fees, utilities, credit accounts (ex.: car payments, personal credit cards, car insurance, cell phone payments, child support or alimony paid to someone not in the household, repayment agreements to HUD OR Landlord, home phone bills, furniture rental bills, repayments agreement for medical bills, etc.)

<u>Lender:</u>	<u>Amount Owed</u>	<u>Monthly Payment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

e) **Has anyone disposed of any assets in the last 2 years for less than fair market value?**  
 Yes  No If Yes, to Whom: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

7. **Vehicle Identification:** D. License #: \_\_\_\_\_  
 Make/Model/Year: \_\_\_\_\_  
 Name on Car/Truck/Cycle title: \_\_\_\_\_  
 Car Plate #/State: \_\_\_\_\_

8. **Emergency Contact: (List someone not living in household.)**

**1st Contact Name:** \_\_\_\_\_ Relation: \_\_\_\_\_  
 Address, city zip: \_\_\_\_\_  
**DAY Phone:** \_\_\_\_\_ Other contact #: \_\_\_\_\_

**2nd Contact Name:** \_\_\_\_\_ Relation: \_\_\_\_\_  
 Address, city, zip: \_\_\_\_\_  
**DAY Phone:** \_\_\_\_\_ Other contact #: \_\_\_\_\_

9. **How did you hear about this property?** \_\_\_\_\_

The Reasonable Accommodation policy is attached.

**NOTE: Management is the Agent for the Landlord.**



Name: \_\_\_\_\_

SS #: \_\_\_\_\_

Name: \_\_\_\_\_

SS #: \_\_\_\_\_

**SIGNATURE CLAUSE:**

I understand that management is relying on this information to prove my household's eligibility for a program of the U.S. Department of Housing & Urban Development (HUD) or a tax credit program. I certify that all information & answers to the above questions are true and complete to the best of my knowledge . **I consent to release the necessary information to determine my eligibility.** I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties and fines up to \$10,000.00. **If under a HUD program the management will verify income & subsidy status** thru HUD's Enterprise Income Verification (EIV).

**I authorize my consent to have management verify the information in this application for purposes of proving my eligibility and suitability for occupancy.** I will provide all necessary information & expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria & the requirements of a program of the U.S. Dept of HUD and/or a tax credit program.

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to naming any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies, obtaining credit information from other credit institution, as well as conducting criminal, eviction and landlord landlord checks.

**I hereby grant this property & Evergreen Real Estate Services the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current & former employers to release information that they may have about me and release them from my liability & responsibility from doing so. A photographic or faxed copy of this authorization will be as valid as the original.**

ALL ADULT household members (18 years of age and older) must sign below:

I/We understand that providing false information or making false statements may be grounds for denial of the application.

\_\_\_\_\_/\_\_\_\_\_/20  
Signature Date

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, sexual identity, disability or familial status.

\_\_\_\_\_/\_\_\_\_\_/20  
Signature Date

\_\_\_\_\_/\_\_\_\_\_/20  
Signature Date



For persons with disabilities:

**Section 504 Coordinator:**  
Ms. Cheryl A. Warren, CPM  
Director of Regulatory Compliance  
Evergreen Real Estate Services  
566 West Lake St. Suite 400  
Chicago, IL 60661

**RETURN APPLICATION TO the Management Office:**  
**MANAGER**  
**Martin Ave. Apts. Management Office**  
**310 W. Martin Ave. Naperville, IL 60540**

**Evergreen Real Estate Services Reasonable Accommodation Policy and Procedure - Application/AR inclusion**

11/1/2017

Evergreen Real Estate Services (ERES) Owned and Managed Facilities will consider requests for reasonable accommodation from applicant households and residents with disabilities. A “reasonable accommodation” is defined as a change, exception, or adjustment to a program, service, building, dwelling unit, or workplace that will allow a qualified person with disability to participate fully in a program, take advantage of a service, live in a dwelling unit or perform a job.

ERES Owned & Managed Facilities will provide the requested accommodation unless doing so would result in a fundamental change in the nature of the program or an undue financial and administrative burden. Requests for reasonable accommodation can be made by the applicant household/resident, family member or other person acting on the disabled person’s behalf. All requests must be made to the Management, in writing. If assistance is required to make this request, Management will be able to offer this assistance. Third-party verification of the need for such a reasonable accommodation will be required.

ERES Owned & Managed Facilities reserves the right to meet the request for reasonable accommodation through other equivalent means. If the requested physical modification does present an undue financial burden for the building, Residents will be permitted to use their own resources to make these modifications. In these situations, if the requested unit modifications, negatively, impact future rental or operation of the unit, management will require that the Resident escrow sufficient funds so that the unit can be returned to its condition prior to the modification having been made. A payment plan for funding such restoration will be negotiated with the Resident, and the funds would be placed into an interest-bearing account, with the interest accruing to the benefit of the Resident. Any remaining balance in this escrow will be refunded to the Resident after the unit has been restored to its original standard.

Reasonable Accommodation Request for a Policy/Procedure Modification (Change)

A Resident request for a “reasonable accommodation” in relation to a facility policy or procedure will be considered upon the resident making such a request in writing. No verification from a doctor will be required for requests that can easily be accommodated by Management. Such accommodations would be but not limited to: meeting the resident for annual recertification in the unit rather than coming to the office; delivering notices rather than the resident coming to the office to pick up; tape recording of the handbook, etc. for someone who cannot see the written notice or may not be literate; contacting a translator for a non-English speaking tenant; or other minor requests. A request that would require (but not be limited to) verification by a doctor would include assigned parking; a service/companion animal; a live-in aide; or other substantial changes to the policies or procedures. Management will inform the Resident when 3<sup>rd</sup> party verification is required.

Reasonable Accommodation Request for a Unit Modification (Change)

A Resident request for a “reasonable accommodation” in relation to a unit modification (change) will be considered upon the resident making such a request in writing. No verification from a doctor will be required for requests that can easily be accommodated by Management. Such accommodations would be but not limited to: installing additional grab bars or a raised toilet seat in the bathroom; installing a flashing fire alarm or a flashing door bell. Modifications that are more substantial and/or costly will require 3<sup>rd</sup> party verification.

Please inform Management of the Request for a Reasonable Accommodation at the time you have an interview for an apartment, or when Management contacts you for an interview for a unit. Please be sure that the question on ‘reasonable accommodation’ on the application is completed correctly. The complete Policy is available in the Management Office. Thank you.

**I have read the above information. Tenant/Applicant Initials: :** \_\_\_\_\_

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:</b> (Check all that apply)	
<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	
<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.	
<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.	
<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.	

Check this box if you choose not to provide the contact information.

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**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.

**Evergreen Real Estate Services, LLC**

**Notice of No Agency Relationship**

Name of Property: Martin Ave. Apts.

Address of Property: 310 W. Martin Ave. Naperville, IL 60540

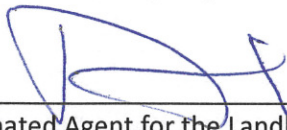
Name of Leasing Agent/Manager: Anthony Hacker

Name of Management Agent: **Evergreen Real Estate Services, LLC (Sponsoring Broker)**

This is to notify any applicant for housing, current resident or interested person at the above named property that licensed staff at the property have entered into an agreement with the Sponsoring Broker (Management Agent) to provide certain real estate brokerage services as its designated agent.

As a result, licensed staff at the property will not be acting as your agent, but as the agent of the Lessor and Sponsoring Broker/Management Agent.

This notice of No Agency is being provided as required by State Law.

  
\_\_\_\_\_  
Designated Agent for the Landlord

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

\_\_\_\_\_  
Customer Signature (Applicant/Resident)

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

\_\_\_\_\_  
Customer Signature (Applicant/Resident)

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

annually

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Martin Ave. Apts. 071-44801 Naperville, IL

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**Name of Property** **Project No.** **Address of Property**

Evergreen Real Estate Services, LLC 202/8

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**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

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**Name of Head of Household** **Name of Household Member**

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Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

**1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

**2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

**1. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**2. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**3. Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**4. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.