



Studio \$325-620 per month
 1 Bedroom \$350-756 per month
 2 Bedroom \$420-900 per month
 3 Bedroom \$500-850 per month

All applications will be screened for 1) Program Eligibility and 2) Good credit/rental/criminal history.

PROGRAM ELIGIBILITY

1. This is an artist community. Applicants must be an artist.
2. All income and assets will be verified to determine eligibility based on HUD's income guidelines. These are published every year. (See below)
3. Minimum Income Limit is two (2) times the rent amount per month.

MAXIMUM INCOME: YEARLY			
1 Person	\$26,550	4 Person	\$37,900
2 Person	\$30,350	5 Person	\$40,950
3 Person	\$34,150	6 Person	\$44,000

RENTAL HISTORY:

Current rental references are checked, previous rental references will be checked if the applicant's current rental term is less than 2 years. Rental verifications that show past evictions, judgments for possession and rent, property damage, failure to pay rent or unlawful detainers will cause the applicants application to be denied.

CREDIT REQUIREMENTS:

Applicant must meet the credit qualifications listed below. An applicant may be denied for delinquent amounts due to any utility company or liens-judgments.

A background/criminal check will be made on all applicants. Applicants will be automatically be denied if they are classified as sex offenders. Applicants will be denied if they are subject to conviction or convicted of a felony, misdemeanor or any crime involving firearms, possession, sale, manufacturing or distribution of controlled substances (drug), prostitution, theft, fraud, physical violence to other persons, damage to property, endangerment to the health and safety of other persons, domestic violence, disorderly conduct/disturbing the peace, assault, battery, offenses against government agents (such as police, FBI, ect.) or any sex related crimes in the last ten (5) years.

NO CO-SIGNERS

One Month Security Deposit

- * Verifiable income must meet minimum and maximum income limits
- * Rental references for past 2 years must be verified and positive.
- * Credit history is at least 80% paid on time credit rating. Past due accounts Do not exceed \$5,000.00. No collections, judgments or bankruptcy.

One and Half Months Security Deposit

- * Verifiable income must meet minimum and maximum income limits
- * Rental refereuces less then 2 years or no rental history.
- * No Credit history or credit history is below 65% paid on time credit rating. Past due accounts may not exceed \$7,500.00, and applicant will be considered with a bankruptcy.

- ❖ An applicant will be considered with a foreclosure if all other criteria is met. An additional ½ month security deposit will be required for applicants with a foreclosure within the last 3 years.

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAR STATUS OR NATIONAL ORIGIN.

Qualifications are subject to change 8/17/12



REQUIRED DOCUMENTATION

You must bring the following items with you.

- ❖ State ID or Driver's License for all household members (18 or older)
- ❖ Social Security Cards for all household members
- ❖ Birth Certificates or proof of age for all household members (17 & under)

Please bring all forms of verifications that apply with your application:

- ❖ Proof of all income
- ❖ 4-6 current paycheck stubs
- ❖ Current social security or pension award letters
- ❖ Alimony check stubs and case numbers
- ❖ 5 current bank statements for all accounts
- ❖ Current statements for Stocks, Bonds and Retirement Funds
- ❖ School information for Full-Time Students

Please be advised that ALL verifications must not be more than 120 days old. Therefore, please be sure that you bring in CURRENT award letters, statements and if applicable paycheck stubs.

Application Fees: \$50.00 per person (Non-Refundable).

- Includes Credit/Background check, income verifications and rental history.

Deposit Fees: \$300.00 (Certified Check or Money Order Only)

- Upon approval you have 3 (three) days to bring in the \$300.00 deposit. This deposit is applied toward the security deposit and is payable to Karcher Artspace Loft.

In the event you (applicant) cancel the application the \$300.00 deposit becomes non-refundable.

If Management should cancel or deny the application the \$300.00 deposit is fully refunded.

Signature of Applicant

Date

Signature of Applicant

Date

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Qualifications are subject to change 8/17/12

THINGS TO BRING WITH YOU

ALL FORMS OF INCOME AND ASSETS MUST BE VERIFIED.

You must bring the following items and submit with your application.

- ❖ State ID or Driver's License for household members (18 yrs. or older)
- ❖ Social Security Cards for all household members
- ❖ Birth Certificates for persons (17 yrs. old and under)

Please bring all forms of verifications that apply with your application:

- ❖ Proof all income
- ❖ 4-6 current paycheck stubs
- ❖ Last two years of income tax returns (self employed)
- ❖ Current social security or pension award letters (Verification can not be more than 120 days old)
- ❖ Public Assistance award letters
- ❖ Child support / Alimony check stubs and case numbers
- ❖ 5 current bank statements for all accounts
- ❖ Current statements for Stocks, Bonds and Retirement Funds
- ❖ School information for Full-Time Student

PLEASE BE ADVISED THAT ALL VERIFICATIONS MUST NOT BE MORE THAN 120 DAYS OLD, THEREFORE MAKE SURE YOU BRING CURRENT STUBS, AWARD LETTERS AND STATEMENTS.

Karcher Artspace Lofts
 214 W. Washington, 2nd Floor
 Waukegan, IL 60068

RENTAL APPLICATION

PERSONAL INFORMATION				
Full Name of Applicant	Age	Date of Birth	Home Phone Cell Phone	
Social Security No.	Drivers License No.	State	Race: (Optional) (Circle One) White Black Hispanic Oriental/Pacific Islander American Indian/Alaskan Native Other	
Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				
Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other				
Present Street Address Apt.#	City		State	Zip
Present Landlord/Mortgage Co.	Account No.		Monthly Rent or Mortgage	
Present Landlord/Mortgage Co. Address	City	State	Zip	Phone Number Is Landlord a Relative?
Was your lease/mortgage in another name? ____ If yes, explain & provide explanation.				Reason for Moving/Displacement
Was household displaced because of government action ____ Yes ____ No major disaster or from urban renewal area?				
List all others who will occupy the apartment				
Name	Date of Birth	Age	Social Security #	Relationship to Head of Household
Name	Date of Birth	Age	Social Security #	Relationship to Head of Household
Name	Date of Birth	Age	Social Security #	Relationship to Head of Household
OTHER INFORMATION				
Have you or any other occupant listed above ever:	Yes or No		Yes or No	
1) Been denied an apartment?			5) Been evicted or asked to move out?	
2) Broken a rental agreement or lease contract?			6) Been sued for damages to rental property?	
3) Filed bankruptcy?			7) Been convicted of a felony?	
4) Had legal action taken against you for nonpayment of a bill or rent?			8) Been a registered sex offender?	
If you answered "YES" to any of the above questions, #1-7, please explain:				
Are You An Artist? ____ Yes ____ No				
Are you or any household member in need of an accessible unit or feature? ____ Yes ____ No				
Are you receiving Section 8 Assistance	Agency Name		Contact Person & Phone Number	
In case of emergency, notify:	Relationship		Street Address	
Home Phone # (Include Area Code)	Work Phone#		City/State/Zip	

Have you been displaced by government disaster or a presidentially declared disaster? ____ Yes ____ No

In the event of serious illness or death of resident, I give permission to the management office to permit the following person to enter my apartment to remove and / or store all contents found in the dwelling, common areas or mailbox. _____

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained herein in this application via consumer credit reports, rental history reports, criminal history reports 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 inquiries shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fees and deposit as liquidated damages for owners time and expense of processing this application. No fees or application deposits are required for section 8 applicants.

(3) terminate residents 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 residents 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.

NOTICE OF NO AGENCY IS BEING PROVIDED AS REQUIRED BY ILLINOIS LAW

Ludwig & Company has previously entered into an agreement with the property owner to provide certain property management and real estate brokerage services to the property owner. Neither Ludwig & Company nor any of its employees will be acting as your agent but will instead be acting as the agent for the property owner.

Signature of Applicant or Occupancy _____ Date _____

Signature of Applicant or Occupancy _____ Date _____



**KARCHER ARTSPACE LOFTS
APPLICANT QUESTIONNAIRE**



Date of Application _____ Time of Application _____

No. of Bedrooms _____

ARE YOU AN ARTIST? YES NO

APPLICANT NAME(S) _____

Current Address: _____

City, State, Zip: _____

Work Phone _____ Fax No _____

Present Address Is (circle one) **APARTMENT** **LEASED** **OWN HOME** **OTHER**

Present Landlord/Mortgage Co.(Contact) _____

Address _____

City, State, Zip: _____

CO-APPLICANT NAME(S) _____

Current Address: _____

City, State, Zip: _____

Work Phone _____ Fax No _____

Present Address Is (circle one) **APARTMENT** **LEASED** **OWN HOME** **OTHER**

Present Landlord/Mortgage Co.(Contact) _____

Address _____

City, State, Zip: _____

EMERGENCY CONTACT

Name _____ Phone _____

List All Others Who Will Be Occupying Apartments?

	Name	M / F	Social Security No	Date of Birth	Relationship
1					
2					
3					
4					

Home Phone _____

Date of Birth _____

Social Security No. _____

Drivers License or State ID _____

Marital Status _____

Monthly Amt \$ _____

Occupancy Dates _____

Reason for moving _____

Home Phone _____

Date of Birth _____

Social Security No. _____

Drivers License or State ID _____

Marital Status _____

Monthly Amt \$ _____

Occupancy Dates _____

Reason for moving _____

CREDIT REFERENCE

Name _____

Account No. _____

Phone _____

Name _____

Account No. _____

Phone _____

ALL QUESTIONS MUST BE ANSWERED.....DO NOT LEAVE ANY BLANKS

Answer all questions 'YES or NO' by placing an "X" in the appropriate box. Please make sure you have answered every question completely. If you answer YES, include the dollar amount indicated. If the question does not apply, answer NO.

	YES	NO	If yes, explain/agency
Have you or anyone on this application been evicted from assisted housing last (3) years?			
Do you or anyone on this application have an alcohol substance abuse that interfere with others health, safety, and right to peaceful enjoyment?			
Are you a current drug user?			
Is there anyone living with you now that will not be on the property?			
Do you expect any additions to your household in the next 12 months?			
Are there any absent household members who would normally live with you?			
Does an adult on this application have custody of every child listed?			
Will you have any pets other than service animals?			
Have you or anyone else on this application filed bankruptcy?			
Have you or anyone on this application been convicted of a felony?			
Have you or anyone else broken a rental agreement or lease contract?			
Have you or anyone else ever been convicted of dealing or manufacturing illegal drugs?			
Have you or anyone else on this application been sued for property damage?			
Are you or anyone else on this application a registered lifetime sex offender?			

List all state(s) all person on this application have lived in since 1996? 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

INCOME INFORMATION

Include All Income Received or Anticipated For the Upcoming 12 Months

EMPLOYMENT

<input type="checkbox"/> <input type="checkbox"/>	Are you employed or do you anticipate being employed in the next 12 months?	TYPE	FREQUENCY	AMOUNT	For Office Use Only		
YES NO	Wages	\$ _____	Company	_____	Sent	Rec'd	Amount
	Overtime	\$ _____	Contact	_____			
	Bonus	\$ _____	Address	_____			
	Tips	\$ _____	City, State, Zip	_____	employer	emprior	
	Commissions	\$ _____	Phone	_____	nonemp	seasonal	
			Fax	_____			
	Length of Time on Job	_____ Yrs. _____ Mos.	Occupation	_____			

<input type="checkbox"/> <input type="checkbox"/>	Are you presently employed at more than one job (Not Self-Employed)?	TYPE	FREQUENCY	AMOUNT	For Office Use Only		
YES NO	Wages	\$ _____	Company	_____	Sent	Rec'd	Amount
	Overtime	\$ _____	Contact	_____			
	Bonus	\$ _____	Address	_____	employer		
	Tips	\$ _____	City, State, Zip	_____	seasonal		
	Commissions	\$ _____	Phone	_____			
			Fax	_____			
	Length of Time on Job	_____ Yrs. _____ Mos.	Occupation	_____			

<input type="checkbox"/> <input type="checkbox"/>	Are you self employed?	Business Type	_____	*selfemp
YES NO	Annual Net Income \$ _____	How Long in Business	_____	2 Yrs Tax Returns

<input type="checkbox"/> <input type="checkbox"/>	Do you receive income from the Armed Forces including the reserves, or do you receive any special pay or allowances?	TYPE	FREQUENCY	AMOUNT	For Office Use Only		
YES NO	Regular	\$ _____	Branch/Contact	_____	Sent	Rec'd	Amount
	Special	\$ _____	Address	_____			
	Allowances	\$ _____	Phone	_____	militver		

<input type="checkbox"/> <input type="checkbox"/>	Do you receive or have you applied for Unemployment Benefits, Severance Pay, Workers Compensation?	TYPE	FREQUENCY	AMOUNT	For Office Use Only		
YES NO	(circle) Unemployment	\$ _____	Branch/Contact	_____	Sent	Rec'd	Amount
	Workers Comp	\$ _____	Address	_____			
	Severance	\$ _____	Phone	_____	unemp	other	

CHILD SUPPORT / ALIMONY

Amount

<input type="checkbox"/> <input type="checkbox"/>	Do you have a court order or private agreement for receiving Child or Spousal Support?	TYPE	FREQUENCY	AMOUNT	For Office Use Only		
YES NO	Child Support	\$ _____	Court Branch/Payee	_____	Sent	Rec'd	Amount
	Spousal Support	\$ _____	Address	_____			
			Phone	_____	childsup	childnon	

Copies of all court orders must be attached. Support will be counted whether or not it is received, unless legal action has been taken to remedy.
Support that is not ordered by the courts but received from a private party is also counted.

PUBLIC AID

<input type="checkbox"/> <input type="checkbox"/>	Are you receiving AFDC (Aid for Dependent Children) or other public assistance?	TYPE	FREQUENCY	AMOUNT	For Office Use Only		
YES NO	Public Aid	\$ _____	Caseworker	_____	Sent	Rec'd	Amount
			Address	_____	publicver		

SOCIAL SECURITY

<input type="checkbox"/> <input type="checkbox"/>	Are you receiving Social Security Income?	TYPE	FREQUENCY	AMOUNT	For Office Use Only		
YES NO	SSA	\$ _____			Sent	Rec'd	Amount
	SSI	\$ _____					
	SSD	\$ _____			socsecver		

VETERANS, PENSION, RETIREMENT or ANNUITY BENEFITS

Do you receive any retirement benefits?
 YES NO Type _____ \$ Rec'd From _____
 Address _____
 City, State, Zip _____

Sent	Rec'd	Amount

vet/ver other

OTHER INCOME

Do you receive any of the following types of income & from whom?

Regular payments or gifts from anyone outside your household?
 YES NO \$ _____ Rec'd From _____
 Regular payments from any type of settlement?
 YES NO \$ _____ Address _____
 Regular payments-inheritances, lottery winnings or trust funds?
 YES NO \$ _____ City, State, Zip _____
 Regular payments from rental property or other real estate?
 YES NO \$ _____
 Are you receiving any other form of periodic income?
 YES NO \$ _____

Sent	Rec'd	Amount

other

ASSET INFORMATION

Include All Assets Held by You or Minor Children & Income Derived

Please circle the type of account
 YES NO Checking or Savings Account? (List all accounts, type & numbers) Rec'd From _____
 Cash Value \$ _____ Account # _____
 CD's, Money Markets, Mutual Funds or Treasury Bills?
 YES NO Cash Value \$ _____ Address _____
 Account # _____ City, State, Zip _____

Sent	Rec'd	Amount

bank/ver

Stocks, Bonds or Securities?
 YES NO \$ _____ Rec'd From _____
 Pensions, IRAs, Keogh, 401K or other retirement accounts?
 YES NO \$ _____ Address _____
 Trust Funds, Life Insurance or other funds?
 YES NO \$ _____ City, State, Zip _____

Sent	Rec'd	Amount

ass/ver

Please circle the type of account
 YES NO Real Estate, rental property, land contract for deed or other real estate buildings?
 Cash Value \$ _____ Rec'd From _____
 Address or Legal Description: _____ Address _____
 City, State, Zip _____

Sent	Rec'd	Amount

realestate/ver

Personal property held as an investment?
 YES NO This includes paints, coin or stamp collections, artwork, collector or show cars, antiques. Do not
 include personal items such as cars, furniture, etc.
 Description: _____ Rec'd From _____
 Address _____
 City, State, Zip _____

Sent	Rec'd	Amount

ass/ver

YES NO

Have you disposed of or given away any asset for Less than its fair market value within the past 2 years?

Explain:

Given To _____

Fair Market Value \$ _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

Disposal of Asset

YES NO

Have you received any lump sum payments in the past 2 years, or anticipate any in the next year?

Where is it now?

\$ _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

lumpsumcer

YES NO

OTHER ASSETS: Specify _____

\$ _____

STUDENT STATUS

Do you receive any of the following types of income & from whom?

YES NO

Are you currently a part or full-time student or expect to be one in the next 12 months or have you been in the current year? If YES, continue)

YES NO

Are you a single parent with minor children and neither of you or your children being claimed as a dependent on another persons tax return?

YES NO

Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other federal, state & local laws?

YES NO

Are you married, filing a joint tax return with your spouse?

YES NO

Do you receive AFDC (Aid for Dependent Children)?

YES NO

Please provide the name of the educational instituon where you are or will be a student.

Date Graduated or left school: _____

I understand that the owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Low Income Housing Tax Credit (LIHTC) Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material representation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. And falsification or misrepresentation of information will be considered a material breach of the Lease Agreement. I hereby swear that to the best of my knowledge, the above information is true, correct, and complete.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I agree to provide all necessary information, including source names, addresses and account numbers whenever applicable. I understand that my occupancy is contingent upon meeting management's Resident Selection Criteria and the LIHTC Program requirements. I further certify that I do not expect any changes in the information provided or on the attached Application. I will notify management should any information change unexpectedly. Failure to do so may result in the cancellation of my application for occupancy.

I / We certify that answers given herein are true and complete to the best of my/our knowledge. I / We authorize verification or investigation of all statements contained herein via consumer, credit reports, rental and / or criminal history reports and any other means. Failure to answer any of the inquiries shall be cause for rejecting this application. False information will lead to rejection of this application and we retain the right to forfeit all deposits as liquidated damages for our processing time and expense.

Applicant Signature

Date

Applicant Signature

Date

Date Received _____

Time Received _____

Received by: _____



AUTHORIZATION TO RELEASE INFORMATION

To Be Completed by the Office Staff:

From: Karcher Artspace	To: ATTN:	_____
214 W. Washington, 2nd Fl.	Company:	_____
Waukegan, IL 60068	Address:	_____
Phone: 847-445-6440	City, State, Zip	_____
Fax: 847-620-2233	Phone	_____
	Fax	_____

The undersigned individual(s) have applied for residency at our apartment community. The property is operated under the Internal Revenue Service LIHTC program. We are required to obtain written confirmation of the income of all applicants and other household members. In order to comply with the Federal regulations in regards to all assets, income and allowances, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information may be needed. Verifications and inquiries that may be requested, include but are not limited to the following:

- | | | |
|-------------------------------------|------------------------------------|--|
| Credit and Criminal Activity | Identity and Marital Status | Residences and Rental Activity |
| Student Status | Medical Allowances | Employment, Income & Assets |

The groups or individuals that may be asked to release an/or verify the above information (depending on the program requirements) include but are not limited to the following:

- | | | |
|---------------------------------------|---------------------------------|---|
| Courts & Post Offices | Welfare Agencies | Law Enforcement Agencies |
| State Unemployment Agencies | Veteran's Administration | Retirement Systems |
| Credit Providers & Bureaus | Internal Revenue Service | Previous Landlords (Including PHA's) |
| Social Security Administration | Utility Companies | Banks & Other Financial Institutions |
| Medical Agencies | Personal References | Past & Present Employers |

I/We agree that a photocopy of this authorization maybe used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/We understand that I/We have the right to review my/our file and correct any information that can be proven to be incorrect.

The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the LIHTC program.

Applicant/Resident

Co-Applicant/Co-Resident

Print Name _____ Date _____

Signature _____

Social Security No. _____