



Stonebridge of Gurnee

Thank you for choosing STONEBRIDGE OF GURNEE SUPPORTIVE LIVING COMMUNITY. We are not charging an application fee at this time. We do require a \$500.00 security deposit, which will be refunded to you when you vacate the apartment and a final walkthrough is performed by Management and keys returned. This security deposit cannot be used for rent purposes at any time during your lease.

DORS and /or their affiliated social service agencies will conduct an interview called a DON screening. This interview will give you a score which will determine if there is a need for Supportive Living Services.

I have read and understand the above statement:

Name: _____ Date: _____

Signature: _____

Witness: _____

Preferred apartment Style:

Studio: _____

One Bedroom: _____

First Available: _____



Stonebridge of Gurnee

Stonebridge of Gurnee is a participant in the Low-Income Tax Credit Program, which is governed by the IRS. In order to comply, we need to qualify all income and assets of each prospective resident, if applicable. All documents cannot be dated older than **90 days prior to move-in date**.

DOCUMENTS NEEDED FOR TAX CREDIT APPLICATION/PUBLIC AID APPLICATION

1. Social Security Benefit Letter (a.k.a. Award Letter) dated within the last 6 months for current year. The Social Security Administration sends this out at the end of the year showing any increase in benefit for the following year.
2. Benefit letter from any pensions received.
3. Life Insurance Policies and current cash surrender value letter
4. Bank Account Statements for the past 6 (six) months on CD's, Annuities, Money Markets, Stocks, Bonds, and IRA's up until the day of approval.
5. All interest-bearing accounts must show the current interest rate for all assets on statements. This is to include Certificates of Deposit, Money Market Funds, savings and checking accounts.
6. Bank account statements for the past (6) months on saving and checking accounts, up to until the day of approval, and (5) years of bank statements if applying for Medicaid.
7. If you own property, such as a house, condo, or trailer home, A Comparable Market Analysis of the property is needed. If the property is for sale, we need a copy of the MLS contract and Listing agreement. This can be obtained through any real estate company- free of charge. If the property has been sold- we will need a copy of the HUD-I or closing statement.
8. Social Security Card.
9. Medicare Card- (If applicable)
10. Managed Care/ Medicaid Cards/Supplemental Insurance Cards/Medicare Part D Cards.
11. Birth Certificate/Baptism Certificate, if born out of the country, naturalization papers are needed.
12. Marriage Certificate.
13. Death Certificates of Spouse, if divorced, a copy of the decree.
14. Cemetery Plot, Letter/Statement from Cemetery on the purchase price.
15. Photo ID



Stonebridge of Gurnee

Rental Application

Full Name of Applicant	Male/ Female	Household Relationship	Birthdate	Social Security Number
		Head		
		Co-Applicant		

1. Marital Status

Never Married Married Divorced Separated Widowed

2A. Household Demographic: (Optional questions used solely for federal statistics)

White American Indian/Alaskan Native Black / African American
 Asian Native Hawaiian/Other Pacific Islander Other _____

2B. Ethnicity:

Hispanic or Latino Not Hispanic or Latino

3. Residence History (3 years of housing history is REQUIRED)

Current Address: Rent Own Living with Relative Other

Address: _____

City, State and Zip Code: _____

Phone#: _____ Month & Year Residency Began: _____

Landlord / Relative: _____

Previous Address: Rent Own Living with Relative Other

Address: _____

City, State and Zip Code: _____

Phone#: _____ Month & Year Residency Began: _____

Landlord / Relative: _____

Previous Address: Rent Own Living with Relative Other

Address: _____

City, State and Zip Code: _____

Phone#: _____ Month & Year Residency Began: _____

Landlord / Relative: _____



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4. Emergency Contact (s)

1st:

Name: _____

Address: _____

Relationship: _____

Primary Phone #: _____

Secondary Phone #: _____

2nd:

Name: _____

Address: _____

Relationship: _____

Primary Phone #: _____

Secondary Phone #: _____

5. General Information

Birth City: _____ State: _____ County: _____

Co-Applicant Birth City: _____ State: _____ County: _____

Yes No Do you have cash or other valuables (other than important papers) in a safe deposit box?
If yes, monetary value of contents: _____

Yes No Other than Medicare premiums deducted from your social security benefit, do you pay for
a supplemental health or prescription drug insurance policy?
Insurance Company: _____ Monthly Premium: \$ _____
Insurance Company: _____ Monthly Premium: \$ _____

Yes No If anyone moving into the unit is currently a student or planning to be one in the coming
year, please contact us for further clarification.

Yes No Do you have more than \$500 cash on hand (not in a bank)? If yes, amount: \$ _____

Yes No Have you appointed someone to be your FINANCIAL (Property) Power of Attorney (POA)
or Guardian? If yes, please provide a copy of the POA / Guardian paperwork.

Name & Relationship: _____



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Rental Application

6 . Income Information (Include all GROSS Monthly Income)

Please check Yes or No box for each item and provide as much information as possible.

Social Security Income: *Please secure a (recent) dated copy of your benefit statement from Soc. Sec. Adm.*

Yes No Head Co-Applicant Monthly Amount: \$ _____

Yes No Head Co-Applicant Monthly Amount: \$ _____

Pension and Retirement Benefits: *Please provide a copy of your most recent pension statement.*

Yes No Head Co-Applicant Monthly Amount: \$ _____

Former Employer: _____ Address: _____
Phone #: _____ Account #: _____

Yes No Head Co-Applicant Monthly Amount: \$ _____

Former Employer: _____ Address: _____
Phone #: _____ Account #: _____

Veterans Affairs Benefit: *Please provide a copy of your most recent award statement from the Dept. of the VA.*

Yes No Head Co-Applicant Monthly Amount: \$ _____

VA File #: _____

Yes No Head Co-Applicant Monthly Amount: \$ _____

VA File #: _____

Are any income changes anticipated in the next 12 months? For example, applied for VA Benefits or SSI?

Yes No Head Co-Applicant Explanation: _____

Payments Received from Annuity, Inheritance or Insurance Contract: *If Yes, please provide documents*

Yes No Head Co-Applicant Monthly Amount: \$ _____

Source: _____
Address: _____
Phone #: _____ Account: _____

Yes No Head Co-Applicant Monthly Amount: \$ _____

Source: _____
Address: _____
Phone #: _____ Account: _____



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6 . Income Information (Include all GROSS Monthly Income) – Continued

Income from Rental of Real Estate / Property, Land Contracts:

Yes No Head Co-Applicant Monthly Amount: \$ _____ Annual Amount: \$ _____

Source: _____
Address: _____
Phone #: _____ Account: _____

Public / General Assistance Income:

Yes No Head Co-Applicant Monthly Amount: \$ _____

Source: _____
Address: _____

Trust Account: *If yes, you must provide a copy of the trust or application will not be processed.*

Yes No Head Co-Applicant

___ Revocable ___ Irrevocable Account #: _____

Institution where held: _____
Phone #: _____

Employment and/or Business Ownership: *If yes, provide a minimum of 6 consecutive paystubs.*

Yes No Head Co-Applicant

Employer: _____ Monthly: \$ _____
Address: _____ Phone #: _____

(If you have ownership in a business, please provide details and tax returns, if filed.)

Alimony / Child Support :

Yes No Head Co-Applicant Monthly Amount: \$ _____

Source: _____
Address: _____

Income from any source (including money gifts) not listed above or in Asset Section following:

Yes No Head Co-Applicant Monthly Amount: \$ _____

Source: _____
Address: _____



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7. Asset Information

Checking, Savings, Social Security Debit Card, CD, Market Accounts:

Yes No Head Co-Applicant __Checking __Savings __SS Debit Card __CD __Money Market

Bank: _____ Balance: \$ _____
Address: _____ Account #: _____
_____ Fax# _____

Head Co-Applicant __Checking __Savings __SS Debit Card __CD __Money Market

Bank: _____ Balance: \$ _____
Address: _____ Account #: _____
_____ Fax# _____

Head Co-Applicant __Checking __Savings __SS Debit Card __CD __Money Market

Bank: _____ Balance: \$ _____
Address: _____ Account #: _____
_____ Fax# _____

Life Insurance Policies: *If assigned to a pre-need burial contract or trust, please provide a copy.*

Yes No Head Co-Applicant

Insurance Company: _____ Policy#: _____
Phone#: _____ Value: \$ _____
Assigned to a Pre-Need Contract? __Yes __No Funeral Home: _____

Head Co-Applicant

Insurance Company: _____ Policy#: _____
Phone#: _____ Value: \$ _____
Assigned to a Pre-Need Contract? __Yes __No Funeral Home: _____

Head Co-Applicant

Insurance Company: _____ Policy#: _____
Phone#: _____ Value: \$ _____
Assigned to a Pre-Need Contract? __Yes __No Funeral Home: _____

U.S. Savings Bonds and/or Treasury Bills: *Please provide a copy of all bonds.*

Yes No Head Co-Applicant Value: \$ _____



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7. Asset Information – Continued

Do you own a home or other real estate? Including but not limited to personal residence, mobile home, vacation home, commercial or farm property or vacant lot.

Yes No Head Co-Applicant

Address: _____ Value: \$ _____

_____ Mortgage Balance: _____

Mortgage Company: _____ Account: _____

What do you plan with the property? _____

If mobile home: Year: _____ Make: _____ Model: _____ Length & Width: ___ X ___

***Please provide a copy of the most recent tax assessment and mortgage statement.*

Investments & Retirement Accounts: Including but not limited to 401K, IRA & other investments such as brokerage accounts, company stocks and/or mutual funds.

Yes No Head Co-Applicant

Company Name: _____ Phone #: _____

Account #: _____ Type of Account: _____ Value: \$ _____

Yes No Head Co-Applicant

Company Name: _____ Phone #: _____

Account #: _____ Type of Account: _____ Value: \$ _____

Personal Property held as an investment: Including but not limited to collections, artwork, show cars

Yes No Head Co-Applicant

Type of Property: _____

Lump Sum Proceeds received in the past 24 months: Examples: Inheritance, lottery, settlements

Yes No Head Co-Applicant

Date Received: _____ Value: \$ _____

Any Assets not listed above: An asset is any item that can be sold or converted into cash. **Do not** list your automobile, personal clothing or general household items.

Yes No Head Co-Applicant

Description: _____ Value: \$ _____



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7. Asset Information – Continued

Joint Ownership:

Yes No Head Co-Applicant

I have joint ownership of one or more of the above assets with a person who does not reside with me. *Please list the asset(s) jointly owned, the co-owner and his/her relationship*

Assets Given Away or Ownership Transferred:

Yes No Head Co-Applicant

In the past two years, I have sold given away or otherwise transferred ownership of an asset(s) for **LESS THAN FAIR MARKET VALUE**.

*****This includes giving away CASH or Charitable Contributions.

Do not include assets or money given more then 2 years ago.

Asset: _____ Date Transferred: _____

Amount of Cash Given Away: _____ Date Given Away: _____

8. Additional information:

Have you ever been evicted from an apartment for any reason?

Yes No *If yes, please explain,* _____

Do you drive and will continue to drive?

Yes No *If yes, please fill out the following:*

Drivers license # : _____

State : _____

Plate #: _____

Make / Model / Year : _____

***Copy of your car insurance will be needed for file



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8. Additional information:

Insurance information:

Medicare Number: _____ Effective Dates: _____

Medicare RX-Part D: _____ Policy Number: _____
Effective Date: _____

Other Health Insurance: _____
Policy Number: _____

Do you have a service animal?

Yes No ***If yes you will be required to provide documentation*



Ph 847-596-3211
Fax: 224-637-1801

Stonebridge of Gurnee

Authorization for Exchange/Release of Information

I, _____ hereby authorize
STONEBRIDGE OF GURNEE to exchange information on an ongoing basis for up to one year from
the date signed with the following institution/person:

Name of Institution/ Person information will be shared

Address City State Zip Telephone

From the records of

_____/_____/_____
Birth date

Address City State Zip Telephone

Specific information to be released/or received:

- Medical Records
- Treatment Records
- Diagnostic Records
- Other: _____

This information is being obtained or disclosed for the following purposes:

You have the right to revoke the authorization at any time. You may revoke the authorization by writing
to Stonebridge of Gurnee, 5980 Washington St, Gurnee, IL. 60031. This authorization will expire on:

Date / Event

Signature of Participant /Personal Representative _____ Date _____

Witness Signature _____ Date _____