## Trinity Senior Housing 3939 S. Calumet Ave. / Chicago, IL 60653 / 773 373-8480 6225 S. Drexel Ave/ Chicago, IL 60637 / 773-955-6603

## **Preliminary Eligibility Application**

This form is used to record information from potential applicants so that we may pre-determine if applicants are eligible for Section –202/8 Projects and Section-202/PRAC Elderly Housing.

PLEASE be advised Trinity Senior Housing Apartments are Smoke-Free Buildings

Name:			Date:	
Address:			City:	
State:	Zip Code:	Phone:		
Birth date:	_ Spouse Nar	ne/ Age		
Unit Size Requested:	Studio	1 Bedroom	1st availabl	e
Location Requested: (0	Check all that apply	/) 3939 S. Calur	met 6225	S. Drexel 1 <sup>st</sup> available
How soon will you nee	d an apartment?	?		
Are you a Smoker/Tobac (Trinity Senior Housing Apa	co User? Irtments are Smoke	Yes _ e-Free Buildings)	No	
Income: (Check all that	apply)			
Social Security		_SSI	Ref	tirement Pension
Employment W	ages	Veteran's Benefits	_	Other
Income Level: (annual) _	Under \$15,00	00 \$16,000 -	- \$26,000	Over \$27,000
Do you have HMO Insura	nce?	Yes N	lo	
Do you pay out of pocket	for Medications	? Yes N	lo	
Assets: (Check all that app	oly)			
Checking account	Savings acc	count	CD	
Do you own real estate pro	perty?			
Do you need a "Mobility Ac	cessible Unit: Yes	s N	No	
Reason for moving:				
Are you required to give yo	ur landlord a 30 –	day notice:Ye	es No	
Applicant's Signature:				

Management will call and schedule a rental application appointment upon receipt of this form. Please return form in the mail to:

Attn: Latricia Dellinger 6225 South Drexel Avenue Chicago, IL 60637

OR

Attn: Latricia Dellinger 3939 South Calumet Avenue Chicago, IL 60653

Feel free to copy and distribute to other interested persons 62 years and older.					
Office Use Only:					
Name added to Waiting-list Rejected (reason)					