

Masinelli Management and Construction, Inc.
124 N. Edwardsville St.
Staunton, IL 62088
618-635-2005 phone / 618-551-4791 fax
kmasinelli00@gmail.com



RE: Rental Application for Masinelli Managed Apartments

Enclosed you will find our *Residential Rental Application*. Please complete the application entirely. ALL adults (18 years of age, and older) must sign, and date, page 8.

NO incomplete applications will be considered.

You will also find the “*Things You Should Know About USDA Rural Rental Housing*” and “*Notice of No Agency Relationship*” flyer for your information.

In addition to the application, **please indicate any assets you may have—bank balances, real estate, etc.**

Please submit completed applications to:

Masinelli Management & Construction, Inc.
124 N Edwardsville St.
Staunton, IL 62088.

If you have any questions, please call 618-635-2005.

Thanks for your consideration. We appreciate it.

Sincerely,

John Masinelli,
Managing Broker

Masinelli Management and Construction, Inc.

124 N. Edwardsville St, Staunton, IL 62088 (618) 635-2005

Revised 3-26-2019



This institution is an equal opportunity provider.

Rental Housing Application for (circle all that apply):

62+ yrs old or disabled complexes—Walnut Villa Apts (Carlinville); David-John Apts (Staunton); Triton Apts (Marine); Prairie Pride Apts (Litchfield); Desert Rose Apts (Litchfield); Maison Rose Apts (Litchfield); Ashberry Apts (Nokomis); Wrenwood Apts (Witt); Vine St Apts (Irving); Broadway St Apts (Witt)

Family complexes—Kingdom of Calhoun Apts (Hardin); St Libory Apts (St Libory); Tangle Wood Apts (Litchfield); Heritage Apts (Litchfield); Cinnamon Ridge Apts (Litchfield); Sweet Gum Apts (Litchfield); Chestnut Ridge Apts (Litchfield); Doubletree Apts (Litchfield); Times & Seasons Apts (Nokomis); Colonial Apts (Nokomis); Vicksburg Apts (Nokomis)

Date Received: _____

Time Received _____

APPLICANT INFORMATION

Name: _____				
Last	First	Middle Initial		
Current Address: _____				
Street	City	State	Zip Code	
Telephone #: _____	SS#: _____	Date of Birth: _____		

HOUSEHOLD INFORMATION

List below, all information for each additional household member who will occupy the unit.

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	Social Security Number	Date of Birth (Mo./Day/Yr.)	Age	Nationality/Citizenship
	HEAD					

Do you anticipate a change in household composition during the next 6 months? Yes No

Will any of the above household members live anywhere except in the apartment? Yes No

Will any **other** persons live in the apartment on a less than full-time basis? Yes No

If you answered "Yes" to either question, please explain: _____

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MISCELLANEOUS INFORMATION

Are any household members a full or part-time student at an institute of higher learning? Yes ___ No ___
If yes please list schools you/they are attending: _____

Are you a current user of illegal drugs? Yes ___ No ___

Do you abuse alcohol to the extent that you could be a danger to others health, safety, or right to a peaceful enjoyment? Yes ___ No ___

Has any household member ever been evicted from any subsidized housing program for drug related or other criminal activity? Yes ___ No ___
If "yes", who: _____
Explain: _____

Are any household member 18 years of age and above listed on a state or federal sex offender registry?
Yes ___ No ___

For each household member 18 years or older, please list all states in which they have lived since 1996:

Name: _____ States: _____

Name: _____ States: _____

Have you or any co-applicant been **arrested**? Yes ___ No ___

Have you or any-co-applicant been **convicted**? Yes ___ No ___

If "yes" to either, who: _____

Explain: _____

Does anyone in the household currently have any charges/convictions **pending** against them?

Yes ___ No ___ If "Yes", who: _____

Explain: _____

Please list all other names you, or other members of the household, may have used in the past:

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ELDERLY / DISABLED / REASONABLE ACCOMMODATIONS

Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 years old or older, or disabled, regardless of age, as defined by Rural Development? Yes _____ No _____

***Please realize that your eligibility must be verified.

Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit? If so, would you like to request an adapted unit? Yes _____ No _____

Do you require any special accommodations? Yes _____ No _____

If yes please explain: _____

PLEASE NOTE: Management will provide Reasonable Accommodations to apartments in accordance with ADA 504 guidelines. The applicant will need to submit a request for the desired accommodation(s) to Masinelli Management and Construction Inc., 124 N Edwardsville St., Staunton, IL 62088.

LANDLORD INFORMATION (Last 5 years) Attach separate sheet if necessary.

Current Housing: Own _____ Rent _____ Other _____ Rent Paid Per Month \$ _____

Landlord's Name: _____ Are you/co-tenant related to this landlord? _____

Landlord's Address: _____

Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____

(mo./yr. TO (mo./yr.))

Previous Housing: Own _____ Rent _____ Other _____ Rent Paid Per Month \$ _____

Landlord's Name: _____ Are you/co-tenant related to this landlord? _____

Landlord's Address: _____

Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____

(mo./yr. TO (mo./yr.))

Previous Housing: Own _____ Rent _____ Other _____ Rent Paid Per Month \$ _____

Landlord's Name: _____ Are you/co-tenant related to this landlord? _____

Landlord's Address: _____

Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____

(mo./yr. TO (mo./yr.))

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EMPLOYMENT INFORMATION

Head of Household Employer: _____ Telephone #: _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ Dates of Employment: _____
(mo./yr. TO (mo./yr.))

GROSS Monthly Income: \$ _____ (Before taxes)

Second Employer, or
 Previous Employer: _____ Telephone #: _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ Dates of Employment: _____

GROSS Monthly Income: \$ _____ (Before taxes)

Spouse/Co-Applicant Employer: _____ Telephone #: _____

Occupation: _____ Dates of Employment: _____
(mo./yr. TO (mo./yr.))

GROSS Monthly Income: \$ _____ (Before taxes)

CREDIT HISTORY

Please list 2 credit references that are current and have open account balances. A credit check will be run through the Credit Bureau. MAY NOT BE LEFT BLANK

*Possible examples include: Credit Cards, car payment, insurance company, utility bills, etc.

Creditor: _____ Address _____

Telephone: () _____ Account #: _____

Creditor: _____ Address _____

Telephone: () _____ Account #: _____

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To be eligible for an apartment, your household must have a monthly source of income. There is no exact amount required, however it must be enough to cover rent, food, utilities and other household necessities that your household is responsible for.

BENEFITS Check Yes or No, and the GROSS monthly income received.

Please list the total benefit income of all members of the household. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

Benefit Type		Gross Monthly	Household Member(s) Receiving Benefit
Social Security (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N		
Social Security (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N		
SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N		
SSI (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N		
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N		
Public Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N		
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N		
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N		

We must have written verification from the source of income showing your monthly or (annual) GROSS income.

OTHER INCOME Check Yes or No, and the GROSS monthly income received.

Does any member of the household have income from any of the following? If "yes", state the amount, frequency, and the household member receiving the income.

Income Type		Gross Monthly	Household Member(s) Receiving Benefit
Income from Self-Owned Business	<input type="checkbox"/> Y <input type="checkbox"/> N		
Recurring Cash Contributions or Gifts including rent or utility payments	<input type="checkbox"/> Y <input type="checkbox"/> N		
Workers Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N		
Unemployment Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N		
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N		
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N		
Retirement Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N		
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N		
Educational Grants/Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N		
Veteran's Administration Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N		
Military Reserves/National Guard	<input type="checkbox"/> Y <input type="checkbox"/> N		
GI Bill Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N		
Any Other Income	<input type="checkbox"/> Y <input type="checkbox"/> N		

We must have written verification from the source of income showing your monthly or (annual) GROSS income.

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EMERGENCY CONTACT INFORMATION

Please list the name of nearest relative not living with you. This person may be given entry to your apartment in case of emergency.

Name of Contact: _____
Last First Middle Initial

Current Address: _____
Street City State Zip Code

Daytime Phone Number: _____ Evening Phone Number: _____

Relationship: _____

VEHICLE IDENTIFICATION

	DRIVERS LICENSE	MAKE OF AUTO	MODEL	YEAR
HEAD OF HOUSEHOLD				
SPOUSE/CO-APPLICANT				
OTHER				
OTHER				

NO PET POLICY

NO PETS are allowed, unless you are applying for an apartment in a Rural Development or HUD designated elderly housing complex (Walnut Villa, David-John, Triton, Prairie Pride Apts, Desert Rose Apts, Maison Rose Apts, Ashberry Apts, Wrenwood Apts, Vine St Apts, Broadway St Apts). Pets allowed in the elderly designated housing complexes must be approved by management, and meet the guidelines outlined in the Pet Policy. An additional \$100 non-refundable pet security deposit must be paid prior to the pet being allowed into the apartment.

A request for an assistance, service or companion animal for a person with a disability related need is considered a reasonable accommodation and will be considered, with proper documentation.

NO SMOKING

For the health and safety of all the tenants in our apartment complexes, there is **NO smoking of any kind allowed** in the apartments, common areas, entryways or near windows of the apartment buildings. Tenants and guests must be at least 25 feet from buildings before smoking. Damages caused by smoking in the apartment building will be bill to the tenant, including replacement of flooring, repainting walls, ect. Repeated violations of the non-smoking policy may be considered material noncompliance and may result in termination of the lease.

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I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature(s) is our consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine eligibility.

I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I understand that a check will be made of the sex offender registry in states in which I have resided.

WARNING: "Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited thereon. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (6), (7), and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (6), (7), and (8)."

PLEASE READ THE STATEMENT BELOW CAREFULLY BEFORE SIGNING THIS COMPLETE APPLICATION:

BACKGROUND CHECK – I/we understand that a background, including both criminal and credit, check may be conducted. Rejection of the application may occur if, within the last ten years, a history/conviction exists of any of the following:

- 1. Disturbances of neighbors;
- 2. Destruction of property;
- 3. Drug-related criminal activity;
- 4. Criminal activity;
- 5. Prior evictions or poor landlord reference(s)

PLEASE NOTE: We are cannot provide occupancy to anyone who is subject to a state sex offender lifetime registration requirement.

SIGNATURES: (All adult household members must sign below.)
NO APPLICATION WILL BE PROCESSED WITHOUT SIGNATURES

_____	____/____/____
Applicant/Head of Household	Date
_____	____/____/____
Additional Adult Household Member	Date
_____	____/____/____
Additional Adult Household Member	Date

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This information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familiar status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: Not Hispanic or Latino ___ Hispanic or Latino ___

Race: (Mark one or more) White ___ American Indian/Alaska Native ___ Asian ___

Black or African American ___ Native Hawaiian or Other Pacific Islander ___

Sex: Male ___ Female ___

Marital Status: single ___ married ___ widowed ___ divorced ___

How did you hear about our properties/apartments?

Newspaper or other advertisement ___ Existing tenant referral ___ Other: _____

This institution is an equal opportunity provider.





**ILLINOIS ASSOCIATION OF REALTORS®
NOTICE OF NO AGENCY RELATIONSHIP
(FOR TENANTS)**




This Notice of No Agency is being provided as required by Illinois State law.

Name of "Sales/Leasing Agent" John Masinelli

Name of Brokerage (Property Management)
Company Masinelli Management and Construction, Inc.

Thank you for giving Sales/Leasing Agent the opportunity to show you one or more units for possible rental.

Sales/Leasing Agent's Brokerage Company has previously entered into an agreement with property owner (client) to provide certain property management and real estate brokerage services to the property owner. Sales/Leasing Agent will not be acting as your agent but as the agent of the property owner.

Date copy furnished to Tenant: 2/22/13 By: 
Signature of Brokerage Company Representative

Tenant's Signature (OPTIONAL)

Tenant's Signature (OPTIONAL)

(NOTE: Give copy to Tenant and retain copy for Brokerage Company file.)



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.