EQUAL HOUSING OPPORTUNITY

Joshua Arms of LSSI
1315 Rowell Avenue
Joliet, Illinois 60433
Phone: 815-727-6401
Fax: 815-727-6477
TTY 847-390-1460
Email: Joshua.Arms@LSSI.org

Rental *Pre-application*

Joshua Arms is a Smoke Free building

This facility is funded by the U.S. Department of Housing and Urban Development. In accordance with their policy & procedures, all applicants are subject to the same application process and criteria. A copy of the Tenant Selection Plan, AKA Admission Policy is kept on site for review upon request. Failure to complete the pre-application in its entirety will lead to its return. Failure to disclose all requested information could lead to rejection of the pre-application. If you need assistance with completing this pre-application, please contact the office listed above. A person may assist you in completing this pre-application, however they are not responsible for obtaining the information. That is the responsibility of the applicant.

ELIGIBILITY

Occupancy of Joshua Arms will be limited to an elderly or disabled mobility impaired family as defined below:

1) "Elderly family"

   a) families of two persons, one of who is 62 years of age or older;

   b) the surviving member of any family described in subparagraph a) above, living in the assisted unit with the deceased family member at the time of his or her death;

   c) a single person who is 62 years of age or older; or

   d) an elderly person or family and another person who are determined by HUD, based upon a licensed physician's certificate, to be essential to the older person's care or well-being.

2) "Disabled"

   A certain number of units have been specially designated for persons who are disabled and mobility impaired. Eligibility for these units requires the applicant to be 18 years of age or older; require the special features of the unit; and, have a mobility impairment that;

   a) is expected to be of long, continued and indefinite duration;

   b) substantially impedes the person's ability to live independently; and,

   c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

Please Print

GENERAL INFORMATION **Home Phone** _____

Full Name _____ **Cell Phone** _____
Last First Middle

Present Address _____
No. Street City State Zip

Date of Birth _____ **Email Address:** _____

Gender: Male ____ **Female** ___ **Prefer Not to Disclose** _____

Social Security Number _____

Social Security Benefit Number ***if different than Social Security Number*** _____

- If you do not have a Social Security number, you might be exempt from this requirement.
  Were you age 62 or older as of January 31, 2010? _____ Yes _____ NO
  Were you receiving HUD rental assistance at another location on January 31, 2010?
  ____Yes____No
  If you marked "yes" to the above two questions, we will verify this information and in accordance with HUD regulations, advise you, if you are exempt from the HUD regulation requiring a Social Security Number. In order to accomplish this, please provide the following:
  I lived at this address on January 31, 2010.
  Name of Program/Location _____
  Street Address _____ State _____
  Zip_____
  Contact Person or Building Manager _____

Co-applicant or other:

Full Name _____ **Cell Phone** _____
Last First Middle

Present Address _____
No. Street City State Zip

Date of Birth _____ **Email Address:** _____

Gender: Male ____ **Female** ___ **Prefer Not to Disclose** _____

Social Security Number _____

Social Security Benefit Number ***if different than Social Security Number*** _____

Have you been displaced by government action or a presidentially declared disaster?
Yes _____ No _____
If yes, please explain _____
HUD requires the building inquire if the displaced applicant is a military veteran
I am a military veteran ____
I am not a military veteran ____

Do you or any member of your household need an apartment with accessible features?
Yes_____ No_____

Type of Unit Requested

____Section 236 Standard Unit **____Section 236 Accessible Unit**
____Section 8 Standard Unit **____Section 8 Accessible Unit**
____Both Section 236 and Section 8 Standard Unit
____Both Section 236 and Section 8 Accessible Unit

Do you or any member of your household need an apartment with accessible features?
Yes_____ No_____

Current/Previous Housing Information

___ Rental ___ Home Owner ___ Other (Explain) _____

Assets: ***such as, checking account, savings account, real estate holdings, trusts, life insurance policies, stocks, bonds, cash on hand, collections held as investments, etc.***

Source	Bank or Institution	Account Number	Approximate Value

Approximate **value** of all assets held by those expected to reside in the apartment: _____

Income: ***such as, Social Security, SSI, disability benefits, pensions, employment, IRA distributions, annuity payments, public aid, general assistance, etc.***

Source	Approximate Annual Gross Income from Source

Approximate **gross** income from all those expected to reside in unit: _____

In order to ensure this development complies with HUD's requirement that the facilities funded through HUD rejects any applicant(s) that are subject to State sex offender lifetime registration requirement, please answer the following questions.

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?
Yes _____ No _____
If Yes, Date _____ State where registered _____

List what State(s) you have lived in. A multi-state screening is completed.

_____

_____

_____

Please explain how you became aware of the housing complex: (i.e. newspaper, relative, etc.)

_____

_____

Notice to Applicant

The information you used to complete this pre-application will be verified in accordance with Department of Housing and Urban Development's policies and procedures. Each pre-application is processed in accordance with *Joshua Arms'* Admission Policies/Tenant Selection Plan. The Admission Policies/Tenant Selection plan is available for review during normal business hours. Please contact our office if you need this pre-application in an alternative language. A full/complete application will be completed at time of interview.

Congress enacted a mandate covering victims of domestic violence. That mandate is called Violence Against Women Act of 2013 - VAWA 2013. Even though this Act used the word Women – the act covers all, and does not discriminate against race, color, religion, sex, disability, familial status, national origin, age, actual or perceived sexual orientation, gender identity or marital status. If an applicant otherwise qualifies for assistance under this HUD assisted program, they cannot be denied admission or denied assistance because they are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. If you would like more information on VAWA 2013, please ask for the Notice of Occupancy Rights and/or our Tenant Selection Plan. Any applicants that are rejected for occupancy do receive a Notice of Occupancy Rights under VAWA 2013 with their rejection letter. However, an applicant may request protections at any time under VAWA; they do not need to wait to see if they are rejected.

Confidentiality of Information – The identity of victim, and all information relating to VAWA incidents, will be retained in confidence by management and will not be entered into any shared database or provided to a related entity, except to the extent that the disclosure is requested or

consented to by the individual in writing; is required for use in an eviction proceeding; or is otherwise required by applicable law. Management will retain all documentation related to an individual's domestic violence, dating violence or stalking in a separate file that is kept in a separate secure location from other tenant files.

APPLICANT CERTIFICATION

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for section 8/236 assistance. I/we authorize the owner to verify all information provided on this pre-application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. I/we are aware of the fact a credit/criminal history will be processed and the State sex offender registries will be checked. I/we certify that the statement made in this pre-application are true and complete to the best of my/our knowledge and belief. I/we understand that false statement or information are punishable under federal law.

APPLICANT SCREENING

Verification of the applicant information and eligibility will be conducted. The applicant(s) release(s) Lutheran Social Services of Illinois (managing agent) and all persons who provide information from liability for actions taken or information supplied during the tenant selection process.

Signature of Head of Household:_____ DATE:_____

Signature of Family Member #2:_____ DATE:_____

This **pre-application** has been reviewed and appears complete.

MANAGEMENT:_____

DATE RECEIVED: **Time Received**_____

Lutheran Social Services of Illinois

Revised: 12/3/2025

OMB Control # 2502-0581
Exp. (02/28/2019)

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.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: 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.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: 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.

Signature of Applicant **Date**

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)

Joshua Arms of LSSI 071-44173 1315 Rowell Ave., Joliet, IL 60433

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

Lutheran Social Services of Illinois Section 236/8

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

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

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 incompliance 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.

Exhibit 3-5: Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME_____

FIRST NAME_____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO._____ ALIEN REGISTRATION NO._____

ADMISSION NUMBER_____if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO._____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

b. One of the following documents:

(1) Form I-551, **Permanent Resident Card**

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) *Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.*

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

_____ _____
Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

INFORMATION SHEET

Joshua Arms of LSSI is a housing complex for seniors 62 and over and disabled over the age of 18 that need the features of a barrier free unit. Joshua also has The Oaks a supportive living program for seniors 65 and over. Joshua Arms is sponsored by Lutheran Social Services of Illinois (LSSI) and funded through the U.S. Department of Housing and Urban Development (HUD) 202-Section 8 Program and Section 236 Basic Rent program. Joshua has 242 units with a percentage of those units designed for the physically disabled.

Joshua Arms Apartments provide numerous amenities for residents:

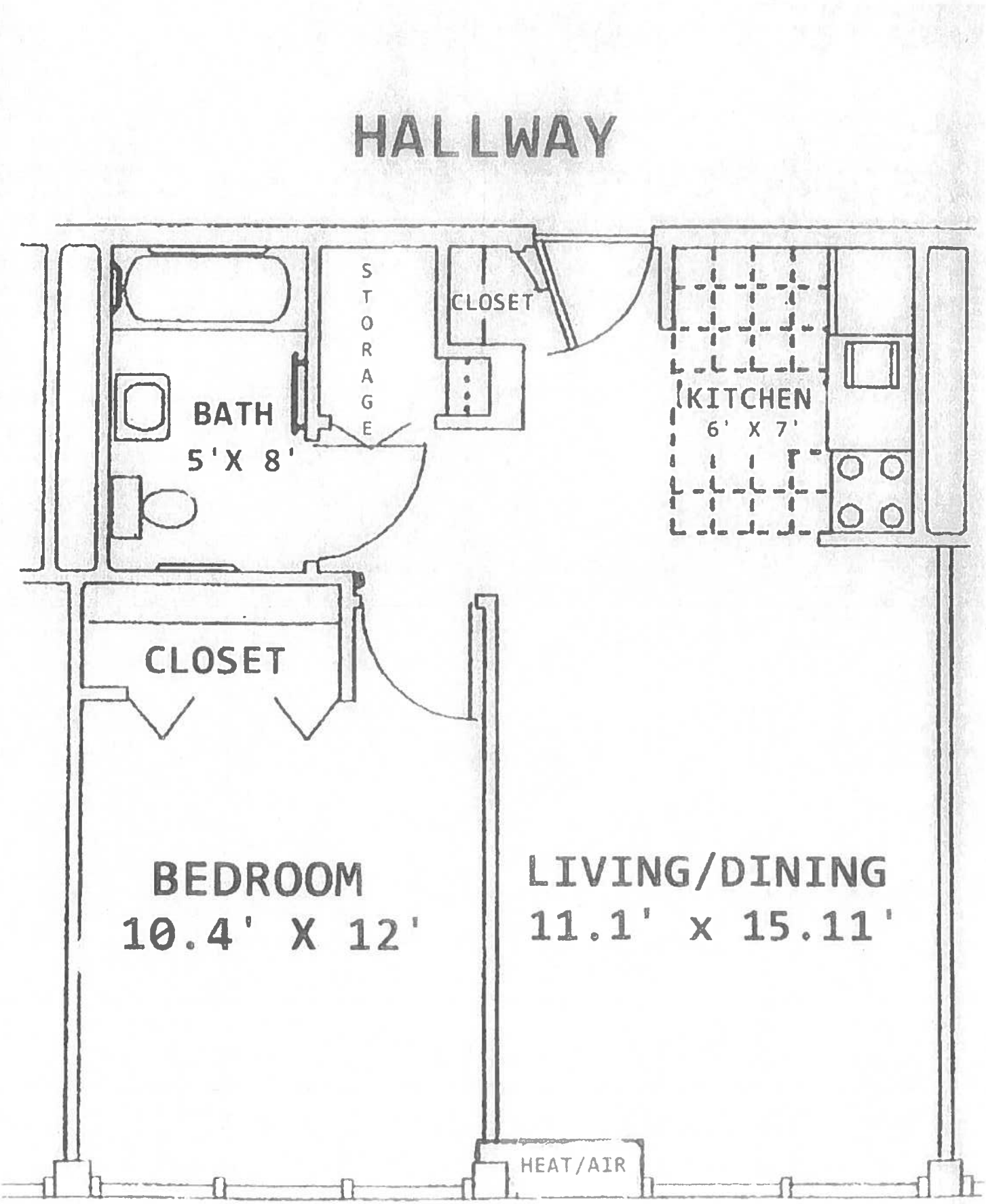
1) **Carpeted living room/hallway and bedroom**
2) **Mini-blinds in the living room and bedroom**
3) **Kitchen appliances, including electric stove and refrigerator**
4) **Individually controlled heat and electric**
5) **Critical System Technology (apartment style only) safety feature**
6) **Visitor entry system**
7) **Community room**
8) **Restaurant style dining**
9) **Private dining room for social gathering**
10) **Resident computers**
11) **Library**
12) **Coin operated laundry room**
13) **Resident parking**
14) **Walking area**
15) **Trash chutes on each floor**

ELIGIBILITY

Eligibility for admission requires that the applicant be an "Elderly Family" or "Disabled" and in need of the features of a barrier free unit.

In addition, the family's income must be at or below these figures $68,050 per year (1-person) and $77,800 per year (2-persons). These figures are reviewed and change annually.

The following occupancy standards have been approved for Joshua Arms of LSSI Apartments: One Bedroom – one or two people


HALLWAY
STORAGE
CLOSET
BATH
5'X 8'
KITCHEN
6' X 7'
CLOSET
BEDROOM
10.4' X 12'
LIVING/DINING
11.1' x 15.11'
HEAT/AIR