

**Washington Square Apartments (WSA)**  
**316 17 Street**  
**Moline, IL 61265**  
**(309) 524-2044**

Dear Applicant: **(3.27.15)**

Thank you for your interest in leasing an apartment at Washington Square in Moline, IL. WSA leasing is subject to income restrictions. The applicant's combined household (number of people who will reside in the apartment) income may not exceed 120% Area Median Income (AMI). **Applications must be submitted and fully completed in order to be placed on the waiting list.**

Household People	Maximum 2015 Area Median Income			
	1	2	3	4
Very Low 50%	\$23,300	\$26,600	\$29,950	\$33,250
Middle 120%	\$55,950	\$63,850	\$71,900	\$79,800

Enclosed you will find the information that you will need to complete and return to the leasing office in order to determine eligibility for admission to our 1 or 2 bedroom units.

1. **Application for Housing** – all pages must be completed and returned before we can determine your eligibility and complete the third party verifications requirements.
2. **Consent to Release of Information Form** – this form allows us to verify your application information. This form is required to be completed at the time of application.
3. **Marital Status Form** – this form addresses possible sources of income from a spouse or former spouse. If divorced, please attach a copy of the divorce decree to your application.

**Please provide a photocopy of all household members' social security cards, government issued photo identification card for members 18 years of age and older, 30 days of bank statements (checking and savings), 30 days of pay stubs, and a copy of your most current federal taxes. Please provide copies of birth certificates, adoption certificates, proof of custody documents for all household members who are less than 18 years of age. If you get Social Security pensions or disability payments, please include a photocopy of your most recent notice of benefits information. These documents will allow us to avoid delays in processing your application.**

Please complete the application and provide all information requested. The application needs to be returned to the following address:

**City of Moline**  
**Planning Department**  
**Attention: K. J. Whitley**  
**619 16 Street**  
**Moline, IL 61265**

**Processing Procedure:** When we receive your application, it will be reviewed for accuracy and all required information. Incomplete applications will not be accepted for processing. To help you better understand the application process, we provide the following information:

1. The application must be signed and dated by all persons age 18 or older who will reside in the unit.
2. You must answer all questions and provide complete information (i.e. names, addresses, telephone numbers, etc.) for landlords, employers, income sources, etc...
3. Photocopies of government issued photo ID's, birth certificates, custody documents and social security cards must be returned with the completed application.
4. If you receive Social Security benefits, you will need to call the Social Security Administration (SSA) to request a "Benefit Verification Letter". The SSA's toll free number is 1-800-722-1213. This information will be mailed to you directly and you will need to provide that for us.

We will use this information to obtain third-party verification of your credit history, criminal screening and verification of previous housing history. In addition, we reserve the right to obtain verification of all sources of income and income from assets to determine whether you have enough money to pay rent and you do not exceed maximum income restrictions.

There are other verification requirements that may apply to you, which will be identified on a case-by-case basis specifically related to your individual circumstances, **ALL INFORMATION PROVIDED BY YOU IS CONSIDERED CONFIDENTIAL AND IS PROTECTED BY THE PRIVACY ACT.**

**Leasing Process:** After your application is approved, we will schedule an appointment to view available unit(s), pay the security deposit and sign their lease. **Please note: (new tenant) leases signed after September 1, 2012 are not allowed to have pets. You will become an occupant (leser/renter) only after signing the lease documents, paying the rent/security deposits and getting the keys to your brand new unit.**

Sincerely

K. J. Whitley (3.27.15)  
Community Development  
Program Manager  
City of Moline, IL  
[www.moline.il.us](http://www.moline.il.us)

**PRELIMINARY LEASE APPLICATION**

**1.21.14**

The Applicant understands that this pre-qualification application is a screening document to insure that potential leaser meets the minimum requirements. This pre-qualification does not guarantee the Applicant will qualify for leasing a unit at WSA.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A. APPLICANT INFORMATION			
Applicant's Name:	_____	_____	_____
	Last	First	MI
Address:	_____	_____	_____
	Street	City	State Zip
Social Security Number:	_____		
Home Phone:	_____	Work Phone:	_____
Employer:	_____		
Address:	_____	_____	_____
	Street	City	State Zip
Date of Employment:	_____	Present	_____
	From		To
Gross Income (check one):	_____		
	<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Hourly
Type of Work:	_____		
	_____		
	_____		



**D. HOUSEHOLD INCOME** (Income Received in the Last 12 Months)

	Applicant	Co-Applicant	Other Adult
Total Earnings:	_____	_____	_____
Social Security:	_____	_____	_____
AFDC:	_____	_____	_____
Child Support:	_____	_____	_____
Pension:	_____	_____	_____
Interest / Dividends:	_____	_____	_____
Other:* (please describe below)	_____	_____	_____
<b>TOTAL INCOME:</b>	_____	_____	_____
Future Income: (total anticipated in next 12 months)	_____	_____	_____

**E. ASSETS** (List all checking / savings accounts, CD's, investments, etc.)

Asset: (Type)	Present Value	Annual Income
1. _____	_____	\$ _____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**\* Description of Other Income**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. REFERENCES/INFO**

**Housing References:**

Landlord's name/address/phone  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Amount \_\_\_\_\_

Own or Rent

Dates From: \_\_\_/\_\_\_/\_\_\_  
 To: \_\_\_/\_\_\_/\_\_\_

**If less than two years above, please provide previous location.**

Landlord's name/address/phone  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Amount \_\_\_\_\_

Own or Rent

Dates From: \_\_\_/\_\_\_/\_\_\_  
 To: \_\_\_/\_\_\_/\_\_\_

**Personal Reference:**

List a personal reference other than a relative.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Years Known: \_\_\_\_\_

**Vehicle Information:**

**Tag/License Plate**  
 Vehicle #1 \_\_\_\_\_  
 Vehicle #2 \_\_\_\_\_

**Make**      **Model**      **Year**

**State Issued**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Years Known: \_\_\_\_\_

**Emergency Contact:**

List someone in the area that is not already on this application.

**G. INFORMATION**

- Yes No**      1. Do you expect any additions to the household within the next twelve months?  
 Explanation: \_\_\_\_\_
- Yes No**      2. Is there anyone living with you know who won't be living with you at this property?  
 Explanation: \_\_\_\_\_
- Yes No**      3. Do you have full custody of your children?  
 Explanation: \_\_\_\_\_
- Yes No**      4. Are there any absent household members who would normally live with you? i.e. military  
 Explanation: \_\_\_\_\_
- Yes No**      5. Does your household have or anticipate having any pets other than service animals?  
 Explanation: \_\_\_\_\_
- Yes No**      6. Have you or anyone else named on this application filed for bankruptcy?  
 Explanation: \_\_\_\_\_

**Yes No** 7. Have you or anyone else named on this application been convicted of a felony?

**Explanation:** \_\_\_\_\_

**Yes No** 8. Have you or anyone else named on this application been convicted of dealing or manufacturing illegal drugs?

**Explanation:** \_\_\_\_\_

**Yes No** 9. Have you or anyone else named on this application been convicted of property damage?

**Explanation:** \_\_\_\_\_

**Yes No** 10. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

**Explanation:** \_\_\_\_\_



## APPLICANT DEMOGRAPHIC PROFILE

The following information is required by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose to not to furnish the information, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

House Address: \_\_\_\_\_  
Street City State Zip

Head of Household: \_\_\_\_\_  
Last First MI

I do not wish to furnish this information:

1. Head of Household (check all that apply)

- Single
- Married
- Elderly
- Single Parent with Children
- Two Parents with Children
- Other

2. Race / Head of Household

- White
- Black
- Native American
- Asian or Pacific Islander
- Hispanic
- Other

3. Number of Household Members

\_\_\_\_\_

4. Sex of Head of Household

\_\_\_\_\_ (F or M)

5. Displaced Homemaker Yes \_\_\_\_\_ No \_\_\_\_\_

(A displaced homemaker means an adult individual who: has not worked full-time, full-years in the labor force for a number of years, but has, during such years, worked primarily without pay to care for the home and family, and is employed or under-employed and is experiencing difficulty in obtaining or upgrading employment.)

6. Physically Disabled Head of Household Yes \_\_\_\_\_ No \_\_\_\_\_

## Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**  
 ▶ **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**K.J. Whitley, City of Moline, 619 16th Street, Moline, IL 61265 (309) 524-2044**

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. \_\_\_\_\_ **12/31/2013** \_\_\_\_\_ **12/31/2014** \_\_\_\_\_

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

	Phone number of taxpayer on line 1a or 2a
<b>Sign Here</b> ▶ Signature (see instructions)	_____ Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	_____
▶ Spouse's signature	_____ Date

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## General Instructions

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note.** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

### If you filed an individual return and lived in:

	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  559-456-7227
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  816-292-6102

## Chart for all other transcripts

### If you lived in or your business was in:

### Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P. O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

## Privacy Act and Paperwork Reduction Act

**Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

# City of Moline

## Washington Square Apartments - Zero Income Verification

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APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I \_\_\_\_\_, HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

1. Wages from any type of employment (including commission and fees).
2. Income from the operation of a business. (Self-employment – Avon, Mary Kay, etc.)
3. Rental income from real or personal property.
4. Interest or dividends from assets.
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
6. Unemployment
7. Public Assistance
8. Alimony
9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.
10. Regular monthly cash contributions from an outside source.

And, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NO.

**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.

# Washington Square Apartments

## AUTHORITY FOR RELEASE OF INFORMATION

Program Administrator (Sponsor) Name: **CITY OF MOLINE**

Program Administrator (Sponsor) Address: **619 16<sup>th</sup> Street, Moline, IL 61265**

I hereby authorize the above Sponsor to verify my bank accounts, employment records, outstanding debts, including any present or previous mortgages, and to make other inquiries pertaining to my qualification for leasing a unit at Washington Square Apartments owned and operated by the City of Moline, Planning & Development Department. Sponsor may make copies of this letter for distribution to any party with which I have a financial or credit relationship and such party may rely on such copy as if the same were an original.

**Privacy Act Notice:** All information collected by Sponsor or its assignees shall be used in determining whether I qualify as a prospective leaser for a unit at Washington Square Apartments. Such information will not be disclosed outside Sponsor except as required and permitted by law. I understand that I do not have to provide any such information, but that failure to do so may cause my application for approval to be delayed or rejected.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Name (Print)