

**Exhibit A – Relocation Rights Contract**

**Exhibit B – Pre-Marketing Letter**

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

On \_\_\_\_\_ our rental office will be opening for apartments at Jazz on the Boulevard. This development will offer \_\_\_\_\_ bedroom apartments for low-income families. The apartments will be ready for occupancy on or around \_\_\_\_\_.

If you know of any interested families, please have them contact our management office at \_\_\_\_\_. If you have any questions before \_\_\_\_\_, please call at \_\_\_\_\_.

The Jazz on the Boulevard Development does not discriminate against any application on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or disability.

In addition, Jazz on the Boulevard Development the does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Telephone (voice)

\_\_\_\_\_  
Telephone (TDD)

Sincerely,

\_\_\_\_\_  
Property Manager

# Exhibit C – Pre-Application Card



## Century Place Development Corporation Pre-Application

NAME \_\_\_\_\_ DATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DATE THE APARTMENT IS NEEDED \_\_\_\_\_

STUDIO OR NUMBER OF BEDROOMS \_\_\_\_\_ AMOUNT OF RENT YOU PAY NOW \_\_\_\_\_ HOUSEHOLD INCOME (MONTHLY) \_\_\_\_\_

ARE YOU PHYSICALLY HANDICAPPED? \_\_\_\_\_

LIST ANY PETS HERE \_\_\_\_\_

NAME OF CURRENT EMPLOYER  
(OR SOURCE OF INCOME)  
\_\_\_\_\_

ARE YOU CURRENTLY HOMELESS? \_\_\_\_\_

	NAME	RELATIONSHIP
NAME AND RELATIONSHIP OF THOSE WHO WILL BE LIVING IN THIS UNIT	_____	_____
	_____	_____
	_____	_____

**THANKYOU  
FOR CHOOSING  
CENTURY PLACE**

HOW DID YOU FIND OUT ABOUT CENTURY PLACE?  
\_\_\_\_\_ SAW SIGN \_\_\_\_\_ WALK IN  
\_\_\_\_\_ NEWSLETTER \_\_\_\_\_ RESIDENT OR OTHER REFERRAL  
\_\_\_\_\_ OTHER

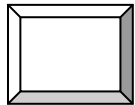
ARE YOU OR ANY OTHER HOUSEHOLD MEMBERS (INCLUDING MINORS) CURRENTLY A FULL TIME STUDENT OR EXPECT TO BE IN THE NEXT 12 MONTHS? \_\_\_\_\_

This pre-application card does not guarantee placement into an apartment.  
This pre-application only places you on the waiting list

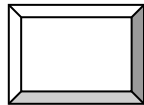
Exhibit C - Continued

**FOR OFFICE USE ONLY**

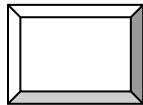
Household Size	(30% of Median)	(40% of Median)	(50% of Median)	(60% of Median)	Federal Preference
1	\$15,850	\$21,120	\$26,400	\$31,680	A. % Income Paid to Rent Monthly Rent _____
2	\$18,100	\$24,120	\$30,150	\$36,180	Monthly Income _____
3	\$20,350	\$27,160	\$33,950	\$40,740	Percentage _____
4	\$22,600	\$30,160	\$37,700	\$45,240	B. Displaced? Yes ___ No ___
5	\$24,450	\$32,560	\$40,700	\$48,840	C. Substandard Housing? Yes ___ No ___
6	\$26,250	\$35,000	\$43,750	\$52,500	
7	\$28,050	\$37,400	\$46,750	\$56,100	
8	\$29,850	\$39,800	\$49,750	\$59,700	



Income Ineligible



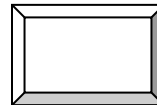
Add to Waiting List



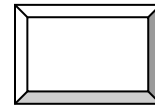
No Units Available In Size Required



Completed Application Unit Shown No(s) \_\_\_\_\_



Qualifies for Federal Preference



Unit Leased No. \_\_\_\_\_  
Rent Amount \$ \_\_\_\_\_



Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Signature



**Exhibit E – Rejection Letter**

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We wish to thank you for your interest in renting an apartment at Jazz on the Boulevard. After careful consideration and review of your application, we regret to inform you that we are unable to accept your application for tenancy at this time for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you wish a review of this decision, please respond in writing to the Jazz on the Boulevard Management office within fourteen (14) days of this letter, excluding weekends and designated Federal holidays, explaining the reasons you are requesting a review, which may include the inaccuracy of any of the above information, or changed or mitigating circumstances relevant to your application.

Regardless of whether or not you decide to respond to this notice, you may still exercise other avenues of relief available to you if you believe that you have been discriminated against on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or disability.

The Jazz on the Boulevard Development does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Sincerely,

\_\_\_\_\_  
Property Manager

## Exhibit F – Perspective Tenant Tracking Form

Name: \_\_\_\_\_

Date Placed on Waiting List: \_\_\_\_\_

Position on Waiting List: \_\_\_\_\_

Unit Type Requested: \_\_\_\_\_

Date Desired: \_\_\_\_\_

Unit Size Available: \_\_\_\_\_

Contact Attempt	Date	Attempt Successful	
		Yes	No
1		Yes	No
2		Yes	No
3		Yes	No

Certified Letter Mailed: (Yes) or (No)

Certified Letter Response: (Yes) or (No)

Interview Date: \_\_\_\_\_

Did Individual attend Interview: (Yes) or (No)

If NO – Contact Attempts Within 48 Hours	Date	Time	Attempt Successful	
			Yes	No
1			Yes	No
2			Yes	No
3			Yes	No

Accept Unit: (Yes) or (No)

Placed in the Inactive File: (Yes) or (No)

Date Inactive File Letter Mailed: \_\_\_\_\_

Annual Waiting List Update Letter Mailed: (Yes) or (No)

Date Annual Waiting List Update Mailed: \_\_\_\_\_

## Exhibit G – Update Waiting List Letter

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We are currently in the process of updating our waiting list for the Jazz on the Boulevard Development. Some time ago, you expressed interest in living at our development, and we placed your name on the waiting list.

If you are still interested in living at the Jazz on the Boulevard Development, please complete the enclosed reply card. This card must be completed and returned to the Management office within fifteen (15) business days. Failure to return the card in this time will result in your name being permanently removed from the waiting list.

It is not necessary to call or come in to the office at this time, as we do not have anything immediately available.

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In addition, the Jazz on the Boulevard Development does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Sincerely,

\_\_\_\_\_  
Property Manager



**Exhibit H – Reply Card**

I AM STILL INTERESTED IN LIVING AT

Jazz on the Boulevard Development

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

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

\_\_\_\_\_  
City State Zip Code

HOME TELEPHONE NUMBER: \_\_\_\_\_

WORK TELEPHONE NUMBER: \_\_\_\_\_

UNIT SIZE DESIRED: \_\_\_\_\_

**Exhibit I – Inactive File Letter**

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

This letter is to inform you that the Pre-Application Card you submitted for an apartment at the Jazz on the Boulevard Development is now in the inactive file. This means that your name has been permanently removed from the waiting list.

If you wish to remain on the waiting list, then you must complete a new Pre-Application Card. To receive a Pre-Application Card you can either request one in writing or stop by our Management office and complete one there.

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In addition, Jazz on the Boulevard Development the does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities

Sincerely,

\_\_\_\_\_  
Property Manager

## Exhibit J – Social Service Screening Tool

### Program Participant Intake & Assessment CMHDC Case Management

1. Referral Date: \_\_\_\_\_
2. Family Name: \_\_\_\_\_
3. What is your primary language? \_\_\_\_\_

#### YOUR LIVING SITUATION

4. Address: \_\_\_\_\_
5. Telephone: \_\_\_\_\_
6. Alternate Telephone: \_\_\_\_\_
7. Marital Status:             Married     Single     Divorced     Widowed     Partnered
8. Please give us some information about each person you expect to be living with you. List yourself first, then the other people in your household:

NAME	CIRCLE SEX:	DATE OF BIRTH	SOCIAL SECURITY #
1	Female      Male		
2	Female      Male		
3	Female      Male		
4	Female      Male		
5	Female      Male		
6	Female      Male		
7	Female      Male		
8	Female      Male		

**Exhibit J – Continued**

**FAMILY FINANCIAL RESOURCES**

9. If you receive Food Stamps, what is the cash value you receive EACH MONTH? \$ \_\_\_\_\_
10. If you have any money saved or if anyone is holding money for you (for example, a bank, a family member, a friend, a shelter) please indicate how much you currently have: \$ \_\_\_\_\_
11. If you receive any part of your monthly cash income (not Food Stamps) from any of the following programs or sources, please list the dollar amount you receive from each one:

1	TANF/AFDC (Temporary Aid to Needy Families)	\$
2	ABD (Aged, Blind and Disabled)	\$
3	SSDI (Social Security Disability Insurance)	\$
4	OASDI (Social Security)	\$
5	SSI/P3 (Supplemental Social Security Income)	\$
6	Pension (from past employment of you or your spouse)	\$
7	TA/GA (Transitional or General Assistance)	\$
8	Earnfare	\$
9	VA (Veteran's Administration Assistance)	\$
10	UI (Unemployment Insurance Compensation)	\$
11	Child Support (Including DCFS Grants)	\$
12	Income from Employment	\$
13	Other (Specify)	\$
14	<b>TOTAL PER MONTH</b>	\$

12. Are you having any financial problems such as debt (for example, car, credit cards, electricity, gas, medical bills, furniture, or eviction payments)?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
13. Have you ever lost or been denied public assistance benefits (from TANF, SSI/P3, Food Stamps, Medicaid, SSDI) what were the reasons:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Exhibit J – Continued**

**YOUR EDUCATION AND WORK EXPERIENCE**

14. What is the highest grade you completed in school?

Elementary	01	02	03	04	05	06	07	08
High School					09	10	11	12
Community College							13	14
Four Year College					13	14	15	16
More than four years of College								17

15. Did you graduate from High School? 0=NO 1=YES

**[If No]** Did you earn a GED? 0=NO 1=YES 8=NA

16. Have you ever been employed? 0=NO 1=YES

**[If Yes]** Please provide some information about your three most recent employers:

Name of most recent employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employed From: Start date: \_\_\_\_\_ Finish date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employed From: Start date: \_\_\_\_\_ Finish date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employed From: Start date: \_\_\_\_\_ Finish date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**ORGANIZATIONS AND PEOPLE YOU TURN TO FOR ASSISTANCE**

17. Please tell us about any programs from which you receive services (e.g., WIC, Medicaid, Project Chance,

DV Services, vouchers for food, furniture, clothing; other programs):

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**Exhibit J – Continued**

18. Have you received financial assistance from any other Social Service Agency within the past 12 months? If so from who?

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19. Do you have any family members or friends with whom you are close and what role they play in your life (for example, sharing time, listening, events, child care, transportation, housing):

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20. Please tell us the name of someone who should be contacted in an emergency:

Name	_____
Relationship	_____
Address/Telephone	_____
	_____
	_____

**Exhibit J – Continued**  
**YOUR FAMILY’S HEALTH**

21. Please tell us about the general health status of you and your household members. If anyone in your household has any kind of physical health issues (for example, asthma or high blood pressure), or mental/emotional health issues (for example, depression or anxiety), please describe the situation and the treatments received or medications prescribed:

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Would you like assistance or a referral regarding any of these issues at this time? 0=NO 1=YES

22. If you have experienced or are currently experiencing abuse from another person, please describe the situation and the actions you have taken to resolve the problem (for example, court-ordered protection):

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Do you believe you are in any danger of physical abuse at this time? 0=NO 1=YES

Would you like assistance regarding this issue at this time? 0=NO 1=YES

23. Is substance or alcohol use a problem for you or a member of your household? If so, please describe the situation, including the last time the person used, and the actions taken to resolve the problem (for example, a treatment program, AA, NA):

**Exhibit J – Continued**

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Would you like assistance regarding any of these issues at this time? 0=NO 1=YES

24. Please describe any other health-related issues involving members of your household that concern you at this time (for example, gang activity, DCFS involvement, history of incarceration).

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Would you like assistance regarding any of these issues at this time? 0=NO 1=YES

25. Please tell us the name of a hospital, clinic, or physician from whom you receive medical services:

Name \_\_\_\_\_  
Address/Telephone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Do you or any member of your family wish to receive any assistance from a Case Manager for the following:

Employment: \_\_\_\_\_  
 Housing Issues: \_\_\_\_\_  
 Child Care: \_\_\_\_\_  
 Health Issues (physical and mental): \_\_\_\_\_  
 Domestic Violence: \_\_\_\_\_



**Exhibit J – Continued**

- Substance Abuse: \_\_\_\_\_
- Budget skills: \_\_\_\_\_
- Other: \_\_\_\_\_

**Summary of information:**

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**Referrals Made:**

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My signature below authorizes the Case Manager from Chicago Connections to discuss my application with representatives from the Chicago Metropolitan Housing Development Corporation (CMHDC) for the purposes of determining my appropriateness for housing with CMHDC.

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

\_\_\_\_\_  
Date

**Exhibit K – Welcome Letter**

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We are delighted that you have been selected for an apartment at Jazz on the Boulevard. Listed below you will find information to make your transition.

New Address: \_\_\_\_\_

Apt. \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Move-In Date: \_\_\_\_\_

All parties must be present at the lease signing before Management will release any keys. All move-in monies are due in form of cashier's check or money order before keys are released.

Security Deposit: \_\_\_\_\_

First Month's Rent: \_\_\_\_\_

Total: \_\_\_\_\_

Please notify you local post office for your change of address. Before the move-in date, it is your responsibility to contact Commonwealth Edison for electric and Ameritech for phone line connections. For your convenience these numbers have been provided below:

Ameritech: 1-800-244-4444  
Commonwealth Edison: 1-800-994-7661

If you have any questions before your move-in date, please contact the Management office at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Property Manager