

**A Safe Place Housing Program**

2710 17th St

Zion, IL 60099

**APPLICATION**

PERSONAL INFORMATION					
Full Name of Applicant	Age	Date of Birth	Home Phone Cell Phone		
Social Security No.	Drivers License No.	State	Race: (Optional) (Circle One) White Black Hispanic Oriental/Pacific Islander American Indian/Alaskan Native Other		
Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other					
Present Street Address Apt.#	City		State	Zip	
Present Landlord/Mortgage Co.	Account No.		Monthly Rent or Mortgage		
Present Landlord/Mortgage Co. Address	City	State	Zip	Phone Number	Is Landlord a Relative?
Was your lease/mortgage in another name? _____ If yes, explain & provide explanation. Was household displaced because of government action _____ Yes _____ No				Reason for Moving/Displacement	
<b>List all others who will occupy the apartment</b>					
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
<b>OTHER INFORMATION</b>					
Have you or any other occupant listed above ever:		Yes or No		Yes or No	
1) Been denied an apartment?				5) Been evicted or asked to move out?	
2) Broken a rental agreement or lease contract?				6) Been sued for damages to rental property?	
3) Filed bankruptcy?				7) Been convicted of a felony?	
4) Had legal action taken against you for nonpayment of a bill or rent?				8) Been a registered sex offender?	
If you answered "YES" to any of the above questions, #1-7, please explain:					
In case of emergency, notify:		Relationship		Street Address	
Home Phone # (Include Area Code)		Work Phone#		City/State/Zip	
Are you or any household member in need of an accessible unit or feature? _____ Yes _____ No					
Are you receiving Section 8 Assistance		Agency Name		Contact Person & Phone Number	

In the event of serious illness or death of resident, I give permission to the management office to permit the following person to enter my apartment to remove and / or store all contents found in the dwelling, common areas or mailbox. \_\_\_\_\_

NAME OF PERMITTED PERSON

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained herein in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquiries shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fees and deposit as liquidated damages for owners time and expense of processing this application.

No fees or application deposits are required for section 8 applicants.

(3) terminate residents right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a residents compliance with the lease rules and financial obligations. Owner and/or property manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

**NOTICE OF NO AGENCY IS BEING PROVIDED AS REQUIRED BY ILLINOIS LAW**

Ludwig & Company has previously entered into an agreement with the property owner to provide certain property management and real estate brokerage services to the property owner. Neither Ludwig & Company nor any of its employees will be acting as your agent but will instead be acting as the agent for the property owner.

Signature of Applicant or Occupant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant or Occupant \_\_\_\_\_ Date \_\_\_\_\_



# A SAFE PLACE APPLICANT QUESTIONNAIRE



Date of Application \_\_\_\_\_

ALL QUESTIONS MUST BE ANSWERED.....DO NOT LEAVE ANY BLANKS

## APPLICANT NAME

Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Work Phone \_\_\_\_\_ Fax No \_\_\_\_\_  
Email Address: \_\_\_\_\_

Home Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Drivers License or State ID \_\_\_\_\_  
Marital Status \_\_\_\_\_

Present Address Is (circle one) **APARTMENT** **LEASED HOME** **OWN HOME** **OTHER**

Present Landlord/Mortgage Co: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Monthly Amt \$ \_\_\_\_\_  
Occupancy Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for moving \_\_\_\_\_

IF LESS THAN 3 YEARS AT ADDRESS ABOVE, PLEASE PROVIDE PREVIOUS

Previous Address Is (circle one) **APARTMENT** **LEASED HOME** **OWN HOME** **OTHER**

Present Landlord/Mortgage Co: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Monthly Amt \$ \_\_\_\_\_  
Occupancy Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for moving \_\_\_\_\_

List all state(s) each person on this application have lived in since 1996? 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Phone \_\_\_\_\_

## List All Others Who Will Be Occupying Apartments?

	Name	M / F	Social Security No	Date of Birth	Relationship
1					
2					
3					
4					
5					

## Vehicle Information #1:

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Color: \_\_\_\_\_  
License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

## Vehicle Information #2:

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Color: \_\_\_\_\_  
License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Answer all questions 'YES or NO' by placing an 'X' in the appropriate box. Please make sure you have answered every question completely. If you answer YES, include the dollar amount indicated. If the question does not apply, answer NO.

	YES	NO	If yes, explain/agency
Have you or anyone on this application been evicted from assisted housing last (3) years?			
Do you or anyone on this application have an alcohol substance abuse that interferes with others health, safety, and right to peaceful enjoyment?			
Are you a current drug user?			
Is there anyone living with you now that will not be on the property?			
Do you expect any additions to your household in the next 12 months?			
Are there any absent household members who would normally live with you?			
Does an adult on this application have custody of every child listed?			
Will you have any pets other than service animals?			
Have you or anyone else on this application filed bankruptcy?			
Have you or anyone on this application been convicted of a felony?			
Have you or anyone else broken a rental agreement or lease contract?			
Have you or anyone else ever been convicted of dealing or manufacturing illegal drugs?			
Have you or anyone else on this application been sued for property damage?			
Are you or anyone else on this application a registered lifetime sex offender?			

**INCOME INFORMATION**  
**EMPLOYMENT**
*Include All Income Received or Anticipated For the Upcoming 12 Months*

	TYPE	FREQUENCY	AMOUNT	For Office Use Only		
<input type="checkbox"/> <input type="checkbox"/>	<b>Are you employed or do you anticipate being employed in the next 12 months?</b>			Sent	Rec'd	Amount
YES NO	Wages \$	Company				
	Overtime \$	Contact				
	Bonus \$	Address				
	Tips \$	City, State, Zip		employer	emprior	
	Commissions \$	Phone		nonemp	seasonal	
		Fax				
Length of Time on Job _____ Yrs. _____ Mos.				Occupation _____		

<input type="checkbox"/> <input type="checkbox"/>	<b>Are you presently employed at more than one job (Not Self-Employed)?</b>			Sent	Rec'd	Amount
YES NO	Wages \$	Company				
	Overtime \$	Contact				
	Bonus \$	Address		employer		
	Tips \$	City, State, Zip		seasonal		
	Commissions \$	Phone				
		Fax				
Length of Time on Job _____ Yrs. _____ Mos.				Occupation _____		

<input type="checkbox"/> <input type="checkbox"/>	<b>Are you self employed?</b>	Business Type _____	*selfemp
YES NO	Annual Net Income \$ _____	How Long in Business _____	2 Yrs Tax Returns

<input type="checkbox"/> <input type="checkbox"/>	<b>Do you receive income from the Armed Forces including the reserves, or do you receive any special pay or allowances?</b>			Sent	Rec'd	Amount
YES NO	Regular \$	Branch/Contact				
	Special \$	Address				
	Allowances \$	Phone		militver		

<input type="checkbox"/> <input type="checkbox"/>	<b>Do you receive or have you applied for Unemployment Benefits, Severance Pay, Workers Compensation?</b>			Sent	Rec'd	Amount
YES NO	(circle)					
	Unemployment \$	Branch/Contact				
	Workers Comp \$	Address				
	Severance \$	Phone		unemp		
				other		

**CHILD SUPPORT / ALIMONY**

Amount

<input type="checkbox"/> <input type="checkbox"/>	<b>Do you have a court order or private agreement for receiving Child or Spousal Support?</b>			Sent	Rec'd	Amount
YES NO		Court Branch/Payee				
	Child Support \$	Address				
	Spousal Support \$	Phone		childsup	childnon	

Copies of all court orders must be attached. Support will be counted whether or not it is received, unless legal action has been taken to remedy.  
 Support that is not ordered by the courts but received from a private party is also counted.

**PUBLIC AID**

<input type="checkbox"/> <input type="checkbox"/>	<b>Are you receiving AFDC (Aid for Dependent Children) or other public assistance?</b>			Sent	Rec'd	Amount
YES NO		Caseworker				
	Public Aid \$	Address		publicver		
	Circle all that apply: Medicaid TANF Food Stamps					

**SOCIAL SECURITY**

<input type="checkbox"/> <input type="checkbox"/>	<b>Are you receiving Social Security Income?</b>			Sent	Rec'd	Amount
YES NO	SSA \$					
	SSI \$					
	SSD \$			socsever		

**VETERANS, PENSION, RETIREMENT or ANNUITY BENEFITS**☐ ☐

Do you receive any retirement benefits?

YES NO

Type \_\_\_\_\_ \$

SourceName: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_

Sent	Rec'd	Amount

vetver other

**OTHER INCOME***Do you receive any of the following types of income & from whom?*

YES NO

☐ ☐

Regular payments or gifts from anyone outside your household?

\$ \_\_\_\_\_

Source: \_\_\_\_\_

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

☐ ☐

Regular payments from any type of settlement?

\$ \_\_\_\_\_

City, State, Zip \_\_\_\_\_

☐ ☐

Regular payments-inheritances, lottery winnings or trust funds?

\$ \_\_\_\_\_

Phone: \_\_\_\_\_

Source: \_\_\_\_\_

☐ ☐

Regular payments from rental property or other real estate?

\$ \_\_\_\_\_

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

☐ ☐

Are you receiving any other form of periodic income?

\$ \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Sent	Rec'd	Amount

other

**ASSET INFORMATION***Include All Assets Held by You or Minor Children & Income Derived*☐ ☐

YES NO

Please circle the type of account

Checking, Savings Account or Prepaid Debit Card?

Cash Value

\$ \_\_\_\_\_

Account # \_\_\_\_\_

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

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

☐ ☐

YES NO

CD's, Money Markets, Mutual Funds or Treasury Bills?

Cash Value

\$ \_\_\_\_\_

Account # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Sent	Rec'd	Amount

bankver

☐ ☐

YES NO

Stocks, Bonds or Securities?

\$ \_\_\_\_\_

Source: \_\_\_\_\_

☐ ☐

YES NO

Pensions, IRAs, Keogh, 401K or other retirement accounts?

\$ \_\_\_\_\_

Address \_\_\_\_\_

☐ ☐

YES NO

Trust Funds, Life Insurance or other funds?

\$ \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Sent	Rec'd	Amount

assetver

☐ ☐

YES NO

Please circle the type of account

Real Estate, rental property, land contract for deed or other real estate buildings?

Cash Value

\$ \_\_\_\_\_

Address or Legal Description: \_\_\_\_\_

Rec'd From \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Sent	Rec'd	Amount

realestatever

☐ ☐

YES NO

Personal property held as an investment?

*This includes paints, coin or stamp collections, artwork, collector or show cars, antiques. Do not include personal items such as cars, furniture, etc.*

Description: \_\_\_\_\_

\$ \_\_\_\_\_

Rec'd From \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Sent	Rec'd	Amount

assetver

☐ ☐  
 YES NO

Have you disposed of or given away any asset for Less than its fair market value within the past 2 years?

Explain:

Given To \_\_\_\_\_

Fair Market Value \$ \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Sent	Rec'd	Amount
Disposal of Asset		

☐ ☐  
 YES NO

Have you received any lump sum payments in the past 2 years, or anticipate any in the next year?

Where is it now?

\$ \_\_\_\_\_

Rec'd From \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Sent	Rec'd	Amount
lumpsumcer		

☐ ☐  
 YES NO

OTHER ASSETS: Specify \_\_\_\_\_

\$ \_\_\_\_\_

**STUDENT STATUS****Do you receive any of the following types of income & from whom?**
☐ ☐  
 YES NO

Are you currently a part or full-time student or expect to be one in the next 12 months or have you been in the current year? If YES, continue)

☐ ☐  
 YES NO

Are you a single parent with minor children and neither of you or your children being claimed as a dependent on another persons tax return?

☐ ☐  
 YES NO

Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other federal, state &amp; local laws?

☐ ☐  
 YES NO

Are you married, filing a joint tax return with your spouse?

☐ ☐  
 YES NO

Do you receive AFDC (Aid for Dependent Children)?

Please provide the name of the educational institution where you are or will be a student. \_\_\_\_\_

City: \_\_\_\_\_

Date Graduated or left school: \_\_\_\_\_

I understand that the owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Low Income Housing Tax Credit (LIHTC) Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material representation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. And falsification or misrepresentation of information will be considered a material breach of the Lease Agreement. I hereby swear that to the best of my knowledge, the above information is true, correct, and complete.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I agree to provide all necessary information, including source names, addresses and account numbers whenever applicable. I understand that my occupancy is contingent upon meeting management's Resident Selection Criteria and the LIHTC Program requirements. I further certify that I do not expect any changes in the information provided or on the attached Application. I will notify management should any information change unexpectedly. Failure to do so may result in the cancellation of my application for occupancy.

I / We certify that answers given herein are true and complete to the best of my/our knowledge. I / We authorize verification or investigation of all statements contained herein via consumer, credit reports, rental and / or criminal history reports and any other means. Failure to answer any of the inquiries shall be cause for rejecting this application. False information will lead to rejection of this application and we retain the right to forfeit all deposits as liquidated damages for our processing time and expense.

Applicant Signature

Date

Applicant Signature

Date

**Office use only:**

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_ Received by: \_\_\_\_\_

**A SAFE PLACE PROJECT BASED SUBSIDY****Lake County Housing Authority**

33928 North Route 45

Grayslake, IL 60030

Tel 847 223-1170 Fax 847 223-1174

[www.lakecountyha.org](http://www.lakecountyha.org)

Referred by: \_\_\_\_\_

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

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

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

City, St, Zip: \_\_\_\_\_

LCHA use only:

Appl # \_\_\_\_\_

Rcvd: \_\_\_\_\_

Bedroom Size \_\_\_\_\_

**This form must be completely filled out for the Safe Place Project Based waiting list and can only be submitted to LCHA via A Safe Place and their management company.**

If you leave any areas blank, you may not be able to claim a preference. All preferences will be verified by the owner at the time of your full application with them. Applicants referred to A Safe Place must comply with their application process. If you are denied residence or if you decline the unit, your name will be removed from this waiting list.

List yourself and **only** those people who will be living with you in assisted housing.

Name	Sex M/F	Date of Birth	Social Security Number	Disabled Yes/NO	Relationship To Applicant
1					<b>Head of Household</b>
2					
3					
4					
5					
6					
7					

We are committed to providing reasonable accommodations to persons with disabilities both in housing and in program accessibility. Please indicate what, if any, reasonable accommodation you or your family might require: (Section 504 Contact, Jeneen Smith-Underwood, Ext. 254)

Do you or any member of your household require unit accommodations for:

☐ Mobility

☐ Visual

☐ Hearing

What is your race or ethnicity? Check all that apply:

☐ White

☐ Asian

☐ Black/African American

☐ Native Hawaiian/Other Pacific Islander

☐ American Indian/Alaska Native

☐ Hispanic



Preferences (please check all that apply)

- ☐ Displaced from an urban renewal area, disaster (fire or flood that resulted in extensive damage) or by an activity carried on by an agency of the government.
- ☐ Displaced due to an action by an owner which resulted in the applicant having to vacate the unit where: \*the reason for the owner's action is beyond the applicant's ability to control or prevent. \*the action occurred despite the applicant's having met all previously imposed conditions of occupancy. \*the action taken is other than a rent increase.
- ☐ Actual or threatened physical violence directed against applicant or one or more members of the applicant's household by a spouse or other member of the applicant's household; or, the applicant lives in a housing unit with such an individual who engages in such violence.
- ☐ Applicant is living in substandard housing because; \_\_\_\_\_  
\_\_\_\_\_
- ☐ Applicant lacks a fixed, regular, and adequate nighttime residence.
- ☐ Applicant is paying \$\_\_\_\_\_ in monthly rent which is greater than 50% of the household income.

List each person's <b>yearly</b> income and source of income. Sources of income include: Wages – <b>You MUST include the Name &amp; address of the Employer.</b> Also include Social Security, TANF or Public Aid, Salary, SSI, SSDI, Unemployment, VA Benefits, Pension, Child Support, Alimony, Workman's Comp, Cash Contributions or any other monies coming into the household.		
Name	Yearly income	List the Source of Income If Working – List Name & Address of Employer

Is the Head of Household or Spouse currently enrolled in a certified training program? If so, you must list the name & Address of the program below.	
Name	Name & Address of Certified Training Program

The applicants that have the most preferences claimed will be contacted first when an appropriate unit size becomes available. A Safe Place has targeted program qualifications that must be adhered to. The preferences are;

- Displacement
- Domestic Violence
- Homeless
- Substandard Housing

The Regional Housing Initiative voucher subsidy preferences that apply to A Safe Place are:

- Work within 12 miles of A Safe Place
- Enrolled in a certified training program to work within 12 miles, or
- Disabled, or elderly (62 years of age and older) and are not able to work.

Changes to this application can only be made by sending them in writing and must include your signature and social security number. Mail changes to: Lake County Housing Authority, Attention: Waiting List, 33928 North Route 45, Grayslake, IL 60030

I do hereby certify that all the information I have provided is **true and complete** to the best of my knowledge. I understand any false or misrepresented information I have provided may cause denial of a preference or termination of housing assistance.




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Signature and Date





**THE SAFE PLACE II APARTMENTS**  
**AUTHORIZATION TO RELEASE INFORMATION**



**To Be Completed by the Office Staff:**

**From:** The Safe Place II Apartments  
2710 17th Street Suite 100  
Zion, IL 60099  
phone: 847-445-6427

**To:** **ATTN:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City,State,Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Fax** \_\_\_\_\_

The undersigned individual(s) have applied for residency at our apartment community. The property is operated under the Internal Revenue Service LIHTC program. We are required to obtain written confirmation of the income of all applicants and other household members. In order to comply with the Federal regulations in regards to all assets, income and allowances, please complete the following form in full and return it to the sender at your earliest convenience.

The undersigned understands that, depending on program policies and requirements, previous or current information may be needed. Verifications and inquiries that may be requested, include but are not limited to the following:

**Credit and Criminal Activity**  
**Student Status**

**Identity and Marital Status**  
**Medical Allowances**

**Residences and Rental Activity**  
**Employment, Income & Assets**

The groups or individuals that may be asked to release an/or verify the above information (depending on the program requirements) include but are not limited to the following:

**Courts & Post Offices**  
**State Unemployment Agencies**  
**Credit Providers & Bureaus**  
**Social Security Administration**  
**Medical Agencies**

**Welfare Agencies**  
**Veteran's Administration**  
**Internal Revenue Service**  
**Utility Companies**  
**Personal References**

**Law Enforcement Agencies**  
**Retirement Systems**  
**Previous Landlords (Including PHA's)**  
**Banks & Other Financial Institutions**  
**Past & Present Employers**

I/We agree that a photocopy of this authorization maybe used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/We understand that I/We have the right to review my/our file and correct any information that can be proven to be incorrect.

The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the LIHTC program.

**Applicant/Resident**

**Co-Applicant/Co-Resident**

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Social** \_\_\_\_\_  
**Security No.** \_\_\_\_\_

## Sanctuary of Hope-Review of Services

Dear Applicant,

Welcome to A Safe Place,

We are the sole provider of services exclusively addressing domestic violence in Lake County, Illinois. Through this comprehensive program, we assist survivors in transforming their lives after domestic violence, providing supportive services that will benefit the whole family. Individual and family counseling, support groups, life skills workshops, and more are just a few of the services we provide through this program and at A Safe Place. This program has wrap around services to help survivors in their journey to live a violence free life. The Sanctuary of Hope program will support you in both your financial needs one year at a time, with ongoing services for your mental and emotional needs.

Thank you for your interest in applying to our Sanctuary of Hope program at A Safe Place. To be involved in the SOH Program, a survivor must participate in services to be a part of our program. Detailed services will be customized to each participant's wants and needs. This will be further discussed at the initial assessment once the application process has been completed.

The application process involves various steps which include but not limited to intake, meeting domestic violence eligibility, clear background checks. Submitting an application and having a meeting does not mean that acceptance into our program will be approved. Notification will be provided once the entire process is complete.

Often our dedication to survivors of domestic violence, their children, and their safety, our program abides by policies that you may not be accustomed to but must be adhered at all times. Please take these conditions under consideration as you apply for services. Here are a few of them:

- A Safe Place Sanctuary of Hope Program is not housing, we are a program that assists with a monthly subsidy for household participants based on their income upon acceptance into the program.
- To participate in this program, residents and their children must participate in services per their individualized service plan.
- A savings plan will be created to assist resident with future financial needs. This will be based on each resident's personal financial status upon acceptance in to program.
- Tenant cooperation and participation will be reviewed monthly between ASP advocate and Landlord. If not in line, possible lease termination may be determined.

I hope you will continue to pursue the SOH Program and the support that is available through our program as you pursue a violence free life.

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I agree on the information listed on this letter, I understand some of the policies that I will need to follow if I am accepted into the SOH program. At this point in time I wish to continue \_\_\_ or not continue\_\_\_ the application process.

Client Signature\_\_\_\_\_

Date\_\_\_\_\_

ASP Signature\_\_\_\_\_

Date\_\_\_\_\_



2710 17<sup>th</sup> Street  
Zion, IL 60099  
Business Line: 847-731-7165

## **Mission and Vision**

A Safe Place provides services to survivors of domestic violence that support them in their efforts to transform their lives after domestic violence.

### **Mission**

A Safe Place is the leading advocate for eliminating domestic violence in northern Illinois.

### **Vision**

We will lead the nation in breaking the cycle of violence, thus creating safe and healthy communities.

### **Philosophy**

A Safe Place provides emergency shelter, affordable housing, advocacy, and individual and group supportive services to abused women in transition and their children; intervention services for abusers to learn accountability for their choices and actions; and education programs to build awareness of domestic violence among professionals who encounter survivors and abusers, students in classrooms, and the community-at-large. A mission focused work is guided by our philosophy.

## Monthly Budget Worksheet

## A Safe Place-Sanctuary of Hope Program

Income	Actual Amount	Notes
Income Total (after taxes)		
Other Income		
<b>Expenses</b>		
Mortgage/Rent		
Household Maintenance		
Taxes		
Medical Insurance		Insurance Type:
Electricity		
Water		
Sewage		
Gas		
Trash		
Cable		
Cell Phone		
Groceries		
Entertainment		
Charity/Donations		
Car Fuel		
Auto insurance		
Car payment		
Child care		
Credit Cards/Debt		
School Loans		
Child Support		
Clothing		
Other		
Other		
<b>Savings</b>		
Retirement		
College		

Other		
Checking account		
Savings Account		
<b>TOTALS</b>		
Total Income - Total Expenses =		

Please leave notes for any uncertainties or special situations that did not fit in the space provided above:

Location Preferences:

1. Do you have a rental unit already identified? \_\_\_\_\_

If Yes, Landlord Info:

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

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

Phone: \_\_\_\_\_

If No, top three preferred geographic locations (i.e. cities, towns):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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