

SCOTT COUNTY HOMES

Menard County Housing Authority, as Management Agent
 101 W. Sheridan Rd.
 Petersburg, IL. 62675
 (217) 632-7889
 TTY – 711 or 800-526-0844



Date Received ___/___/___
 Time Received ___ am/pm
 Date Housing is needed? ___/___/201__

PRE-APPLICATION

I am interested in a; ___ 2 BR; ___ 3 BR

Name (Head of Household): _____
 Address: _____
 Phone Home/Cell: _____/_____

- Are you interested in a handicapped accessible unit? Yes; No
- Do you feel you qualify for a housing preference (see form) Yes; No
- Are you Homeless? Yes; No
- Are you a Veteran? Yes; No
- Are you currently working? Yes; No

If currently working provide us with the name and address of your employer.
 Employer Name: _____
 Employer Address: _____
 What is your Gross Annual Income: \$ _____

Please list all persons who will be living in the unit.

NAME	AGE	RELATIONSHIP

OPTIONAL:
RACE: African American ___; Caucasian ___; Hispanic ___; Other ___.

Note: If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please call 217-632-7889.



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AUTHORIZATION FOR RELEASE OF INFORMATION TO CERTIFY STATUS

Dear _____:

I _____ (applicant) SSN ____ - ____ - ____ have applied for housing at **Scott County Homes** and have indicated that I or a member of my family are eligible for a housing preference status given the following circumstances:

State Preferences

- _____ Displaced from an urban renewal area;
- _____ Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the housing I lived in.
- _____ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.

Development Preference

- _____ Preference for working families;

In order to determine the preference status for _____ (applicant), we are required to verify the preference. Therefore, we would appreciate your completing the certification portion of the form below and return the form to us in the enclosed envelope. The information provided will be used solely for the purpose of determining the preference for this applicant.

If you feel you qualify and are eligible for a preference status you will be required to provide a certification from as third party professional that the condition under which you believe you qualify exists

Page #2
Release of Information

I _____, hereby authorize the release of information for purposes of verifying my Preference Status.

Signature of Applicant

Date

Certifying Party:

I _____ hereby certify that _____ applicant currently meets one or more of the preference categories as cited above.

Firm or Agency Certifying:

Name; _____

Address: _____

City/State; _____

Zip _____

Phone; _____

Signature

Title

Date