



**PRAIRIE PLACE**  
**Menard County Housing Authority, Managing Agent**  
**101 W. Sheridan, P.O. Box 168**  
**Petersburg, IL 62675**  
**217-632-7723**  
**TTY-711 or 800-526-0844**

**PRE-APPLICATION**

Interested person for \_\_\_\_\_ 2 BR; \_\_\_\_\_ 3 BR; \_\_\_\_\_ 4 BR (check one)

Name (Head of Household): \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Would you be interested in a handicapped accessible unit? ( ) Yes; ( ) No

Do you feel you qualify for a housing preference? ( ) Yes; ( ) No

Do you work? ( ) Yes; ( ) No

If yes, employer name and address: \_\_\_\_\_

Gross Annual Household Income: \$ \_\_\_\_\_

Household data: Please list all persons who will occupy the unit:

<i><b>NAME</b></i>	<i><b>AGE</b></i>	<i><b>RELATIONSHIP</b></i>

Date unit is needed? \_\_\_\_\_

**Optional and for Subsidized Programs Only**

RACE: Caucasian \_\_\_\_\_; African American \_\_\_\_\_; 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 217-632-7723.*



**CERTIFICATION FOR/OF PREFERENCE STATUS**

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

\_\_\_\_\_ (applicant) SSN \_\_\_\_\_ has applied for housing at **Prairie Place** and has indicated that they are eligible for a housing preference 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 unit;
- \_\_\_\_\_ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.

**Development Preferences**

- \_\_\_\_\_ Preference for working families;
- \_\_\_\_\_ Preference for elderly or disabled single person over other single persons.

In order to determine the preference status for \_\_\_\_\_ (applicant), we are required to verify the preference. Therefore, we would appreciate your completing the certification below and returning this form in the enclosed envelope. This information will be used only for the purpose of determining the preference for this applicant.

Sincerely,

**I hereby authorize the release of the requested information.**

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

**X**  
\_\_\_\_\_  
**Signature of Applicant**

\* \* \* \* \*

I verify that \_\_\_\_\_ (applicant) current living situation meets one or more of the conditions as cited above.

Firm or Agency Name: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Firm or Agency Address

\_\_\_\_\_  
Date