

# Parkside Homes

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



## PRE-APPLICATION

I am interested in a; \_\_\_\_\_ 1 BR; \_\_\_\_\_ 2 BR; \_\_\_\_\_ 3 BR; \_\_\_\_\_ 4 BR (Bedroom)

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

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

City/State/Zip: \_\_\_\_\_

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 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 217-632-7723.*



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## AUTHORIZATION FOR RELEASE OF INFORMATION TO CERTIFY STATUS

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

I \_\_\_\_\_ (applicant) SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ have applied for housing at **Parkside 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;
- \_\_\_\_\_ Preference for elderly or disabled single persons 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 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*

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**Release of Information**



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

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

\_\_\_\_\_  
**Date**

**Note: The applicant does NOT fill out the box below.**

**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