

PRE-APPLICATION FOR MENARD COUNTY HOMES

Menard County Housing Authority

101 West Sheridan Road; PO Box 168, Petersburg, Illinois 62675

Phone: 217-632-7723 FAX: 217-632-7255

Head of Household Name: _____
Current Mailing Address: _____
Current City/State/Zip: _____
Primary Phone #: (_____) _____ Alternate Phone #: (_____) _____
E-Mail Address: _____
How would you like to be contacted by Menard County Housing Authority? (Check all that apply)
<input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Other: _____

- Failure to keep current contact information on file with us will result in removal of pre-application.

Persons Who Will Live in the Rental Unit:

Name, including Head of Household	Relationship to Head	Social Security Number	Date of Birth	Disabled/Handicap (Y/N)	Annual Income
	Head				\$
					\$
					\$
					\$
					\$
Total Annual Income					\$

Do you or anyone who will live in the rental unit owe the following any money:

- Menard County Housing Authority, Yes No
- Any other Housing Authority, Yes No

Are you a Veteran? Yes No

Are you Homeless? Yes No

Have you or anyone who will live in the rental unit ever been convicted of any crime other than traffic violations?

Yes No If yes, explain with dates, details, and where offense(s) occurred: _____

I certify that the above information is correct and I understand that making false or fraudulent statements to the Menard County Housing Authority is a felony.

HEAD OF HOUSEHOLD

Date

OTHER ADULT

Date

OTHER ADULT

Date

OTHER ADULT

Date

**This Pre-application must be completed in full and signed by all persons 18 years or older that will live in the unit.*

