

**PREAPPLICATION FOR SECTION 8 - HOUSING CHOICE VOUCHER PROGRAM**

**Bond County Homes - Project Based Vouchers**

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)**

Mail       Phone       E-Mail       Other: \_\_\_\_\_

**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				\$
					\$
					\$
					\$
					\$
					\$
<b>Total Annual Income</b>					<b>\$</b>

Do you live or work in Bond County, IL                      Yes    No

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

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.*

