



PREAPPLICATION FOR SECTION 8 - HOUSING CHOICE VOUCHER PROGRAM



Macoupin 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				\$
					\$
					\$
					\$
					\$
					\$
Total Annual Income					\$

Do you live or work in Macoupin County? Yes No

In which city would you accept a unit? Staunton, IL Gillespie, IL Bunker Hill, IL
(check all that apply)

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

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

