



PREAPPLICATION FOR SECTION 8 – PROJECT BASED VOUCHER PROGRAM



St. James Place, Pontiac, IL – Project Based Vouchers
101 West Sheridan Road; PO Box 168, Petersburg, Illinois 62675
Phone: 217-632-7723 FAX: 217-632-7511

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 Text 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 Livingston 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.*

