



PRAIRIE PLACE
Menard County Housing Authority, Managing Agent
101 W. Sheridan, P.O. Box 168
Petersburg, IL 62675
217-632-7723
TTY-711 or 800-526-0844

PRE-APPLICATION

Interested person for _____ 2 BR; _____ 3 BR; _____ 4 BR (check one)

Name (Head of Household): _____

Address: _____

Phone: (Home) _____ (Work) _____

Would you be interested in a handicapped accessible unit? () Yes; () No

Do you feel you qualify for a housing preference? () Yes; () No

Do you work? () Yes; () No

If yes, employer name and address: _____

Gross Annual Household Income: \$ _____

Household data: Please list all persons who will occupy the unit:

<i>NAME</i>	<i>AGE</i>	<i>RELATIONSHIP</i>

Date unit is needed? _____

Optional and for Subsidized Programs Only

RACE: Caucasian _____; African American _____; 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.



CERTIFICATION FOR/OF PREFERENCE STATUS

Dear _____:

_____ (applicant) SSN _____ has applied for housing at **Prairie Place** and has indicated that they are eligible for a housing preference 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 unit;
- _____ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.

Development Preferences

- _____ Preference for working families;
- _____ Preference for elderly or disabled single person 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 below and returning this form in the enclosed envelope. This information will be used only for the purpose of determining the preference for this applicant.

Sincerely,

I hereby authorize the release of the requested information.

Property Manager

X

Signature of Applicant

* * * * *

I verify that _____ (applicant) current living situation meets one or more of the conditions as cited above.

Firm or Agency Name: _____

Date: _____

Signature

Title

Firm or Agency Address

Date