

PREAPPLICATION FOR SECTION 8 - HOUSING CHOICE VOUCHER PROGRAM

Scott 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				\$
					\$
					\$
					\$
					\$
					\$
Total Annual Income					\$

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

Do you or anyone in the household owe money to:

- 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.*

