



McHenry County Housing Authority

1108 N. Seminary, P.O. Box 1109 Woodstock, Illinois 60098
Phone and TDD: 815/338-7752 Fax: 815/338-1217

PREAPPLICATION FOR PROJECT-BASED UNITS IN CREEKVIEW APARTMENTS, RICHMOND IL (PLEASE PRINT LEGIBLY)

Head of Household _____ Age _____ Race _____
Address _____ Apt _____
City _____ State _____ Zip Code _____
Phone () _____ Social Security Number _____

LIST ALL PERSONS WHO WILL LIVE IN THE RENTAL UNIT, STARTING WITH THE HEAD OF HOUSEHOLD:

Full Name (including Middle Initial)	Relationship	Sex	Age	Birthdate	Birthplace	Income per month
	HEAD					\$
						\$
						\$
						\$
						\$
						\$

MONTHLY INCOME (before taxes) FOR ALL HOUSEHOLD MEMBERS LIVING WITH YOU \$ _____

Is your family homeless? _____ Does your family contain a Veteran? _____ Does your family contain a disabled person? _____

Check all sources of income that you receive:

___ Wages ___ TANF ___ Social Security ___ SSI ___ Pension(s) ___ Disability Compensation
___ Unemployment ___ Alimony ___ Child Support ___ Babysitting ___ Caretaking

Please specify any other income you receive: _____

Employer's Name and address: _____

ASSETS

Check all that apply:

___ Checking Account ___ Savings Account ___ Stocks ___ Bonds ___ Real Estate ___ Other: _____

Head of Household Signature: _____ Date: _____

Please complete the criminal background check form located on the back of this pre-application. All family members 17 years of age and older must complete a criminal background check form. Please ask for additional copies if needed. Pre-applications will not be processed without all necessary information filled out and criminal background check forms attached.





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I hereby consent and authorize the McHenry County Housing Authority to obtain information and report copies from any and all Law Enforcement agencies relative to any of which said agencies may have a record(s). I agree to indemnify and save harmless any Law Enforcement agency and its employees from any action arising out of release of information.

I agree that a photocopy of this authorization may be used in lieu of the original that remains on file with the McHenry County Housing Authority.

Signature Date

Witness Date

Name: _____
Last First Middle

Address: _____
Street City State Zip

Date of Birth: _____ Social Security # _____

Driver's License # _____ State _____

List all other names used (Nicknames, Maiden Name, Married Name):

Race _____ Sex _____

