

MCHENRY COUNTY HOUSING AUTHORITY  
1108 N. Seminary, P.O.Box 1109, Woodstock, Il 60098  
Phone:815-338-7752 Fax:815-338-1217  
**PREAPPLICATION FOR RENTAL HOUSING SUPPORT PROGRAM**

HEAD OF HOUSEHOLD \_\_\_\_\_ AGE \_\_\_\_\_ RACE \_\_\_\_\_  
\*PLEASE PRINT\*  
SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*LIST YOURSELF AND EACH PERSON WHO WILL LIVE WITH YOU*

FIRST NAME	LAST NAME	RELATIONSHIP	AGE	SEX	INCOME	BIRTHPLACE
1)						
2)						
3)						
4)						
5)						
6)						

LIST ADDITIONAL MEMBERS ON BACK

**INCOME:** (before taxes) FOR ALL MEMBERS LIVING WITH YOU: MONTHLY \$ \_\_\_\_\_

**SOURCES OF INCOME:** (check applicable)

\_\_\_\_ WAGES    \_\_\_\_ SOCIAL SECURITY    \_\_\_\_ SSI    \_\_\_\_ PUBLIC AID    \_\_\_\_ CHILD SUPPORT  
\_\_\_\_ UNEMPLOYMENT    \_\_\_\_ INTEREST FROM INVESTMENT    \_\_\_\_ PENSION    \_\_\_\_ OTHER

Please specify \_\_\_\_\_

**TYPE OF ASSETS:** (check applicable)

\_\_\_\_ CHECKING ACCT    \_\_\_\_ SAVINGS ACCT    \_\_\_\_ STOCKS    \_\_\_\_ BONDS    \_\_\_\_ REAL ESTATE  
\_\_\_\_ OTHER: \_\_\_\_\_

**EMPLOYER'S NAME & ADDRESS:** \_\_\_\_\_

**ADDRESS FOR PAST TWO YEARS:** \_\_\_\_\_

**LANDLORD NAME, ADDRESS, PHONE:** \_\_\_\_\_

**CHOICE OF UNIT LOCATION:** Please mark your preference. More than one location may be chosen, but if you refuse a unit in a location you have chosen, you will be removed from all locations waiting lists.

- Sunnyside Apartments, Marengo, \_\_\_\_\_ (1 BEDROOM UNITS)
- Sunnyside Apartments, Marengo, \_\_\_\_\_ (2 BEDROOM UNITS)
- Autumnwood Apartments, Woodstock \_\_\_\_\_ (2 BEDROOM UNIT)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please fill out entire form. Incomplete forms will not be accepted for consideration.