McHenry County Housing Authority
1108 N. Seminary, PO Box 1109, Woodstock, Illinois 60098
Phone and TDD: 815/338-7752 Fax: 815/338-1217

PREAPPLICATION FOR PROJECT-BASED UNITS IN RESIDENCES OF LAKE IN THE HILLS
(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:

<table>
<thead>
<tr>
<th>Full Name (including Middle Initial)</th>
<th>Relationship</th>
<th>Sex</th>
<th>Age</th>
<th>Birthdate</th>
<th>Birthplace</th>
<th>Income per month</th>
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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: ______

Are you a person with disabilities transitioning from a licensed nursing facility?

No ______ YES ______ If Yes, list the name and contact information for the facility:

Name: ____________________________________________________________

Address: ____________________________________________________________

Phone Number: (  ) _______________________________ Fax: (  ) _______________________________

Contact Person at Facility: _____________________________________________

Head of Household Signature: _______________________________ Date: _______________________________

Please complete the criminal background check located on the back of this form. All family members 17 years of age and older must complete a criminal background check form. Please ask for additional copies if needed.

McHenry County Housing Authority is an Equal Opportunity Provider and Employer.