MCHENRY COUNTY HOUSING AUTHORITY

PREAPPLICATION FOR PROJECT-BASED UNITS IN THE MCHENRY SENIOR COMMONS, MCHENRY 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:

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:_____

Preference for Veterans and Residency

**VETERAN PREFERENCE WILL BE VERIFIED WITH DD214 OR OTHER MILITARY DOCUMENTATION.

**RESIDENCY PREFERENCE IS FOR INDIVIDUALS LIVING, WORKING, OR HIRED TO WORK IN MCHENRY COUNTY.

Head of Household Signature: _____ **Date:**_____

Please complete a criminal background check form and submit it with this application for all family members 17 years of age and older. Please ask for additional copies if needed or print them out from our website www.mchenrycountyhousing.org .

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McHenry County Housing Authority (MCHA) requires all applicants or participants (Head of Household and listed household members) 17 and older to submit to a criminal background screening. The background screening may be conducted prior to admission, at any recertification, prior to moves, or at any time relating to any alleged criminal violation for the purposes of determining initial or continuing eligibility. This authorization and release form is valid during the application process, and if accepted into a MCHA housing program, for the entire duration of participation in the program.

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.

In connection with application for rental of McHenry County Housing Authority owned/managed properties, I give permission to McHenry County Housing Authority to request and receive information required to verify employment, depository accounts and credit history. This includes permission to run credit check reports.

I agree that a photocopy, fax or scan of this authorization may be used in lieu of the original.

_____
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 (Maiden Name, Married Name, Adopted Name):

_____

Email address: _____ Race_____Sex _____