

**PREAPPLICATION FOR LOW RENT PUBLIC HOUSING**

Macoupin County Housing Authority  
 760 Anderson Street, P.O. Box 226 Carlinville, IL 62626  
 217-854-8606 (TDD/TYY: Relay #711) or Toll Free 866-363-5142



First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Phone #: \_\_\_\_\_

**(INCLUDE ALL LAST NAMES i.e. MAIDEN & MARRIED NAMES)**

Members Full Legal Name (First, Middle & Last) Include Maiden & Married	Relation to Head	Race (not required)	Social Security Number	Date of Birth	Disabled/Handicap (Y/N)	Annual Income
	Head					\$
						\$
						\$
						\$
						\$
						\$
						\$

**► Please be sure that you include every previous name or alias in order to process this application accurately ◀**

Have you or anyone who will live in the rental unit ever lived in:

- Public Housing Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_
- Section 8 Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_
- Any other HUD, Rural Development or State rent subsidized program? Yes \_\_\_ No \_\_\_
- If yes, where? \_\_\_\_\_

Do you or anyone who will live in the rental unit owe the following any money?

- Macoupin County Housing Authority Yes \_\_\_ No \_\_\_
- Any other Housing Authority Yes \_\_\_ No \_\_\_

Have you or anyone who will live in the rental unit ever been arrested and/or convicted of any crime other than traffic violations? (This includes charges that were dropped or dismissed)

Yes \_\_\_ No \_\_\_ If yes, explain with dates, details, and where offense(s) occurred: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you or anyone who will live in the rental unit been arrested within the last 12 months? Yes No

Do you have any current charges pending against you or anyone who will live in the rental unit? Yes No

If yes what: \_\_\_\_\_

Mark which waiting list(s) you wish to be placed? You can be placed on one or more of the following waiting lists.

- |                                      |                                    |                                    |
|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Benld       | <input type="checkbox"/> Gillespie | <input type="checkbox"/> Mt. Olive |
| <input type="checkbox"/> Bunker Hill | <input type="checkbox"/> Girard    | <input type="checkbox"/> Palmyra   |
| <input type="checkbox"/> Carlinville | <input type="checkbox"/> Staunton  | <input type="checkbox"/> Virden    |

**I certify that the above information is correct and I understand that making false or fraudulent statements to the Macoupin County Housing Authority is a felony.**

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
**Signature of Other Adult**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

***Note: This Pre-application must be signed allowing MCHA "Authorization for the Release of Information". The Macoupin County Housing Authority will conduct criminal background, landlord verification and credit checks of all persons 18 years or older who will live in the unit. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the office.***

Please check this box if you are interested in being contacted for employment opportunities.

For Macoupin County Housing Authority use only: Pre-application received: Date \_\_\_\_\_ Time \_\_\_\_\_