

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 #: _____ Email: _____

(INCLUDE ALL LAST NAMES i.e. MAIDEN & MARRIED NAMES & EVERY PREVIOUS NAMES OR ALIAS TO PROCESS THIS APPLICATION ACCURATELY)

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					\$
						\$
						\$
						\$
						\$
						\$
						\$

Name/Address and Phone Numbers of Current/Previous Landlords (last two if applicable):

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

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:

___ Benld
___ Bunker Hill
___ Carlinville

___ Gillespie
___ Girard
___ Staunton

___ Mt. Olive
___ Palmyra
___ Virden

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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.

This application MUST be signed by EVERY adult household member (everyone over the age of 18):

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 _____