



McHenry County Housing Authority

1108 N. Seminary, P.O. Box 1109 Woodstock, Illinois 60098
Phone and TDD: 815/338-7752 Fax: 815/338-1217

PREAPPLICATION FOR PROJECT-BASED UNITS IN CARY SENIOR LIVING, CARY 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 Statewide Referral Network

Are you disabled, or homeless or at risk of homelessness AND currently working with a Service Provider?

UNIT PREFERENCE MUST COME FROM THE STATEWIDE REFERRAL NETWORK (SRN). YOUR CASEWORKER MUST SUBMIT A SEPERATE STATEWIDE REFERRAL NETWORK APPLICATION TO THE LOCAL SRN OFFICE.

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.



McHenry County Housing Authority is an Equal Opportunity Provider and Employer

