

McHenry County Housing Authority
 1108 N. Seminary Avenue, P.O. Box 1109, Woodstock, IL 60098
 Phone: (815) 338-7752 Fax: (815) 338-1217

PREAPPLICATION FOR RENAISSANCE APARTMENT
209 Dean Street – Woodstock, IL 60098

Head of Household _____ Age _____ Race _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

LIST ALL PERSONS WHO WILL LIVE IN THE RENTAL UNIT:

Full Name (including middle initial)	Relationship	Sex	Age	Birthdate
	Head			

INCOME: List all sources of income (examples: Wages, TANF, Social Security, SSI, pensions, disability compensation, unemployment compensation, interest, alimony, child support, babysitting, caretaking)

Name of Household Member	Source of Income	Amount Per Month
		\$
		\$
		\$
		\$

Present Landlord _____ Address _____

Have you ever received housing assistance before? yes no If yes, where? _____

Are you disabled? yes no Do you need special accommodations because of your disability? yes no

Do you qualify for a State-Mandated Preference? You do if you were displaced from an urban renewal area, displaced as a result of a governmental action-or-displaced as a result of a major disaster. yes no

Our location consists of Studio, 1 & 2 Bedroom Apartments.

Please be aware that we will only contact you regarding available units for which your household may be eligible.

I will consider the following size units: _____ Studio _____ 1-Bedroom _____ 2-Bedroom

Signature _____ Date _____

Please complete the criminal background check located on the back of this form. All family members 18 years of age and older must complete a criminal background check form. Please ask for additional copies if needed.



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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 (Nicknames, Maiden Name, Married Name):

Race _____ Sex _____

