



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 THE RESIDENCES OF CRYSTAL LAKE, CRYSTAL LAKE 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, Veterans, and Homeless Aged 62+

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

**SRN 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.

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

**HOMELESS PREFERENCE FOR THOSE 62+ WILL BE VERIFIED WITH A COMPLETED MCHENRY COUNTY CONTINUUM OF CARE VERIFICIATION FORM. PLEASE TURN IN WITH APPLICATION (see www.mchenrycountyhousing.org website for form).

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

