

Phone: (815) 338-7752 Fax: (815) 526-3151

## PREAPPLICATION FOR RENAISSANCE APARTMENT 209 Dean Street - Woodstock, IL 60098

Head of Household		Age Race			
Address	City	StateZi		Zip	
Home Phone ( ) Cel	ll Phone ( )				
LIST ALL PERSONS WHO WILL LIVE IN					
Full Name (including middle initial)		Sex	Age	Birthdate	
	Head				
INCOME: List all sources of income (exar unemployment compensation, interest, alin				disability comper	ısation,
	Source of	f Amount			7
Name of Household Member	Income	Per Month \$		_	
		*			_
		\$			
		\$			
		\$			_
Present Landlord	Address				
Have you ever received housing assistance	e before? Yes No I	f yes, whe	re?		
·		•			
Are you disabled? _Yes _No Do you no	eed special accommodations bec	ause of you	ırdisability	?'YesNo	
Do you qualify for a State-Mandated Prefe a result of a governmental action-or-displace				renewal area. disp	laced as
Our location consists of Studio, I & 2 Bed	room Apartments.				
Please be aware that we will only conta	ct you regarding available uni	ts for whic	ch your ho	ousehold may be	eligible.
I will consider the following size units:	Studio1-Bedroo	om	2-Bedro	om	
Signature	Date				
Plaasa complete the criminal background	hack located on the back of this	form Allfa	milyman	hare 18 years of ac	ro and

older must complete a criminal background check form. Please ask for additional copies if needed.