



**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](http://www.mchenrycountyhousing.org).

