



**PREAPPLICATION FOR PROJECT-BASED UNITS IN TAYLOR PLACE APARTMENTS,
MCHENRY 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: _____

Preferences for: Residency and Homeless

****RESIDENCY PREFERENCE IS FOR INDIVIDUALS LIVING, WORKING, OR HIRED TO WORK IN MCHENRY COUNTY.**

****HOMELESS PREFERENCE WILL BE VERIFIED WITH A COMPLETED MCHENRY COUNTY CONTINUUM OF CARE VERIFICATION 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 .

1125 Mitchell Ct., Crystal Lake IL 60014

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



McHenry County Housing Authority is an Equal Opportunity Provider and Employer

