Menard County Housing Authority

HOUSING CHOICE VOUCHER PROGRAM

101 West Sheridan Road · PO Box 168
Petersburg, Illinois 62675
Telephone: (217) 632-7723 · Fax: (217) 632-7511

NEW OWNER INFORMATION

I am the (circl	e one): Owner Agent Othe	er HAP Payee		
DATE:				
MY ADDRES	S AND CONTACT INFORMAT	ION IS:		
OWNER/AGE	NT/PAYEE NAME:			
SOCIAL SEC	URITY # / TAX ID:			
PROPERTY N	MANAGEMENT NAME (If Applic	cable):		
ADDRESS: _	Street Address	City	State & Zip Code	
PHONE #: ()	CELL PHON	IE #: ()	
ALT #: () Email			
Monday, Tues	sday, Thursday, Friday AND 8:0	00 am to 12:00 noon Wed	to 12:00 Noon and 1:00 pm to 4:3 nesday. es @menardcha.org	30 pm
Contacts:	Brad Ames, Section 8 Manag Andee Dixon, Assistant Sect	jer <u>bamı</u> ion 8 Manager adixı	es <u>@menardcna.org</u> on @menardcha.org	

