Parkside Homes

Menard County Housing Authority, as Management Agent 101 W. Sheridan Rd. Petersburg, IL. 62675 (217) 632-7889

TTY - 711 or 800-526-0844

| Date Received Time Received Date Housing is needed? | / am/pm //20 | | | | | | |
|---|--|--------------------|--|--|--|--|--|
| PRE-APPLICATION | | | | | | | |
| I am interested in a: | _ 1 BR; 2 BR; _ | 3 BR; 4 BR | | | | | |
| Name (Head of Household): Address: City, State, Zip Phone Home/Cell: | | | | | | | |
| Are you interested in a handicapp | ed accessible unit? | () Yes; () No | | | | | |
| Do you feel you qualify for a house | sing preference (see for | rm)() Yes; () No | | | | | |
| Are you Homeless? | | () Yes; () No | | | | | |
| Are you a Veteran? | () Yes; () No | | | | | | |
| Are you currently working? | Are you currently working? () Yes; () No | | | | | | |
| If currently working, provide us with the name and address of your employer. Employer Name: Employer Address: What is your Gross Annual Income: \$ | | | | | | | |
| Please list all persons who will be living in the unit. | | | | | | | |
| NAME | AGE | RELATIONSHIP | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| <u>OPTIONAL:</u> RACE: African American; Caucasian; Hispanic; Other | | | | | | | |

Note: If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please call 217-632-7723.



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<u>AUTHORIZATION FOR</u> <u>RELEASE OF INFORMATION TO CERTIFY STATUS</u>



| Dear | | : | |
|--|--|--|--|
| _ | Parkside Homes and | (applicant) SSN have indicated that I or a men status given the following circ | nber of my family are |
| State Pref | erences | | |
| Dis | splaced from an urban | renewal area; | |
| | splaced by a disaster, so has destroyed the house | uch as a fire or flood, that resuing I lived in. | ılted in extensive damage |
| | splaced by an activity c te or local government | carried on by an agency of the body or agency. | United States or by any |
| Developm | ent Preference | | |
| Pre | eference for working fa | milies; | |
| Pre | eference for elderly or o | disabled single persons over o | ther single persons |
| required to certification The inforn | on portion of the form b | Therefore, we would appreciately and return the form to used solely for the purpose of | ate your completing the is in the enclosed envelope. |
| provide a c | | ligible for a preference status hird party professional that th | |

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Page #2 Release of Information

| Iverifying my | , hereby Preference Statu | authorize the reles. | ease of informatio | n for purposes of |
|--|------------------------------|--|---------------------|-------------------|
| Signature of | Applicant | | Date | - |
| To be comple | eted by employer: | | | |
| Certifying Pa | arty: | | | |
| Icurrently mee | heats one or more of t | reby certify that he preference categ | ories as cited abov | applicant e. |
| Firm or Agen Name: Address: City/State: Phone: | | | | |
| Signa | ture | Title | | |
| | | Date | _ | |