

APPLICANT INQUIRY

Dear Applicant:

Thank you for your initial inquiry regarding housing at ***Prairie Place***. Residents will be selected only from those eligible persons who make formal application.

We are now accepting pre-applications from interested households. If you are interested in living at ***Prairie Place*** in Athens or Petersburg, please return the enclosed pre-application by mail, as soon as possible.

You may be eligible for a preference if one of the following conditions applies: you have been displaced from an urban renewal area by a disaster, such as a fire or flood, or by an activity carried on by an agency of the United States or by any State or local government body or agency. In addition to preferences mandated by the State of Illinois, the development has established a preference for working families and a preference for an elderly disabled single over any other single person. Households qualifying for a preference will receive assistance before any other applicant households that are not so qualified. If you feel you qualify for a housing preference, complete the appropriate certification form on the back of the pre-application and return it to Menard County Housing Authority, Managing Agent for Prairie Place.

For households not claiming housing preference, screening will be conducted according to the order in which the pre-application was received. You will be notified by mail when you are eligible for an interview. Interviews will be conducted at Menard County Housing Authority office. If you have any questions, we will be happy to answer them at the time of your interview.

The ***Prairie Place*** Development does not discriminate against any application on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or handicap.

The ***Prairie Place*** Development does not discriminate against on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Anne R. Smith

101 W. Sheridan Road

Petersburg, IL 62675

217-632-7723

Sincerely,

Anne R. Smith
Menard County Housing Authority –
Managing Agent for Prairie Place

PRAIRIE PLACE
Menard County Housing Authority, Managing Agent
101 W. Sheridan, P.O. Box 168
Petersburg, IL 62675
217-632-7723
TTY-711 or 800-526-0844

Date Received _____/_____/_____
 Time Received _____ am/pm
 Date Housing is needed? _____/_____/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 handicapped accessible unit? () Yes; () No

Do you feel you qualify for a housing preference (see form)() Yes; () No

Are you Homeless? () Yes; () No

Are you a Veteran? () Yes; () No

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

OPTIONAL:

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.



CERTIFICATION FOR/OF PREFERENCE STATUS

Dear _____:

_____ (applicant) SSN _____ has applied for housing at **Prairie Place** and has indicated that they are eligible for a housing preference given the following circumstances:

State Preferences

_____ Displaced from an urban renewal area;

_____ Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit;

_____ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.

Development Preferences

_____ Preference for working families;

_____ Preference for elderly or disabled single person over other single persons.

In order to determine the preference status for _____ (applicant), we are required to verify the preference. Therefore, we would appreciate your completing the certification below and returning this form in the enclosed envelope. This information will be used only for the purpose of determining the preference for this applicant.

Sincerely,

I hereby authorize the release of the requested information.

Property Manager

X

Signature of Applicant

* * * * *

I verify that _____ (applicant) current living situation meets one or more of the conditions as cited above.

Firm or Agency Name: _____

Date: _____

Signature

Title

Firm or Agency Address

Date