

Illinois Association of Community Action Agencies
 RENTAL HOUSING SUPPORT PROGRAM

Official Use Only
 Application Received
 DATE: ___/___/___
 TIME: ___:___

Pre-Application for Housing Assistance

Applicant's Name: _____ First MI Last

Mailing Address: _____ Street City State Zip code

(Home): ___/___/___ (Mobile): ___/___/___

Please check:

If you need an accessible unit or a unit with special accommodations?

# IN HOUSE HOLD	LAST NAME	FIRST NAME & MIDDLE INITIAL	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (MM/DD/YYYY)
1			HEAD	
2				
3				
4				
5				
6				
7				

# IN HOUSE HOLD	MONTHLY INCOME	SUCCESS OF INCOME (Wages-SS-SSDI-Retirement)
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
6	\$	
7	\$	

I understand the information on this form will be used to determine my placement on the waiting list, and that a formal application form will be completed at the time of my interview.

I/we do not receive any other direct on-going rental assistance.

I/we believe this information to be accurate to the best of my/our knowledge.

Applicant Signature _____

Other Adult Member of Household _____

Date ___/___/___