

PREAPPLICATION FOR TAX CREDIT HOMES AND APARTMENTS

Macoupin Homes L.P./Gillespie Senior Residences 760 Anderson Street, P.O. Box 303 Carlinville, IL 62626 217-854-5393 (TDD/TYY: Relay #711) or Toll Free 866-363-5142



First Name:	Middle N	Middle Name: Last Name: City		ast Name:		
Street Address:				State		
Zip Code Pho	ne #:					
(INCLUDE	ALL LAST	NAMES i.e. MAII	DEN & MARRIED N	IAMES)		
Members Full Legal Name (First, Middle & Last) Include Maiden & Married	Relation to Head	Race (not required)	Social Security Number	Date of Birth	Disabled Handica (Y/N)	
	Head					
Is anyone in the household pregna	ant?	YES		NO		
2 0						
If yes, what is the due date:						
Would you be interested or have a	a need for a h	andicapped access	sible unit?	YES	NO	
Are you or another Adult Membe	er in the house	ehold working? _	YES		NO	
Annual Income for Household? §	3					
Please list place of employment:_						
How many household members a						
now many nousenous members as	re full-time st					
Are any family members tempora		udents?			NO	
•	arily absent fr	udents?	YES			

If yes, list the agency you are currently working with?

Are you displaced?	YES	NO		
Are you homeless?	YES	NO		
Are you a Veteran	YES	NO		
traffic violations? (This	includes charges that were d	ever been <u>arrested</u> and/or con dropped or dismissed) and where offense(s) occurred:_	•	
Have you or anyone wh	o will live in the rental ho	me been arrested within the	e last 12 months?	Yes No
Do you have any currer	ıt charges pending against	t you or anyone who will liv	e in the rental home?	Yes No
If yes what:				
Mark which waiting list(s Macoupin Homes Tax Cr		ı can be placed on one or mor	e of the following waiting	g lists.
Gillespie	Bunker Hi	ill Si	aunton	
Ginespie Interested in a:		3BR HOME	4BR HOME	
-	es (Apartments located on So be 55 years of age or older)	outh & Gillespie Street):		
Interested in a:	1BR Apartment	2BR Apartment		
I certify that the above in Macoupin Housing Servio		nderstand that making false o	· fraudulent statements t	o the
This application MUST b	e signed by EVERY adult ho	ousehold member (everyone o	ver the age of 18):	
Signature of Head of Hou	sehold	Signature of C	ther Adult	
Date		Date		
	ervices will conduct criminal i	coupin Homes L.P. "Authoriz background, landlord verificat		•
	amily is a person with disabili ervices, please contact the off	ities, and you require a specific lice.	accommodation in order	to fully
For Macoupin Housing Ser	vices use only: Pre-application	ation received: Date	Time	



