

PREAPPLICATION FOR TAX CREDIT HOMES
Macoupin Homes L.P.
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 Name: _____	Last Name: _____
Street Address: _____	City: _____	State: _____
Zip Code: _____	Phone #: _____	

(INCLUDE ALL LAST NAMES i.e. MAIDEN & MARRIED NAMES)

Members Full Legal Name (First, Middle & Last) Include Maiden & Married	Relation to Head	Race (not required)	Social Security Number	Date of Birth	Disabled/ Handicap (Y/N)
	Head				

► Please be sure that you include every previous name or alias in order to process this application accurately ◀

Name/Address and Phone Numbers of Current/Previous Landlords (last two if applicable):

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

Is anyone in the household pregnant? _____ **YES** _____ **NO**

If yes, what is the due date: _____

Would you be interested or have a need for a handicapped accessible unit? _____ **YES** _____ **NO**

Are you or another Adult Member in the household working? _____ **YES** _____ **NO**

Annual Income for Household? \$ _____

Please list place of employment: _____

How many household members are full-time students? _____

Are any family members temporarily absent from the home? _____ **YES** _____ **NO**

If yes, please list reason they are absent: _____

Are you a victim of Domestic Violence? _____ **YES** _____ **NO**

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

Are you displaced? _____ YES _____ NO

Are you homeless? _____ YES _____ NO

Have you or anyone who will live in the rental home ever been arrested and/or convicted of any crime other than traffic violations? (This includes charges that were dropped or dismissed)

Yes ___ No ___ If yes, explain with dates, details, and where offense(s) occurred: _____

Have you or anyone who will live in the rental home been arrested within the last 12 months? Yes No

Do you have any current charges pending against you or anyone who will live in the rental home? Yes No

If yes what: _____

Mark which waiting list(s) you wish to be placed? You can be placed on one or more of the following waiting lists.

___ Gillespie ___ Bunker Hill ___ Staunton

Interested in a: ___ 2BR ___ 3BR ___ 4BR

I certify that the above information is correct and I understand that making false or fraudulent statements to the Macoupin Housing Services is a felony.

This application MUST be signed by EVERY adult household member (everyone over the age of 18):

Signature of Head of Household

Signature of Other Adult

Date

Date

Note: This Pre-application must be signed allowing Macoupin Homes L.P. "Authorization for the Release of Information". The Macoupin Housing Services will conduct criminal background, landlord verification and credit checks of all persons 18 years or older who will live in the unit.

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 contact the office.

For Macoupin Housing Services use only: Pre-application received: Date _____ Time _____

