



Housing Choice Voucher Pre-application

HEAD OF HOUSEHOLD'S INFORMATION (PRINT OR TYPE)

Last Name _____ First Name _____ Initial _____

Current Address _____ City _____ State _____ Zip _____

Social Security Number _____ Driver's License/ID Number _____

Home/Message Phone _____ Date of Birth _____

Race: White Black/African American American Indian/Alaska Native Asian Hawaiian/Other Pacific Islander
Ethnicity: Hispanic Non-Hispanic

LIST ALL OTHER HOUSEHOLD MEMBERS (USE BACK, IF NECESSARY)

Full Name	Social Security #	Date of Birth	Relationship to Head	Disabled Y or N

HOUSEHOLD INFORMATION

Are you currently receiving or ever received rental assistance from public housing or another housing authority/agency?
 No Yes If yes, please list housing authority/agency: _____
 Bedrooms requested _____ Special unit required? No Yes If yes, reason: Handicap Disabled Elderly

LOCAL PREFERENCES

Please check the preference(s) that apply. (DO NOT CHECK A PREFERENCE IF IT DOES NOT APPLY TO YOU. CAUTION: IF YOU CANNOT PROVE YOUR ELIGIBILITY FOR A PREFERENCE POINT AT THE TIME YOU ARE CALLED FROM THE WAITING LIST, YOUR PRE-APPLICATION WILL BE WITHDRAWN.)

- Residency Preference:** Families who qualify for this preference must have a Head, Spouse, or Co-head who lives, works, or has been hired to work in the PHA jurisdiction (Henry or Stark County, Illinois)
- Working Preference:** Families who qualify for this preference must have a Head, Spouse, or Co-head who works or has been hired to work within 60 miles of PHA's jurisdiction at least 20 hours per week at or above minimum wage. Any family who's Head, Spouse, or Co-head is elderly or disabled also qualifies for this preference.
- Victims of Domestic Violence:** The PHA will offer a local preference to families that include victims of domestic violence and has been displaced as a result of fleeing violence in the home or are currently living in a situation where they are being subjected to or victimized by violence in the home.
- Termination Due to Insufficient Funding Preference:** The PHA will offer a preference to any family that has been terminated from its Housing Choice Voucher program due to insufficient program funding. (uncommon)

I HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS PRE-APPLICATION IS TRUE AND COMPLETE.

HOH Signature: _____ Date: _____

WARNING: Title 18, Section 1001 of the United States Code state that a person who knowingly and willingly makes false or fraudulent statements to any Department of Agency of the United States is guilty of a felony.

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the Housing Authority of Henry County at 309-852-2801.

THIS PRE-APPLICATION CAN BE MAILED OR DELIVERED TO: HAHC, 125 NORTH CHESTNUT STREET, KEWANEE, IL 61443.

Office Use:	Date Received: _____	Time Received: _____	Staff Initials: _____
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