



PRELIMINARY APPLICATION

Head of Household (use legal name):
 Last: _____ First: _____ M.I.: _____

SSN: _____ Date of Birth: _____ Sex (M/F): _____ Full-time Student (Y/N): _____

Interested in applying for (check all that apply): 1BR 2BR 3BR

Do you have a Section 8 Voucher? YES NO Would you benefit from a handicapped accessible unit? YES NO

Contact Information: (include City, State and Zip Code for all addresses)
 Current Address: _____
 Mailing Address (if different): _____
 Home Phone: _____ Cell Phone: _____ E-mail: _____

Annual Income: \$ _____ Source(s) of Income: _____

Emergency Contact: Name: _____ Phone #: _____

How did you hear about us?
 Facebook Craig's List RIHA Website Zillow QCFSBO Rock Island Arsenal Housing Friend Other

Family Composition: List all people who will be living in the unit with you.

Legal Name	Sex (M/F)	Relationship to Head	SSN	Full-time Student (Y/N)	DOB	Age

I/we certify that the information given to Community Housing Services on household composition, rental history and gross family income/assets is accurate and complete to the best of my/our knowledge and belief.

Head of Household Signature _____
Date

 Other Adult Signature _____
 Date

 Other Adult Signature _____
 Date

Date Received: _____ **Time Received:** _____



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List all previous addresses and landlord information for all adults for the past five (5) years.

Apartment Address: _____				
Street		City	State	Zip
Dates of Occupancy: _____ (month/year)		Are you related to the Owner? (circle one)		
From	To	Yes	No	
Were you listed on the lease? (circle one)		Yes	No	
Owner/Management Company Name: _____				
Owner/Company Address: _____				
Street		City	State	Zip
Owner/Company Phone: _____				
Reason for moving: _____				

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Additional Pages May Be Requested