



## **CASCADE GARDEN** **PRELIMINARY APPLICATION**

<b>Head of Household (use legal name):</b>			
Last: _____		First: _____ M.I.: _____	
SSN: _____	Date of Birth: _____	Sex (M/F): _____	Full-time Student (Y/N): _____
Interested in applying for (check all that apply): <input type="checkbox"/> 3BR <input type="checkbox"/> 2BR <input type="checkbox"/> 1BR			Date apartment needed: _____
Do you live or work in Rock Island? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you interested in a handicapped accessible unit? <input type="checkbox"/> YES <input type="checkbox"/> 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 #: _____			
<b><u>OPTIONAL</u> UNLESS OTHERWISE INDICATED BY MANAGEMENT:</b>			
1. Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino			
2. Race: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> Native Hawaiian/Pacific Islander			

<b>Family Composition: List <u>all</u> people who will be living in the unit with you.</b>						
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

<b>Date Received:</b> _____	<b>Time Received:</b> _____
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## **PRELIMINARY APPLICATION**

***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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

***Additional Pages May Be Requested***

## **VERIFICATION OF PREFERENCE STATUS**

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Landlord: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

**If applicable, please check the State Preference you qualify for.**

### **1. State Preferences**

- A. \_\_\_\_\_ Displaced from an urban renewal area
- B. \_\_\_\_\_ Displaced by a disaster, such as a fire or flood that resulted in extensive damage or has destroyed the unit.
- C. \_\_\_\_\_ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency

### **2. Local Preference Points for Cascade Garden**

**Please check the statement that applies to you.**

- A. \_\_\_\_\_ A family which has at least one member that is disabled.
- B. \_\_\_\_\_ A family that has at least one member that has been a victim of domestic violence.
- C. \_\_\_\_\_ A family that has at least one member that is working a minimum of 20-hours per week.

In order to determine the preference status, we are required to verify the preference. I hereby do understand that falsify of information will cause me to be automatically denied housing.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date