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CASCADE GARDEN 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): 3BR 2BR 1BR Date apartment needed: _____

Do you live or work in Rock Island? YES NO Are you interested in 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 #: _____

OPTIONAL UNLESS OTHERWISE INDICATED BY MANAGEMENT:

1. Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino
 2. Race: White African American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

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:** _____

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