

Main Office 800 S. Milwaukee Ave., Suite 201 Libertyville, IL 60048

CPAH Rental Pre-Application for Highland Park, Evanston, and Lake Forest Rentals

GENERAL		
Applicant Name:	Co-Applicant Name:	
Address:	Address:	
City: State: Zip Code:	City: State: Zip Code:	
Telephone: Cell Phone:	Telephone: Cell Phone:	
Email:	Email:	
D.O.B:	D.O.B:	
Judgments: Yes No N/A	Judgments: 🗆 Yes 🗖 No 🗖 N/A	
How many people will occupy the residence?		
Are you seeking a certain # of bedrooms or style of housing (house, apartm	ent)? If so, please indicate here	
Do any dependents in your household reside with you less than full time:	□Yes □No If yes, please explain:	
Do you currently: Rent Own Payment:	How were you referred to CPAH?	
Please indicate which communities are of interest to you: Highland Pa	rk 🔲 Lake Forest (62+) 🔲 Evanston 🗖 Evanston Sr. Housing (55+)	
Do you work in one of these communities? Highland Park Evans	ton 🔲 Lake Forest 🛛 🔲 If so, where?	
APPLICANT EMPLOYMENT & INCOME CO-APPLICANT EMPLOYMENT & INCOME		
(Please use last page if additional space is needed) Are you self-employed? Yes No	(Please use last page if additional space is needed) Are you self-employed? Yes No	
nployer: Employer:		
ddress: Address:		
City: State: Zip Code:	City: State: Zip Code:	
Title:Years @ Current Employer:	Title:Years @ Current Employer:	
Report Below Numbers as Gross Income (Income BEFORE Taxes) Report Below Numbers as Gross Income (Income BEFORE Taxes)		
Regular Monthly Employment Income \$	Regular Monthly Employment Income \$	
Monthly Overtime \$	Monthly Overtime \$	
Monthly Bonuses/Commissions \$	Monthly Bonuses/Commissions \$	
Monthly Child Support, SSI/SSDI \$	Monthly Child Support, SSI/SSDI \$	
Monthly Unemployment \$	Monthly Unemployment \$	
Other\$	Other\$	
MONTHLY TOTAL \$	MONTHLY TOTAL \$	
Previous Year's Income (Annual) \$	Previous Year's Income (Annual) \$	

CPAH accepts housing vouchers (i.e., Section 8, VASH, etc). Do you have a housing voucher? Yes No Are you the owner/beneficiary of an ABLE account? If yes, what is the current balance? \$	s monthly income.
HOUSEHOLD ASSETS (Please add together and note the assets of all household members) Checking \$	
Checking \$	
Savings \$	
Other \$ Please Describe:	
OTHER FUNDS AND SUPPORTS CPAH accepts housing vouchers (i.e., Section 8, VASH, etc). Do you have a housing voucher? Yes No Are you the owner/beneficiary of an ABLE account? If yes, what is the current balance? \$	
Are you the owner/beneficiary of an ABLE account? If yes, what is the current balance? \$	
Are you the owner/beneficiary of an ABLE account? If yes, what is the current balance? \$ Are you the beneficiary of a Special Needs Trust? If yes, what is the current balance? \$ Do you anticipate receiving any one-time or recurring gifts? If yes, please describe BACKGROUND INFORMATION Have you or any member of your household been convicted of a crime in the last 10 years? Yes No If yes, please describe	
Are you the beneficiary of a Special Needs Trust? If yes, what is the current balance? \$	
Do you anticipate receiving any one-time or recurring gifts? If yes, please describe	
BACKGROUND INFORMATION Have you or any member of your household been convicted of a crime in the last 10 years? Yes No If yes, please description description of your household been evicted or otherwise involuntarily removed from rental housing due to fraud, non-failure to cooperate with recertification procedures, or for any other reason, in the past 5 years? Yes No If yes, please	
Have you or any member of your household been convicted of a crime in the last 10 years? Have you or any member of your household been evicted or otherwise involuntarily removed from rental housing due to fraud, non- failure to cooperate with recertification procedures, or for any other reason, in the past 5 years? Yes No If yes, please	
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failure to cooperate with recertification procedures, or for any other reason, in the past 5 years? Yes No If yes, please	be:
PLEASE USE THE FOLLOWNG PAGE TO INCLUDE ANY ADDITIONAL INFORMATION OR COMMENTS.	
I/We authorize Community Partners for Affordable Housing (CPAH) to obtain and/or review my/our credit report(s) to determine of CPAH programs. I/We certify that all information contained in this application is true and correct, to the best of my knowledge. I u the submission of this information is one of the requirements for tenancy and does not constitute an approval of my application, o as a tenant.	nderstand that
Applicant Signature Date Co-Applicant Signature	Date

<u>Mail</u> :	Community Partners for Affordable Housing, 800 S. Milwaukee Ave, Suite 201, Libertyville, IL 60048
Email:	cpahinfo@cpahousing.org
Fax:	847-796-8060
Drop off:	Libertyville office: 800 S. Milwaukee Ave, Suite 201, Libertyville, IL 60048

INCLUDE ANY ADDITIONAL INFORMATION OR COMMENTS HERE.