



COMMUNITY PARTNERS for AFFORDABLE HOUSING

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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Email: _____

D.O.B: _____

Judgments: Yes No N/A

How many people will occupy the residence? _____

Are you seeking a certain # of bedrooms or style of housing (house, apartment)? 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 Park Lake Forest (62+) Evanston Evanston Sr. Housing (55+)

Do you work in one of these communities? Highland Park Evanston Lake Forest If so, where? _____

APPLICANT EMPLOYMENT & INCOME

(Please use last page if additional space is needed)

Are you self-employed? Yes No

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Title: _____ Years @ Current Employer: _____

Report Below Numbers as Gross Income (Income BEFORE Taxes)

Regular Monthly Employment Income \$ _____

Monthly Overtime \$ _____

Monthly Bonuses/Commissions \$ _____

Monthly Child Support, SSI/SSDI \$ _____

Monthly Unemployment \$ _____

Other _____ \$ _____

MONTHLY TOTAL \$ _____

Previous Year's Income (Annual) \$ _____

MEMBER 2 EMPLOYMENT & INCOME

(Please use last page if additional space is needed)

Are you self-employed? Yes No

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Title: _____ Years @ Current Employer: _____

Report Below Numbers as Gross Income (Income BEFORE Taxes)

Regular Monthly Employment Income \$ _____

Monthly Overtime \$ _____

Monthly Bonuses/Commissions \$ _____

Monthly Child Support, SSI/SSDI \$ _____

Monthly Unemployment \$ _____

Other _____ \$ _____

MONTHLY TOTAL \$ _____

Previous Year's Income (Annual) \$ _____

Are there additional household members who have income? Yes No If yes, please indicate their name and current gross monthly income.

Additional Household Member 1 Name: _____ Gross Monthly Income: \$ _____

Additional Household Member 2 Name: _____ Gross Monthly Income: \$ _____

HOUSEHOLD ASSETS (Please add together and note the assets of all household members)

Checking \$ _____ Stocks/Mutual Funds \$ _____

Savings \$ _____ 401 (k), IRA, Pension \$ _____

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

If yes, please provide who the voucher is with _____

What is the current balance of your ABLE account? (if applicable) \$ _____ How much is deposited each month? _____

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: _____

Have you or any member of your household been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason, in the past 5 years? Yes No If yes, please describe: _____

Would you like to be added to our waitlist for other Lake County communities? Yes No

PLEASE USE THE FOLLOWING 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 our eligibility for CPAH programs. I/We certify that all information contained in this application is true and correct, to the best of my knowledge. I understand that the submission of this information is one of the requirements for tenancy and does not constitute an approval of my application, or my acceptance as a tenant.

Applicant Signature

Date

Co-Applicant Signature

Date

Please submit the pre-application by one of the below methods:

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

QUESTIONS? Please contact Millie at 847 263 7478 ext. 28 or mcenturion@cpahousing.org

INCLUDE ANY ADDITIONAL INFORMATION OR COMMENTS HERE.