

Main Office

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

CPAH Rental Pre-Application

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, apar	tment)? If so, please indicate here.				
Do any dependents in your household reside with you less than full time	e: ☐Yes ☐No If yes, please explain:				
Do you currently: Rent Own Payment:	How were you referred to CPAH?				
Other	CO ADDUCANT FAMIL OVAMENT & INCOME				
APPLICANT EMPLOYMENT & INCOME (Please use last page if additional space is needed) Are you self-employed? ☐ Yes ☐ No	CO-APPLICANT EMPLOYMENT & INCOME (Please use last page if additional space is needed) Are you self-employed? ☐ Yes ☐ No				
Employer:	Employer:				
Address:	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 Overtime \$				
Monthly Overtime \$ Monthly Bonuses/Commissions \$	Monthly Overtime \$ Monthly Bonuses/Commissions \$				
Monthly Bonuses/Commissions \$	Monthly Bonuses/Commissions \$				
Monthly Child Support, SSI/SSDI \$	Monthly Child Support, SSI/SSDI \$				
Monthly Bonuses/Commissions \$ Monthly Child Support, SSI/SSDI \$ Monthly Unemployment \$	Monthly Bonuses/Commissions \$ Monthly Child Support, SSI/SSDI \$ Monthly Unemployment \$				

are there additional ho	ousehold members w	ho have income?	□ No If yes, plea	se indicate their nar	ne and current gr	oss monthly income.	
Additional Household Member 1 Name:				Gross Monthly Income: \$			
Additional Household Member 2 Name:				Gross Monthly Income: \$			
HOUSEHOLD ASSET	TS (Please add tog	gether and note the ass	sets of all househo	old members)			
Checking \$	Checking \$ Stocks/Mutua						
Savings \$			401 (k), IRA, Per	nsion \$			
Other \$ Please Describe:							
OTHER FUNDS AND	O SUPPORTS						
PAH accepts housing	vouchers (i.e., Section	n 8, VASH, etc). Do you hav	ve a housing voucher?	☐Yes	□No		
Are you the owner/ber	neficiary of an ABLE a	ccount? If yes, what is the c	urrent balance? \$		<u> </u>		
Are you the beneficiary	y of a Special Needs T	rust? If yes, what is the curr	ent balance? \$		<u></u>		
Do vou anticipate recei	iving anv one-time or	recurring gifts? If yes, pleas	se describe.				
, .	<i>o</i> ,	, ,,					
BACKGROUND INF	ORMATION						
lave you or any memb	er of your nousehold	l been convicted of a crime i	n the last 10 years?	∟ Yes ∟ No	if yes, please des	scribe:	
	-	l been evicted or otherwise is cedures, or for any other rea	•		g due to fraud, no No If yes, pleas	• •	
		O INCLUDE ANY ADDIT					
CPAH programs. I/W	e certify that all info	ffordable Housing (CPAH) to rmation contained in this ap of the requirements for tena	plication is true and o	correct, to the best o	f my knowledge.	I understand that	
Applicant Signature		Date		Co-Applicant Signatu	ıre	Date	
		Please submit the pre-appli	ication by one of the	below methods:			
<u>Mail</u> : <u>Email:</u>	Community Partners for Affordable Housing, 800 S. Milwaukee Ave, Suite 201, Libertyville, IL 60048 CPAHrental@cpahousing.org						
<u>Fax</u> : Drop off:	847-796-8060 Libertyville offi	ice: 800 S. Milwaukee Ave, S	uite 201. Libertwille	IL 60048			
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