

Main Office

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

CPAH Rental Pre-Application

GENERAL		Ī					
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:	□No □N/A	Judgments: ☐ Yes ☐ No ☐ N/A					
How many people who	will occupy the residence?						
Are you seeking a certa	in style of housing?	☐ Single Family House ☐] Lake Forest Sr. Housing [☐ 55 and older housing			
Are you seeking a certa	in number of bedrooms? One Two	☐Three ☐ Four					
Do any dependents in y	our household reside with you less than full time	: ☐Yes ☐No If yes, plea	ase explain:				
Do you currently:	Rent Own Payment:	How were you referre	ed to CPAH?				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Other						
APPLICANT EMPLO (Please us Are you self-employed)	e last page if additional space is needed)	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 @ Curre	ent Employer:			
Report Below Num	bers as Gross Income (Income BEFORE Taxes)	Report Below Numbers as Gross Income (Income BEFORE Taxes)					
Regular Monthly En	nployment Income \$	Regular Monthly Employment Income \$					
Monthly Overtime \$	\$	Monthly Overtime \$					
Monthly Bonuses/Commissions \$		Monthly Bonuses/Commissions \$					
Monthly Child Supp	ort, SSI/SSDI \$	Monthly Child Support, SSI/SSDI \$					
Monthly Unemploy	ment \$	Monthly Unemployment \$					
Other	\$	Other	Other\$				
MONTHLY TOTAL \$		MONTHLY TOTAL \$					
Previous Year's Inco	ome (Annual) \$	Previous Year's Income (Annual) \$					
		I					

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 I	Member 2 Name:			Gross Monthly Income: \$				
HOUSEHOLD ASSET	TS (Please add tog	gether and note the ass	sets of all househo	old members)				
Checking \$			Stocks/Mutual F	-unds \$				
Savings \$	401 (k), IR			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>	CPAHrental@c	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				
<u> υι υμ υπ</u> .	Liber tyville Ulli	cc. 500 5. Willwaukee Ave, 3	ance 201, Libertyville,	000 -1 0				

