

Home of the Sparrow
4209 Shamrock Ln Unit B
McHenry, IL 60050
815-271-5444 ext 226
Fax 815-271-5406

For Office Use Only
Date Received: _____



AFFORDABLE HOUSING PROGRAM PRE-APPLICATION FORM

Home of the Sparrow's Affordable Housing Program consists of 25 housing units that range from one to three bedrooms. Tenants must be able to take care of the interior of the unit as well as maintain the yard and snow removal (depending on location). **Tenants must also demonstrate ability to afford rent and utilities through verifiable income.** A resident's rent is determined by housing unit size and income. The objective for HOS residents is to gain the ability to afford market-rate rent. Families in the HOS affordable housing units will receive a case manager to work on self-sufficiency. Case management services offered include assistance with community resources, budgeting, parenting, health, employment and education.

The units are located in the following communities:

*Circle the towns under the correlating bedroom sizes you would like to apply for

3 Bedrooms

Woodstock

2 Bedrooms

Woodstock

Fox River Grove

Crystal Lake

Algonquin

McHenry

1 Bedroom

Woodstock

Fox River Grove

Richmond

Please be specific and select only the towns and bedroom size in which you are willing to live. Be aware that we will only contact you regarding units in the towns you select on your application. If you are offered a unit and subsequently decline the unit, your name will be removed from the AHP waiting list. You may reapply at any time.

If we try to contact you regarding a unit, and you do not respond within 4 business days, you will be removed from the list. It is your responsibility to notify Home of the Sparrow when your contact information changes.

The applicant understands that the filing of this application does not bind the Lessor to reserve or assign an apartment.

The undersigned Applicant has examined the statements made in this application and hereby certifies that they are true, correct, and complete and that all household income has been listed above. The statements are made to induce the Lessor to enter into a lease with Applicant for an apartment. I/We agree that inquiries may be made to verify the statements made in this application.

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A FALSE OR WILLFULLY OMITTED STATEMENT HEREIN WILL BE GROUNDS FOR CANCELLATION OF YOUR APPLICATION.

PLEASE PRINT AND ANSWER ALL QUESTIONS

How did you learn about our apartments? Circle One.

Online Referral from _____ Other (explain) _____

1) APPLICANT INFORMATION

NAME:		HOME PHONE:	CELL PHONE:
DATE OF BIRTH:	E-MAIL ADDRESS:		
CURRENT ADDRESS:	CITY	STATE	ZIP
			HOW LONG:

2) **OTHER OCCUPANTS** - List below the names of all other persons (in addition to “APPLICANT” above to occupy apartment). Occupancy is limited to people listed.

FULL NAME	RELATIONSHIP	DOB mm/dd/yyyy	REMARKS

3) APPLICANT EMPLOYMENT:

NAME & ADDRESS OF EMPLOYER	BUSINESS/EMPLOYER PHONE#:	POSITION:
	HOURLY RATE:	EMPLOYMENT DATES:
	AVERAGE HOURS WORKED WEEKLY:	

NAME & ADDRESS OF EMPLOYER	BUSINESS/EMPLOYER PHONE#:	POSITION:
	HOURLY RATE:	EMPLOYMENT DATES:
	AVERAGE HOURS WORKED WEEKLY:	

4) OTHER INCOME (INDICATE AMOUNT AND SOURCE):

SOURCE	AMOUNT	Office Use only: VERIFIED

Has anyone in the household currently or in the past struggled with drug use or alcohol use?

YES NO

Do you or anyone in the household have any criminal convictions or pending criminal charges?

YES NO

Have you ever been evicted for non-payment of rent or otherwise failed to meet your lease obligations?

YES NO

Do you or anyone in your household require a handicap accessible unit or need accessible features (i.e. grab bars, etc)?

YES NO

Do you have a housing voucher or certificate?

YES NO

Have you received services from Home of the Sparrow in the past? What program and when? _____

YES NO

Signature of Applicant

Date

Signature of Co-Applicant

Date