

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

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

GENERAL				
Applicant Name:	Member 2 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?			
Communities are of interest to you: Highland Park Evanston	Evanston Sr. Housing (55+) Northbrook Deerfield			
Do you work in one of these communities? Highland Park Evans	ton 🔲 If so, where?			
APPLICANT EMPLOYMENT & INCOME (Please use last page if additional space is needed) Are you self-employed? Yes No	MEMBER 2 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 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) \$			

Are there additional ho	usehold members who have inco	ome? 🗆 Yes 🗆 No	If yes, please indi	cate their name and current gr	oss monthly income.	
Additional Household Member 1 Name:			Gross Monthly Income: \$			
Additional Household N	Лember 2 Name:		Gro	oss Monthly Income: \$		
HOUSEHOLD ASSET	S (Please add together and	I note the assets of	all household me	embers)		
Checking \$		Stocks/Mutual Funds \$				
Savings \$		401 (k), IRA, Pension \$				
Other \$	Pleas	e Describe:				
OTHER FUNDS AND	SUPPORTS					
CPAH accepts housing v	ouchers (i.e., Section 8, VASH, et	tc). Do you have a hous	sing voucher?	□Yes □No		
If yes, please provide w	ho the voucher is with					
What is the current bala	ance of your ABLE account? (if ap	plicable) \$	How much	is deposited each month?		
Are you the beneficiary	of a Special Needs Trust? If yes,	what is the current bala	nce?\$			
Do you anticipate recei	ving any one-time or recurring gif	ts? If yes, please describ	oe			
BACKGROUND INF	ORMATION					
Have you or any memb	er of your household been convi	cted of a crime in the las	st 10 years? 🛛 Y	res 🛛 No If yes, please des	cribe:	
	er of your household been evicte th recertification procedures, or f		-	-		
Would you like to be a	dded to our waitlist for other Lake	e County communities?	Yes	□ No		
PLEASE USE THE FC	OLLOWNG PAGE TO INCLUD	E ANY ADDITIONAL	INFORMATION	OR COMMENTS.		
CPAH programs. I/W	nunity Partners for Affordable Ho e certify that all information con s information is one of the requir	tained in this application	n is true and correct	, to the best of my knowledge.	I understand that	
Applicant	Signature	Date	Со-Арр	olicant Signature	Date	
	Please subr	nit the pre-application b	oy one of the below	methods:		
<u>Mail</u> : <u>Email:</u> <u>Fax</u> : <u>Drop off</u> :	Community Partners for Af <u>cpahwaitlist@cpahousing.c</u> 847-796-8060 Libertyville office: 800 S. M	org		ite 201, Libertyville, IL 60048 48		

INCLUDE ANY ADDITIONAL INFORMATION OR COMMENTS HERE.