

South Side Office of Concern

For Office Use Only:

202 N.E. Madison Ave, Peoria, IL 61602

Date Received: _____

Time Received: _____

PRE-APPLICATION FOR HOUSING and/or SERVICES

There are **two** requirements to be considered for housing:

1. The perspective resident must be **HOMELESS** or **FLEEING DOMESTIC VIOLENCE**
2. The perspective resident must have a diagnosable **DISABLING CONDITION**

To expedite the application process, please attach documentation supporting these requirements.

A. GENERAL INFORMATION

Applicant Name: _____ Age: _____ Date of Birth: _____
Social Security #: _____ Monthly Income: _____ Are you a U.S. Citizen? Yes No
Mailing Address: _____
Street & Apt# City State Zip Code
Daytime Phone: _____ Evening Phone: _____

B. CURRENT LIVING SITUATION

What is your current living situation? Please Explain: *(Streets, Shelter, Family & Friends, Transitional Housing, etc.)*

How many people will be in your household if awarded housing? _____ No. of Bedrooms Requested: _____

C. PREFERENCES

Please check all preferences below that you are claiming. To determine eligibility and to be placed on the waiting list, you will be required to provide documentation to prove the preferences selected.

- I am homeless; *if yes*, date of first occurrence in the past 3 years: _____
- I am/a family member is disabled (Ex. Mental Illness, Developmental Disability, HIV/AIDS, Physical Disability, etc.) *Disabled Individual*: _____
- I am fleeing or attempting to flee domestic violence

Will you require a handicap accessible unit? Yes No

D. PREVIOUS SERVICES

- | | | |
|---|---|---|
| <input type="checkbox"/> Salvation Army | <input type="checkbox"/> South Side Mission | <input type="checkbox"/> YWCA |
| <input type="checkbox"/> Human Service Center | <input type="checkbox"/> Peoria Rescue Mission | <input type="checkbox"/> Heartland Community Health |
| <input type="checkbox"/> Children's Home | <input type="checkbox"/> Veteran's Administration | <input type="checkbox"/> Social Security/SSI/SSDI |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare | <input type="checkbox"/> Other: _____ |

E. SUPPORTIVE SERVICES REQUESTED Tenants are expected to participate in supportive services provided by SSOC

Check all that apply:

- Case Management → Individual Group Family
 Counseling Legal or Court Advocacy Other: _____



It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity toll free hotline at 1-800-424-8590.

