

Moline Housing Authority

4141 11th Avenue A ▪ Moline, Illinois 61265
Phone (309) 764-1819 ▪ Fax (309) 764-2120



PUBLIC HOUSING PRE-APPLICATION FORM

Form #423

Head of Household Name: _____

Date of birth: _____

Social Security Number: _____

Sex _____

List any additional household members:

Date of Birth:

Sex:

Apartment Size: _____ Efficiency _____ One _____ Two _____ Three _____ Four

Street Address: _____

Phone: _____

City, State, Zip: _____

Email Address: _____

Approximate annual income from all sources (wages, unemployment, cash assistance, child support, etc.) \$ _____

Is English your primary language? _____ Yes _____ No

If no, will you need interpreter services during the application process? _____ Yes _____ No

If yes, what language? _____

Note:

When your application comes to the top of the waiting list you will be required to complete a full application in person, which will include a criminal background check, landlord reference checks, credit check, and proof of income and assets.

Head of Household signature

Date



“Providing housing and opportunities”

www.molinehousing.com