APPLICATION FOR PRE-ELIGIBILITY DETERMINATION
SOUTH CHICAGO SENIOR HOUSING CENTER

1. APPLICANT(S): PLEASE PRINT

Head of Household: _____
First Middle Initial Last

Current Mailing Address: _____ _____
Street Apt. #

_____
City State Zip Code

Telephone: _____
(Area Code)

Spouse/
Co-Head Name: _____
First Middle Initial Last

Current Mailing Address: _____
Street Apt. #

_____
City State Zip Code

Telephone: _____
(Area Code)

2. Date of Birth: _____

3. INCOME $_____(Total annual household income)
1 Person $26,400 maximum—2 Persons $30,150

4. Number of persons to occupy units: _____

Signature: _____

Date: _____

Time of day: _____

Qualified Applicants must be 62 years of age or older or non-elderly with a verifiable disability.