

**Kane County
Office of Community Reinvestment
Homelessness Prevention Program
Prescreen Questionnaire**

First Name:		Last Name:	
Address:			
Street	City	Zip Code	County
Phone Number:		Email Address:	

To be eligible for assistance applicants must be in a 12 or longer lease or have a unit offer from a landlord. Do you currently have a 12 month or longer lease or unit offer? <input type="checkbox"/> Yes <input type="checkbox"/> No
To be eligible for assistance applicants cannot have received financial assistance for rent or utilities in the past 24 months from the Illinois Homeless Prevention Program. Have you received assistance in the past 24 months from the Illinois Homeless Prevention Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Housing Choice Voucher or other housing subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you in a Repayment Agreement with the Housing Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete the following sections that you are seeking help with:

Eviction Assistance:	
Do you have a 5 Day Notice or court papers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many months are you behind in rent?	<input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Months <input type="checkbox"/> 5 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 7 Months or greater
Are you current on all utility bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Utility Assistance: Please fill in which utilities you have a shut off notice for and the amount past due		
Electric: \$	Gas: \$	Water: \$
Sewer: \$	Garbage: \$	
Are you current on your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are all utility bills in the tenant's name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you received help from LIHEAP since September? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have been denied LIHEAP assistance please explain:		

Security Deposit: If requesting security deposit assistance household must have a unit offer from a landlord. Unit must have its own kitchen and bathroom.		
Unit Address:		
Landlord Name:		Phone #:
Number of Bedrooms:	Proposed Rent: \$	Security Deposit: \$
What utilities will you be responsible for (circle all that apply): <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage		
Do you have any outstanding utility bills? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Office Use Only		
Date Rec's _____	Staff Initials _____	Intake Appt _____
<ul style="list-style-type: none"> • Incomplete__ Returned to Applicant: • Denied: Did not complete application Falsified info Lack of documentation No 5 day/evict/shutoff notice • No future ability to pay Rent/utility No lease Rec's asst with/in 24 months No landlord Ref'd to LIHEAP 		

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED