

 **LIBRARY LANE**  
*Senior Residence*

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

**Library Lane Senior Residence – Pre application Card**

Name (Head of Household): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Do you currently hold a Section 8 voucher? ( ) Yes ( ) No

Unit Type Requested: \_\_\_\_\_ Studio \_\_\_\_\_ 1 BR (Please choose only **one**)

Would you be interested in a handicapped accessible unit?

( ) Yes ( ) No

Do you live/work in Grayslake? ( ) Yes ( ) No

Annual Household Income: \$ \_\_\_\_\_

Household Data (Please list all persons who will occupy the unit.)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date apartment is needed: \_\_\_\_\_



50 Library Lane, Grayslake, Illinois 60030  
Phone: 847-543-4455 Fax 847-223-8041

