I am interested in the facilities located in: (circle one or more):

Murphysboro Marion
Ullin Anna
Herrin

River to River Residential Corporation

For Office use Only

Date Received:_____
Time Received:_____
CCP Yes_____ No_____

Name (Head of Household):_____

Address:_____

Telephone (Home):_____ (Work):_____

Social Security Number:_____

*Fully Handicapped Accessible Apt. Needed: Yes_____ Not Necessary_____

Would you like to be contacted about services in your home while you are waiting for an apartment?

( ) Yes ( ) No

Source of Income	Annual Amount
1._____	$_____
2._____	$_____
3._____	$_____
Total Annual Household Income:	$_____

Household Data: Please list all persons who will occupy the unit:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

Date Apartment is Needed: _____

Person completing this Preapplication (if other than prospective resident) or other family contact:

_____
Name

_____
Address

_____
Telephone Number

*Please note that all apartments are designed to meet the needs of Seniors. Some apartments are fully handicapped accessible and are designed for persons who spend most of their time confined to a wheelchair.

Handicap Accessible

River to River Residential Corporation
400 Lou Ann Drive
Herrin, IL 62948