



KATHLEEN A. BARTON, Executive Director  
CLARENCE MEDLEY, Chairman  
PAUL LINDSEY, Vice Chairman  
CAROL VAN DE ROSTYNE, Secretary-Treasurer  
JAN MAY, Commissioner  
DOROTHY MCCOLLAM, Commissioner  
JOHN HANSON, Attorney

Fairview Apartments — Administration Building • 100 Fairview Junction • Kewanee, Illinois 61443 • 309-852-2801 • Fax 309-852-0889

## PLEASE READ CAREFULLY

Dear Applicant:

Thank you for your interest in making an application for Federally Assisted Housing for your family.

First, please read, sign and date your copy of "Things You Should Know", and also sign and date the "Authorization for "Release of Information" form. All adults 18 years of age and older in the household must sign this form. Be sure to bring these forms back with you when you return your completed application, as these signed forms will become part of your file with us.

When returning your application, please bring all of the following completed documents:

- Driver's License or Photo I.D. for all Adult Members of household
- Birth Certificates – For all family members
- Social Security I.D. Cards – For all family members
- Copy of Marriage License
- Divorce papers – if divorced
- Things you Should Know
- Signed Authorization for Release of Information – One per adult in household
- Property Owner (Copy of an appraisal or real estate taxes)

**If you fail to bring any of the following documents or do not complete the entire application, your application will NOT be accepted.**





Date \_\_\_\_\_ Time \_\_\_\_\_  
Staff Initials \_\_\_\_\_

**Public Housing Program**  
**Application for Low-Income Housing Assistance**  
Housing Authority of Henry County  
125 N. Chestnut St., Kewanee, IL 61443  
Phone 309-852-2801

( ) Fairview ( ) Washington ( ) Lincoln ( ) Maple City ( ) Hollis ( ) Lakeland

**All Sections of this application MUST be completed. If not, it will be considered incomplete and it will NOT be accepted or put on the waiting list! NOTE: Use legal names only! Any information supplied by the family MUST be true and complete!**

**(PLEASE PRINT!)**

**Section A – Applicant**

**1. Head of Household**

\_\_\_\_\_ **First Name** **MI** **Last Name** **Maiden Name**

Present Address \_\_\_\_\_  
\_\_\_\_\_ **Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code**

Sex \_\_\_\_\_ **Race: W – White**  **B – Black**  **AI or AN – American Indian or Alaskan**  
**Native**  **A or PI – Asian or Pacific Islander**

**Ethnicity: Hispanic**  **Non-Hispanic**

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

State of Birth \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Drivers License No. # \_\_\_\_\_ Telephone # \_\_\_\_\_

**Marital Status:** ( ) Single ( ) Divorced\*\* ( ) Married  
( ) Widow ( ) Separated ( ) Widower

**\*\*If divorced, a copy of divorce decree is required before admission**

**NOTICE:** You are required to notify the Housing Authority (in writing) of any change of address. If we cannot contact you at the above address, your name may be removed from the waiting list and you will have to reapply. **SIGNATURE OF THIS APPLICATION IS VERIFICATION OF YOUR AGREEMENT WITH THIS STATEMENT.**

**Section B – Household Composition**

**2. Spouse (Must be completed if married or separated) or Significant Other, or other adult member 18 years of age or older**

\_\_\_\_\_ **First Name** **MI** **Last Name** **Maiden Name**

Sex \_\_\_\_\_ **Race: W – White**  **B – Black**  **AI or AN – American Indian or Alaskan**  
**Native**  **A or PI – Asian or Pacific Islander**

**Ethnicity: Hispanic**  **Non-Hispanic**

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

State of Birth \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Drivers License No. # \_\_\_\_\_ Telephone # \_\_\_\_\_

**Marital Status:**  Single  Divorced\*\*  Married  
 Widow  Separated  Widower

3. List each person who would live with you if you receive housing assistance. List adults in upper box – minors in lower box. Correct LEGAL NAMES must be used.

NOTE: The following information is being requested to comply with equal housing opportunity requirements and to assure that no discrimination occurs. Your answers will not affect (either positively or negatively) your selection for housing assistance.

Race: W – White  B – Black  AI or AN – American Indian or Alaskan Native   
 A or PI – Asian or Pacific Islander

Ethnicity: Hispanic  Non-Hispanic

Adults (Last/First/MI)	S E X	Race	Relation to Head	Social Security #	Date of Birth	Monthly Income	Source of Income

Minors (Last/First/MI)	S E X	Race	Relation to Head	Social Security #	Date of Birth	Age	School	Birth Place

**Section C – General Information**

1. Are you a United States Citizen  Yes  No (If yes, skip down to No. 2)

If no, are you a Non-Citizen with eligible alien status?  Yes  No

Are you a Non-Citizen student?  Yes  No

**Citizen and/or Eligible Alien Status must be verified by an acceptable document recognized by the Federal Government.**

2. Will anyone else live in the unit on either a full or part-time basis?  Yes  No

If yes, please explain: \_\_\_\_\_

3. Is an addition to the household expected?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Do you have sole legal & physical custody of your children?  Yes  No If no, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing, or visual impairments?  Yes  No

If yes, please explain: \_\_\_\_\_

6. What size unit are you applying for?  1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom

What would you be willing to accept a smaller unit, if available?  Yes  No

**Section D – Housing History**

1. Are you now living or have you or any member of your household ever lived in assisted housing or in government subsidized housing?  Yes  No If yes:

When \_\_\_\_\_

Where \_\_\_\_\_

Under what name \_\_\_\_\_

Who was head of household \_\_\_\_\_

2. Do you or anyone in your household owe money to a Public Housing Authority?  Yes  No  
If yes, please explain: \_\_\_\_\_

3. Have you or any member of your household benefited from Earned Income Disallowance from another Housing Authority?  Yes  No  
If yes, who in the household benefited? \_\_\_\_\_

At what housing authority? \_\_\_\_\_

4. How much rent are you now paying each month? \$ \_\_\_\_\_ / Utilities \$ \_\_\_\_\_

5. List Present Landlord and two (2) Previous Landlords also  
--List current & previous addresses & rent amounts of unit you are renting or have rented:

Current Housing Status		Rental Amount \$	
Address	City	State	Zip

Name of Landlord: \_\_\_\_\_ Phone No. # \_\_\_\_\_

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

How long have you resided at your current address? From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Housing Status		Rental Amount \$	
Address	City	State	Zip

Name of Landlord: \_\_\_\_\_ Phone No. # \_\_\_\_\_

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

How long have you resided at your current address? From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Housing Status		Rental Amount \$	
Address	City	State	Zip

Name of Landlord: \_\_\_\_\_ Phone No. # \_\_\_\_\_

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

How long have you resided at your current address? From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Please list here four (4) Personal References:** Complete names, addresses and phone numbers of four (4) references. You may include one (1) relative, one (1) friend, and two (2) of the following; past or present: Neighbor, supervisor at work, place where you do business, Clergy, etc.

1. \_\_\_\_\_  
 Name (First, Last) Phone No. #

Address

Relation: \_\_\_\_\_

2. \_\_\_\_\_  
 Name (First, Last) Phone No. #

Address

Relation: \_\_\_\_\_

3. \_\_\_\_\_  
 Name (First, Last) Phone No. #

Address

Relation: \_\_\_\_\_

4. \_\_\_\_\_  
 Name (First, Last) Phone No. #

Address

Relation: \_\_\_\_\_

**Section E – Miscellaneous Information**

1. Have you or any member of your household ever been convicted or arrested of any criminal activity, misdemeanor and/or felony?  Yes  No If yes, please explain:

Name of household member(s) \_\_\_\_\_

State and County criminal activity took place \_\_\_\_\_

Year or Years activity took place \_\_\_\_\_

If yes, explain for what \_\_\_\_\_

**If more space is needed – Please write on the bottom of this page**

2. Are you or any member of your household currently on probation or parole or had been in the past year?  Yes  No If yes, please explain: \_\_\_\_\_

3. Have you or any member of your household ever been engaged in the use, sale, manufacture, or distribution of controlled substances?  Yes  No If yes:

Explain Who: \_\_\_\_\_

When: \_\_\_\_\_

Activity: \_\_\_\_\_

4. Have you or any member of your household ever been arrested on any public housing authority property?  Yes  No If yes, please explain: \_\_\_\_\_

5. Are you or any member of your household a registered Sex Offender?  Yes  No  
If yes, please list who: \_\_\_\_\_

6. Have you or any member of your household ever used a name other than the one you are using now?  Yes  No If yes, please explain: \_\_\_\_\_

7. Have you or any member of your household ever used a Social Security number other than the one you listed on this application?  Yes  No If yes, what number \_\_\_\_\_

Who: \_\_\_\_\_

8. Have you or any member of your household ever been evicted from Public or Assisted Housing for violent criminal or drug related activity?  Yes  No If yes, please explain:

Explain Who: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

Activity: \_\_\_\_\_

**Section F – Income Information**

List income information for all household members (attach a separate page if necessary)

Do you receive or expect to receive Income from the following sources?	YES	Monthly Amount	Name & Address Of Source
Employment (includes overtime, tips) Name: bonuses, commissions, self-employment)		\$	
Employment (includes overtime, tips) Name: bonuses, commissions, self-employment)		\$	
Does anyone work for someone who pays Cash?		\$	
Welfare Benefits TANF, Food Stamps, General Assistance		\$ \$ \$	
Workman's Compensation		\$	
Unemployment benefits or severance pay		\$	
Child support and/or Alimony		\$	
Social Security Payments / Name:		\$	
Social Security Payments / Name:		\$	
Disability Benefits (SSI) / Name:		\$	
Disability Benefits (SSI) / Name:		\$	
SSD or Death (Survivors) Benefits		\$	
Pensions/Retirement Benefits		\$	
Annuities or Life Insurance Dividend		\$	
Lump sum payments (includes inheritances, Insurance settlements, lottery winnings, capital gains)		\$	
Net income from rental property		\$	
Regular cash contributions or gifts from individuals not living in the unit (Support from Relatives)		\$	
Other		\$	

Do you pay Child Support?  Yes  No If yes, is it court ordered?  Yes  No

Amount \$ \_\_\_\_\_ Paid how often? \_\_\_\_\_

If you are required to pay Child Support but do not pay, please explain: \_\_\_\_\_

**Section G – Asset Information**

ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY.

Answer each of the following questions for all household members, including minors. For each question answered yes, provide the current balance and the complete name and address of each source.

ASSET	YES	NO	CURRENT BALANCE	NAME & ADDRESS OF SOURCE
Checking Account: Name on Account:			\$	
Checking Account: Name on Account:			\$	
Savings Account: Name on Account:			\$	
Certificates of Deposit Name on Account:			\$	
Certificates of Deposit Name on Account:			\$	
Stocks/Bonds			\$	
Trusts/Securities			\$	
Pension/Retirement Funds			\$	
Money Market Funds			\$	
Other			\$	

Head of Household		
	YES	Value
Do you currently hold a contract for deed (land contract or mobile home)?		\$
Do you currently own real estate? If yes, please list the location(s), number of acres owned, any expenses incurred (i.e., taxes, insurance) and any income received:		\$
Do you have any coin collections, antique cars, gems, jewelry, stamps, or any other items held for investment purposes (do not consider wedding rings or personal jewelry)?		\$
Are any assets held with another person? If yes, list person's name and the asset(s) held jointly:		\$

**I/we hereby certify that I/we have \_\_\_ have not \_\_\_ sold or disposed of assets for less than Fair Market Value during the two-year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified and disclosed immediately.**

**Authorization, Representation and Certifications**

I do hereby authorize the Housing Authority of Henry County to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681A(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

**WARNING TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, OR THE DEPARTMENT OF HOUSING & URBAN DEVELOPMENT.**

**NOTICE: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by False information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Criminal Offenses 720 ILCS 5/17-6 State benefits fraud.**

I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT. HA Representative initial here \_\_\_\_\_

READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION:

**DRUG FREE COMMUNITY** – It is a violation of your lease agreement to possess, sell, or distribute illegal drugs on or off property. You will be evicted from your apartment if you violate these rules.

I/we understand the information in this application will be used to determine eligibility for subsidized housing and that this information will be verified. I/we understand that any false information may make me/us ineligible for a unit.

I/we certify that all information given in this application is true, complete and accurate. I/we understand that if any of this information is false, misleading, or incomplete, management may decline our application, or, if move-in has occurred, terminate our lease agreement.

I/we authorize management to make any inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit verification information which may be released to appropriate Federal, State or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed on this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for who I/we have, or expect to have, responsibility to provide housing for. I/we understand that if I/we enter into a lease, it will be for a one-year period.

I/we agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition, within 10 days.

All household members age 18 or older sign below:

1. \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature
2. \_\_\_\_\_ Date \_\_\_\_\_  
Spouse or Other Adult Signature
3. \_\_\_\_\_ Date \_\_\_\_\_  
Other Adult Signature
4. \_\_\_\_\_ Date \_\_\_\_\_  
Other Adult Signature

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Housing Authority of Henry County  
125 N. Chestnut St.  
Kewanee, IL 61443

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the manager to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residence and Rental Activity	

### GROUP OR INDIVIDUAL WHO MAY BE ASKED

Previous Landlords (including Public Housing Authorities)	
Courts and Post Offices	Past and Present Employers
Schools and Colleges	Welfare Agencies
Law Enforcement Agencies	State Unemployment Agencies
Medical and Child Care Providers	Social Security Administration
Retirement Systems	Support and Alimony Providers
Utility Companies	Veterans Administration
Credit Providers and Credit Bureaus	Banks and other Financial Institutions

### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for one year and one month from the date signed. I understand I have the right to review my file and correct and information that I can prove is incorrect.

### SIGNATURES

\_\_\_\_\_  
 Signature (First, Middle, Last)

\_\_\_\_\_  
 (Print Full Name)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Date of Birth (month/day/year)

\_\_\_\_\_  
 Sex

\_\_\_\_\_  
 HA Representative Signature

\_\_\_\_\_  
 (Title)

\_\_\_\_\_  
 Date

U.S. Department of Housing and Urban Development  
Office of Inspector General

May 1988  
P-88-2

## Things You Should Know

*Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.*

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**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

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**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you must be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance

Your State and local governments may have other laws and penalties as well.

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**Asking Questions** When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your questions or find out what the answer is.

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**Completing the Application** When you give your answers to application questions, you must include the following information:

- Income**
- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pensions, etc.);
  - Any money you receive on behalf of your children (child support, social security for children, etc.)
  - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.)
  - Earnings from second job or part-time job;
  - Any anticipated income (such as bonus or pay raise you expect to received).

- Assets**
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc

that are owned by you and any adult member of your family/household who will be living with you

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Family/  
Household  
Members**

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**Signing the  
Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

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**Beware of  
Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to fill out an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any more money other than the rent (such as maintenance charges).

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**Reporting  
Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on 202-472-4200. This is not a toll free number. You can also write to HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

Sign: \_\_\_\_\_

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

