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JOHN V. HANSON, Attorney

Administration Office • 125 N. Chestnut St. • Kewanee, Illinois 61443 • 309-852-2801 • Fax 309-852-0889

PLEASE READ CAREFULLY

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 – if married
- Divorce papers – if divorced
- Things you Should Know
- Signed Authorization for Release of Information – One per adult in household

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



Staff Initials

Date Rec'd

Time Rec'd



Application for Rental Housing Support Program
Housing Authority of Henry County
 125 N. Chestnut Street, Kewanee, IL 61443
 Phone 309-852-2801

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!

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 # 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 opportunity requirements and to assure that no discrimination occurs. Your answer 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: H- Hispanic ☐ NH – Non-Hispanic ☐

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

Minors (Last/First/MI)	Sex	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 a unit which is accessible to
persons with mobility, hearing, or visual impairments? () Yes () No
If yes, please explain: _____

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. How much rent are you now paying each month? \$ _____ / Utilities? \$ _____
4. 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 did you reside at this address? From: _____ To: _____

Reason for leaving: _____

Previous Housing Status		Rental Amount \$	
Address	City	State	Zip

Name of Landlord: _____ Phone No.# _____

Address: _____

How long did you reside at this 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 examples; past or present: Neighbor, supervisor at work, place where you do business, Clergy, etc.

1. _____			
Name (First, Last)		Phone No.	

Address	City	State	Zip
Relation: _____			

2. _____			
Name (First, Last)		Phone No.	

Address	City	State	Zip
Relation: _____			

3. _____			
Name (First, Last)		Phone No.	

Address	City	State	Zip
Relation: _____			

4. _____			
Name (First, Last)		Phone No.	

Address	City	State	Zip
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:

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 back 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:

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?	YES	Gross Monthly Amount	Name & Address Of Source
Wages, salaries (includes overtime, tips / Name: bonuses, commissions, self-employment)		\$	
Wages, salaries (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		\$	
Scholarship Funds or College Grant Money (College Financial Aid)		\$	
Other		\$	

1. Do you pay Child Support? Yes ____ No ____ If Yes, is it court ordered? Yes ____ No ____

Amount \$ _____ Paid how often? _____

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

2. Are you or anyone in your household a full-time student attending college or in vocational training on a full-time basis or plan to be in the next 12 months? Yes ____ No ____ - If Yes, list names of student(s) and educational institution they are attending: _____

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	NO	Value
Do you currently hold a contract for deed (land contract)?			\$
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:			\$

Authorization, Representations 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 of 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.

<p>I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT.</p> <p>HA Representative initial here: _____</p>

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 the property. Your voucher will be canceled and you will be removed from our program if you violate these rules.

I/We understand the information in this application will be used to determine eligibility for voucher assisted housing and that this information will be verified. I/We understand that any false information may make me/us ineligible for assistance.

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 your voucher assistance.

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 and 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 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. _____
Applicant's Signature Date _____
2. _____
Spouse or Other Adult Signature Date _____
3. _____
Other Adult Signature Date _____
4. _____
Other Adult Signature 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.

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.
Penalties for Committing Fraud	<p>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:</p> <ul style="list-style-type: none">• 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 <p>Your State and local governments may have other laws and penalties as well.</p>
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.
Completing the Application Income	<p>When you give your answers to application questions, you must include the following information:</p> <ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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.

**Family/
Household
Members**

- 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.

**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.

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.

**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).

**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: _____



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 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 Allowance	Credit and Criminal Activity
Residences and Rental Activity	

GROUP OR INDIVIDUAL WHO MAY BE ASKED

The groups or individuals who may be asked to release the above information (depending on program requirements) include by are not limited to:

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

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 a right to review my file and correct any information that I can prove is incorrect.

SIGNATURE

Signature (First, Middle, Last Name)

(Print Full Name)

Date

Social Security No.#

Date of Birth (month/day/year)

Sex

HA Representative Signature

Date

Title

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SIGNATURE

Signature (First, Middle, Last Name)	(Print Full Name)	Date
--------------------------------------	-------------------	------

Social Security No.#	Date of Birth (month/day/year)	Sex
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HA Representative Signature	Date
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Title
