

White County Housing Authority

Board of Directors:

Chris Birkla - Chairperson
Andi Ford - Vice Chairperson
Iann Mick, Melody Nelson, Brent Floyd - Commissioners

Executive Director:

Pamela Deig

Address:

500 Fourth Street
Crossville, IL 62827

Contact Information:

Telephone (618) 966-3868
Fax (618) 966-2303
whitecountyha@gmail.com

PLEASE FILL OUT THE APPLICATION COMPLETELY

THE FOLLOWING DOCUMENTS ARE REQUIRED:

- 1. BIRTH CERTIFICATES (ONLY CERTIFIED WILL BE ACCEPTED)**
- 2. DRIVERS LICENSE OR I.D.**
- 3. SOCIAL SECURITY CARDS FOR EVERYONE IN THE FAMILY.**
- 4. INCOME INFORMATION**

**WHEN THE APPLICATION IS COMPLETED AND YOU HAVE ALL OF THE
REQUIRED DOCUMENTS, PLEASE CONTACT THE OFFICE TO SCHEDULE
AN APPOINTMENT.**

DO NOT MAIL APPLICATIONS... APPOINTMENTS ARE REQUIRED!

THANK YOU,

**WHITE COUNTY HOUSING AUTHORITY
WENDY STONE
OCCUPANCY CLERK**

November 2004

Things You Should Know

| |
|--|
| <p>Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.</p> |
|--|

| | |
|----------------|--|
| 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 | 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 may 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 or Local governments may have other laws and penalties as well.

| | |
|-------------------------|---|
| Asking Questions | When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is. |
|-------------------------|---|

| | |
|-----------------------------------|--|
| Completing The Application | When you answer application questions, you must include the following information: |
|-----------------------------------|--|

Income

- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, 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 stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certificated of deposit, stocks, real estate, etc..that are owned by you and any adult member of your family's household who will be living with you.

- Any business or assets you sold in the last 2 years for less than its full value, such as your home to your children
- The names of all 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 the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you 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.

Recertification

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 increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets 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 file 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; and
- Get a written explanation if you are required to pay for anything other than 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 complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC 20410.

HOUSING AUTHORITY

P.O. Box 277
500 4th Street
Crossville IL 62827

TEL: 618-966-3868
FAX: 618-966-2303
whitecountyha@gmail.com

APPLICATION for PUBLIC HOUSING

This is not a Section 8 application and cannot be used for the Housing Voucher program.

Instructions: Please read Carefully. Incomplete application will not be processed.

- 1. This application is valid for all public housing properties operated by the Housing Authority**
- 2. To be qualified for admission to public housing an applicant must:**
 - (a) Be a family as defined in PHA's Admission and Continued Occupancy policy;**
 - (b) Meet the HUD requirements on citizenship or immigration status;**
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices.**
 - (d) Provide documentation of Social Security Numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;**
 - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;**
 - (f) Pay any money owed to PHA or any other housing authority;**
 - (g) Not have had a lease terminated by PHA in the past 12 months;**
 - (h) Be able and willing to comply with the Housing Authority lease; and**
 - (i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.**
- 3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.**
- 4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease.**
- 5. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.**
- 6. PHA will conduct a criminal record check on all applicants age 15 years and older.**

The Housing Authority is an Equal Housing Provider

ITEMS TO BRING TO THE INTERVIEW

I. Information About Your Income and Assets

1. ***Employment Income.*** For every member of your family who works, bring the following information:
 - Name, address and telephone number of the employer
 - Current rate of regular pay and overtime pay and the number of hour per week normally worked (three current pay stubs).
 - Information about any changes you expect in your pay or the number of hours worked during the next twelve months.
 - Other type of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc.
 - If self-employed, bring copy of past year's tax return.

2. ***Benefit and Support Income.*** If any member of your family receives any of the following types of income, bring name, address and telephone number of source of the income and information about the amount received:
 - Unemployment Compensation
 - Social Security
 - Supplemental Social Security
 - Pension
 - Disability Income
 - Alimony
 - Child Support
 - Welfare or other public assistance
 - Regular support from family members or friends
 - Self-employed

3. ***Amounts in Savings Accounts*** (including Christmas Clubs, Certificates of Deposit, IRA and Keogh Accounts) and Checking Accounts. Bring the account number for all accounts and the balance in your accounts.

4. ***Real Estate You Own.*** Bring information about the current value of the property. If you own property and rent it, bring the address of the property and information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms.)

5. ***Stocks, Bonds, Trusts, Other Investments.*** Bring account numbers, statements on value of investments and information about income from investments.

6. ***Life Insurance Policies.*** Bring name and address of company and policy numbers.

7. ***Other Income.*** For any other type of income your family has, bring the name, address and telephone number of the source of the income and information about the amount of income.
8. If you have sold or given away any assets in the past two years (such as giving a property or an amount of money to another family member), please bring information about those assets.

II. Information About Family Members

1. ***Age.*** If you do not receive benefits which prove your age, bring a birth certificate or other proof of age if the head of spouse is 62 years of age or older.
2. ***Children.*** Bring birth certificates, custody agreement, adoption papers or other proof that the children are members of this household.
3. ***Full-time Students.*** If any family members are 18 years of age or older and still attending school full time, bring information about where they attend school.
4. ***Disability Income.*** If any family member is a person with disabilities, bring information about any income the member receives because of his/her disability.
5. ***Displacement.*** If you indicated on your preapplication that your family has recently been displaced by government action, bring information about that situation.

III. Expenses

Bring information about any of the following expenses you expect to have during the next twelve months.

1. ***Medical expenses not covered by insurance.*** (Elderly/disabled households only.)
2. ***Medical insurance premiums*** or amounts deducted from your pay for medical insurance. (Elderly/disabled households only.)
3. ***Child care expenses*** to care for your children while you work, look for work or go to school.
4. ***Disability assistance expenses*** to care for a family member with disabilities, which enable you or another family member to work.

PERSONAL DECLARATION

(Application)

INSTRUCTIONS:

YOU MUST COMPLETE THIS FORM AND BRING IT TO YOUR OFFICE APPOINTMENT. (Please Print of Type) THIS FORM MUST BE SIGNED BY ALL ADULTS AT THE OFFICE APPOINTMENT; DO NOT SIGN AT HOME.

(Failure to complete this form will result in delays in processing your application and/or rescheduling your office appointment.)

The information you give regarding household composition, income, family assets and deductions must be accurate and complete to the best of your knowledge and belief.

APPLICANT FAMILY/UNIT:

| | | | | | |
|--|---------|-------|-----|--------|--------|
| APPLICANT NAME | ADDRESS | APT.# | ZIP | HOME # | WORK # |
| Person to call in case of emergencies: | | | | | |

| | | | | | |
|-------------------------|---------|-------|-----|--------|--------|
| NAME OF FRIEND/RELATIVE | ADDRESS | APT.# | ZIP | HOME # | WORK # |
|-------------------------|---------|-------|-----|--------|--------|

A. HOUSEHOLD ADULT MEMBERS: [List children in Part B.]

List yourself and all other persons who are part of your application. In addition, list all other persons Currently living/staying in the same residence with you. List all adults, age 18 and over in this Section. Print clearly. This section is for adults only.

1

| | | | |
|-----------|------------|----|-------------|
| Last Name | First Name | MI | Soc. Sec. # |
|-----------|------------|----|-------------|

| | | | | |
|-----------------------------------|-------------------------------------|--|--------------------------------------|--|
| Birth Place/City, State | Birth Date | Driver's License #/ State | | |
| Check all that apply: | | | | |
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Seperated | Relation to Head of Household: SELF |
| <input type="checkbox"/> Widow | <input type="checkbox"/> Student | <input type="checkbox"/> Disabled | <input type="checkbox"/> Handicapped | |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Self employed | <input type="checkbox"/> Retired | |

If you are seperated of divorced, complete the following:

| | |
|-----------------------|---------|
| Spouse/Ex-spouse Name | Address |
|-----------------------|---------|

| | |
|-------------------|------------|
| Social Security # | Birth Date |
|-------------------|------------|

2

| | | | |
|-----------|------------|----|-------------|
| Last Name | First Name | MI | Soc. Sec. # |
|-----------|------------|----|-------------|

| | | | | |
|-----------------------------------|-------------------------------------|--|--------------------------------------|-----------------------------------|
| Birth Place/City, State | Birth Date | Driver's License #/ State | | |
| Check all that apply: | | | | |
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Seperated | Relation to Head of Household: |
| <input type="checkbox"/> Widow | <input type="checkbox"/> Student | <input type="checkbox"/> Disabled | <input type="checkbox"/> Handicapped | |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Self employed | <input type="checkbox"/> Retired | |

If you are seperated of divorced, complete the following:

| | |
|-----------------------|---------|
| Spouse/Ex-spouse Name | Address |
|-----------------------|---------|

| | |
|-------------------|------------|
| Social Security # | Birth Date |
|-------------------|------------|

OFFICIAL USE ONLY

Housing Assistant

1

SSA Card on file.

ID/Birth Certificate on file.

Review personal Status.

Aged/Disabled.

Divorce Papers.

Divorce/Seperation Certification

2

SSA Card on file.

ID/Birth Certificate on file.

Review personal Status.

Aged/Disabled.

Yes No

Applicant

Divorce Papers.

Divorce/Seperation Certification

3

Last Name First Name MI Soc. Sec. #

Birth Place/City, State Birth Date Driver's License #/ State
Check all that apply: Male Female
Single Married Divorced Seperated
Widow Student Disabled Handicapped
Employed Unemployed Self employed Retired
Relation to Head of Household:

If you are seperated of divorced, complete the following:

Spouse/Ex-spouse Name Address

Social Security # Birth Date

4

Last Name First Name MI Soc. Sec. #

Birth Place/City, State Birth Date Driver's License #/ State
Check all that apply: Male Female
Single Married Divorced Seperated
Widow Student Disabled Handicapped
Employed Unemployed Self employed Retired
Relation to Head of Household:

If you are seperated of divorced, complete the following:

Spouse/Ex-spouse Name Address

Social Security # Birth Date

B. CHILDREN IN HOUSEHOLD : List all children who stay with you. Relation to Head of Household:

1 Last Name First Name MI

Social Security # Sex Birth Date

Birth Place School Name Address Zip Code

Mother's Name Social Security # Birth Date Address

Father's Name Social Security # Birth Date Address

2 Last Name First Name MI Relation to Head of Household:

Social Security # Sex Birth Date

Birth Place School Name Address Zip Code

Mother's Name Social Security # Birth Date Address

Father's Name Social Security # Birth Date Address

OFFICIAL USE ONLY

3

- SSA Card on file.
ID/Birth Certificate on file.
Review personal Status.
Aged/Disabled.

Yes No
Applicant

- Divorce Papers.
Divorce/Seperation Certification

4

- SSA Card on file.
ID/Birth Certificate on file.
Review personal Status.
Aged/Disabled.

Yes No
Applicant

- Divorce Papers.
Divorce/Seperation Certification

B.

1

- SSA Card on file.
ID/Birth Certificate on file.
Review Information on Parents

Yes No
Applicant

2

- SSA Card on file.
ID/Birth Certificate on file.
Review Information on Parents

Yes No
Applicant

| | | | |
|-------------------|-------------------|------------|-----------------------------------|
| 3 | | | Relation to Head of Household: |
| Last Name | First Name | MI | |
| Social Security # | Sex | Birth Date | |
| Birth Place | School Name | Address | Zip Code |
| Mother's Name | Social Security # | Birth Date | Address |
| Father's Name | Social Security # | Birth Date | Address |

| | | | |
|-------------------|-------------------|------------|-----------------------------------|
| 4 | | | Relation to Head of Household: |
| Last Name | First Name | MI | |
| Social Security # | Sex | Birth Date | |
| Birth Place | School Name | Address | Zip Code |
| Mother's Name | Social Security # | Birth Date | Address |
| Father's Name | Social Security # | Birth Date | Address |

| | | | |
|-------------------|-------------------|------------|-----------------------------------|
| 5 | | | Relation to Head of Household: |
| Last Name | First Name | MI | |
| Social Security # | Sex | Birth Date | |
| Birth Place | School Name | Address | Zip Code |
| Mother's Name | Social Security # | Birth Date | Address |
| Father's Name | Social Security # | Birth Date | Address |

C. FOSTER CHILDREN :

Is anyone living in your home a foster child? Yes No

If yes, list complete name for each foster child:

D. LIST ALL FULL-TIME STUDENTS 18 YEARS OR OLDER:

| | |
|----------------|----------------------------|
| Student's Name | Name and address of School |
| Student's Name | Name and address of School |
| Student's Name | Name and address of School |

OFFICIAL USE ONLY

3

SSA Card on file.

ID/Birth Certificate on file.

Review Information on Parents

Yes No

Applicant

4

SSA Card on file.

ID/Birth Certificate on file.

Review Information on Parents

Yes No

Applicant

5

SSA Card on file.

ID/Birth Certificate on file.

Review Information on Parents

Yes No

Applicant

C.

Documentation of foster care status, for each child

Foster Care License.

Yes No

Applicant

| | | |
|-------------|--------------------------|--------------------------|
| D | Yes | No |
| Student Aid | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| Student Aid | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| Student Aid | <input type="checkbox"/> | <input type="checkbox"/> |

E. **WORKING:** Is anyone working or expecting to work in the next 6 months?

Yes No

If yes, complete the portion below. (If self-employed, please provide a ledger of income and expenses.)

| | | | |
|------|------------|-----------------------|--|
| Name | Occupation | Gross Wages Per Month | |
|------|------------|-----------------------|--|

| | | | |
|-----------------|---------|------------------|-------|
| Employer's Name | Address | City, State, Zip | Phone |
|-----------------|---------|------------------|-------|

Do you ever receive any of the following:

| | | | | | |
|----------|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|
| Overtime | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bonus | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Commission | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|------|------------|-----------------------|--|
| Name | Occupation | Gross Wages Per Month | |
|------|------------|-----------------------|--|

| | | | |
|-----------------|---------|------------------|-------|
| Employer's Name | Address | City, State, Zip | Phone |
|-----------------|---------|------------------|-------|

Do you ever receive any of the following:

| | | | | | |
|----------|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|
| Overtime | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bonus | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Commission | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|------|------------|-----------------------|--|
| Name | Occupation | Gross Wages Per Month | |
|------|------------|-----------------------|--|

| | | | |
|-----------------|---------|------------------|-------|
| Employer's Name | Address | City, State, Zip | Phone |
|-----------------|---------|------------------|-------|

Do you ever receive any of the following:

| | | | | | |
|----------|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|
| Overtime | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bonus | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Commission | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|------|------------|-----------------------|--|
| Name | Occupation | Gross Wages Per Month | |
|------|------------|-----------------------|--|

| | | | |
|-----------------|---------|------------------|-------|
| Employer's Name | Address | City, State, Zip | Phone |
|-----------------|---------|------------------|-------|

Do you ever receive any of the following:

| | | | | | |
|----------|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|
| Overtime | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bonus | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Commission | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|------|------------|-----------------------|--|
| Name | Occupation | Gross Wages Per Month | |
|------|------------|-----------------------|--|

| | | | |
|-----------------|---------|------------------|-------|
| Employer's Name | Address | City, State, Zip | Phone |
|-----------------|---------|------------------|-------|

Do you ever receive any of the following:

| | | | | | |
|----------|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|
| Overtime | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bonus | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Commission | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

OFFICIAL USE ONLY

E.

Paystubs on file.

Employer's report on file.

W2/1099.

Earnings Exempt:

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Paystubs on file.

Employer's report on file.

W2/1099.

Earnings Exempt:

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Paystubs on file.

Employer's report on file.

W2/1099.

Earnings Exempt:

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Paystubs on file.

Employer's report on file.

W2/1099.

Earnings Exempt:

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Paystubs on file.

Employer's report on file.

W2/1099.

Earnings Exempt:

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

F. **INCOME:** Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who and amount received monthly.

| Item | Yes | No | Who | Monthly Amount |
|------------------------------|--------------------------|--------------------------|-------|----------------|
| •Training | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Work Study | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Educational Loans | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Grants, Scholarships | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •TANF | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •General Relief | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Unemployment Benefits | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •State Disability | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Workers Compensation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Child Support | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Spousal Support | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Social Security | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •SSI | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Pension/Retirement | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Veteran's Benefit | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Military Allotment | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Railroad Retirement | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Interest/Asset | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Income from Rental Property | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Second Job | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| •Other, Explain: | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

OFFICIAL USE ONLY

F.

TANF or GR

| WORKER NAME | NUMBER | DSS OFFICE ADDRESS | CITY, STATE, ZIP | PHONE |
|-------------|--------|--------------------|------------------|-------|
| | | | | |

TANF or GR

| WORKER NAME | NUMBER | DSS OFFICE ADDRESS | CITY, STATE, ZIP | PHONE |
|-------------|--------|--------------------|------------------|-------|
| | | | | |

Bring your most recent proof of income and your last Federal income tax return to your office appointment (examples: letter from employer, check stub, welfare or social security award letters, bank statements, 1099 forms, etc.).

G. Do you employ the services of a Care Provider for a child 12 years or under or for a disabled person? Yes No If yes, complete the following:

1) Care Provider Name _____ Amount Paid _____
 Weekly or Monthly (circle one)

Care Provider Address _____ Care Provider Phone _____

1) Care Provider Name _____ Amount Paid _____
 Weekly or Monthly (circle one)

Care Provider Address _____ Care Provider Phone _____

OFFICIAL USE ONLY

G.

Third Party Verifications
 Who pays child care expense?

H Does anyone receive contributions, gifts or loans from any source? Yes No

If yes, complete the following:

| Items Received | Value of Item | Who Gives the Item |
|----------------|---------------|--------------------|
|----------------|---------------|--------------------|

I. Does anyone own or is anyone buying real estate, such as land and/or buildings, mobile homes, etc., anywhere? Yes No If yes complete the following:

| Type | Address | Estimated Value |
|------|---------|-----------------|
|------|---------|-----------------|

J. Does anyone, including children, have any of the following resources? Check Yes or No for each item. If yes list who and amount.

| Item | Yes | No | Who | Amount |
|------|-----|----|-----|--------|
|------|-----|----|-----|--------|

•Cash Yes No _____

•Checking Account(s) Yes No _____

How many Checking Accounts do you have? ___

•Savings Account(s) Yes No _____

How many Savings Accounts do you have? ___

•Life Insurance Policy Yes No _____

•Trust Funds Yes No _____

•Stocks or Bonds Yes No _____

•Certificates of Deposit or Money Market Account Yes No _____

•Notes, Mortgages, or Deeds Yes No _____

•Retirement Accounts Yes No _____

•Deferred Compensation Yes No _____

•Safe Deposit Box Yes No _____

•Real Estate Yes No _____

•Other, Explain: Yes No _____

If yes to any items above, complete the following:

| Type of Resource | Current Value | Name and Address of Institution | Account Number |
|------------------|---------------|---------------------------------|----------------|
|------------------|---------------|---------------------------------|----------------|

OFFICIAL USE ONLY

H.

Third Party Verifications

I.

Third Party Verifications

Market Value \$ _____

J.

Third Party Verifications

on file. (Check)

K. Does anyone receive any income from any other source, including someone outside your household paying for any of your bills or giving you money? Yes No

If yes, please explain.

L. Does anyone own or have the use of any vehicle, such as car, truck, motor home, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle? Yes No

If yes, please complete the following:

| Type | License # | State | Year | Make and Model |
|------|-----------|-------|------|----------------|
| | | | | |
| | | | | |
| | | | | |

M. Do you have a live-in aide? Yes No If yes, complete the following:

| Name | Social Security # |
|------|-------------------|
| | |
| | |

Do you pay for this service yourself? Yes No If no, please explain:

N. Have you or any member of your household (listed above) ever been arrested for any drug-related criminal activity? Yes No If yes, please give dates, charges, city and state:

O. Have you or any member of your household (listed above) ever been arrested for any felonious violent criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another? Yes No

If yes, please give date, charges, and city and state:

P. Have you or any other adult member ever used any name(s)/social security number(s) other than the one you have listed? Yes No If yes, explain:

Q. Have you or any other adult household member sold any business or asset in the last 2 years for less than its full value? Yes No If yes, explain:

R. Have you or any other household member lived in any rental assisted housing?

Yes No If yes, give the details:

| Where | When |
|-------|------|
| | |
| | |

S. Have you ever committed fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs?

Yes No If yes, explain:

T. Are there any children 7 years and under who have an elevated blood level of lead?

Yes No

OFFICIAL USE ONLY

K.

L.

M.

Physician's Evaluation
24 hour care.

IHSS Evaluation
24 hour care.

Live-In Aide
Certification

N.

O.

P.

Q.

Third Party Verification of
Property Value

Verification that Asset
is no longer owned by
household member

Disposition of Proceeds.

R.

Review for Outstanding
Collections.

S.

Review eligibility status
(Is account balance zero
or up to date?)

T.

T. MEDICAL EXPENSES-ELDERLY HANDICAPPED OR DISABLED FAMILIES ONLY

If the head of household or the spouse of the head of household is: a) 62 years of age or older; b) handicapped; or c) disabled; AND if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly costs. You may bring receipts for medicine or a statement from you pharmacist itemizing the medications and cost. Be sure to bring your medicare and insurance statements with you.

| Name of Pharmacy | Address | City, State, Zip |
|------------------|---------|------------------|
|------------------|---------|------------------|

HEAD OF HOUSEHOLD ONLY, please complete:
(Enter code which best described your race.)

| Race { } | Ethnicity { } |
|----------------------------------|-----------------|
| 1- White | 1. Hispanic |
| 2-Black or African American | 2- Non-Hispanic |
| 3-American Indian/Alaskan Native | |
| 4-Asian/Pacific Islander | |

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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.

You must provide all the information requested by the public housing agency, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older in 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.

Authority for information collection: The following laws authorize the collection of this information by HUD or the public housing agency; the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

APPLICANT / TENANT CERTIFICATION & NOTICE

I/We certify that the information* given to the Public Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

*After verification by this PHA, the information will be submitted to HUD on Form HUD-50058 (Tenant Data Summary, a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Notice for more information about its use.)

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.

I do hereby swear and attest that all the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Public Housing Authority *IN WRITING* immediately.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct, and complete.

WAIT! THIS FORM IS TO BE SIGNED AT YOUR APPOINTMENT. ALL ADULT MEMBERS MUST SIGN THIS FORM IN FRONT OF A HOUSING COMMISSION STAFF MEMBER.

Signature of Head of Household Date Signature of Head of Household Date

Signature of Other Adult Date Signature of Other Adult Date

NOTE: If form is completed by a person other than applicant/participant, please sign and complete representative information.

Print Name Signature of Representative Date

Address City State Zip Phone

PHA OFFICIAL'S CERTIFICATION AND NOTICE FOR TENANT'S FILE

I certify that:

1. The information given to the Public Housing Authority by the household of _____ on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal Law;
2. The family was eligible at admission; and
3. The family has certified that it has given our agency accurate and complete information.

PHA Official or Representative

Date

FILE NAME _____ SOCIAL SECURITY NO. _____

**PUBLIC HOUSING PROGRAM
TENANCY HISTORY / INFORMATION SHEET**

NAME _____ HOME TELEPHONE _____

(Check One)

- | | |
|--|--------------------|
| 1. Are you visually impaired? <i>(optional)</i> | Yes _____ No _____ |
| 2. Are you hearing impaired? <i>(optional)</i> | Yes _____ No _____ |
| 3. Does anyone in your family need a wheelchair? <i>(optional)</i> | Yes _____ No _____ |
| 4. Can you live in an upstairs apartment? | Yes _____ No _____ |
| 5. Will you have any pets? | Yes _____ No _____ |

If yes, please describe: _____

6. Has anyone on this application ever been arrested or detained by the police for a crime (other than traffic violations)? Yes _____ No _____

If yes, who? _____

Describe criminal activity (conviction/pending): _____

Action taken/ judgment: _____

7. Has anyone on this application ever been evicted from a rental unit within the last five (5) years? Yes _____ No _____

If yes, give date, address and reason why _____

Below please list your residence history for the past five (5) years. Use additional paper, if necessary.

1) PRESENT ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

2) PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

3) NEXT PREVIOUS ADDRESS: _____

STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

4) NEXT PREVIOUS ADDRESS: _____

STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

5) NEXT PREVIOUS ADDRESS: _____

STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

6) NEXT PREVIOUS ADDRESS: _____

STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

7) NEXT PREVIOUS ADDRESS: _____
STREET CITY/STATE ZIP CODE

FROM: _____ TO: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

FINANCIAL OBLIGATIONS IF APPLICABLE (I.E., CAR PAYMENTS, LOANS, ETC.):

| PAYMENTS TO: | AMOUNT PER MONTH: | PAYMENTS TO: | AMOUNT PER MONTH: |
|--------------|-------------------|--------------|-------------------|
| 1) _____ | \$ _____ | 4) _____ | \$ _____ |
| 2) _____ | \$ _____ | 5) _____ | \$ _____ |
| 3) _____ | \$ _____ | 6) _____ | \$ _____ |

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.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. I HEREBY AUTHORIZE THE PUBLIC HOUSING AUTHORITY TO VERIFY ANY INFORMATION REGARDING RENTAL HISTORY OR CRIMINAL ACTIVITY, INCLUDING OBTAINING A CONSUMER OR INVESTIGATIVE CREDIT REPORT.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS STATEMENT OF FACTS IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE DATE

SIGNATURE DATE

SIGNATURE DATE

White County Housing Authority
P.O. Box 277
Crossville IL 62827
(618)-966-3868
Fax (618) 966-2303

CRIMINAL HISTORY INFORMATION RELEASE FORM
ALL PERSONS 18 YRS OF AGE OR OLDER MUST
COMPLETE THIS FORM

Date _____

Applicant Name _____

Consent: I consent to allow White County Housing Authority to request and obtain criminal history information from any law enforcement agency for the purpose of verifying my eligibility for Low Income Public Housing.

Applicant Signature Date

Applicant Date of Birth

Applicant Social Security Number

White County Housing Authority

Chris Birkla - Chairperson
Andi Ford - Vice Chairperson
Iann Mick, Melody Nelson, Brent Floyd - Commissioners
Pamela Deig - Executive Director

500 Fourth Street
Crossville, IL 62827

Telephone (618) 966-3868
Fax (618) 966-2303
whitecountyha@gmail.com

P.O. Box 277
Crossville, IL 62827

CONSENT TO RELEASE INFORMATION

CONSENT

I/WE THE UNDERSIGNED HAVE APPLIED FOR PUBLIC HOUSING. IN ORDER THAT THE HOUSING AUTHORITY OF WHITE COUNTY MAY ESTABLISH/RE-ESTABLISH MY/OUR ELIGIBILITY FOR ASSISTANCE, I/WE HEREBY AUTHORIZE AND DIRECT ANY INDIVIDUAL, BUSINESS, ORGANIZATION, FEDERAL, STATE OR LOCAL AGENCY TO RELEASE TO AND/OR VERIFY FOR THE HOUSING AUTHORITY OF WHITE COUNTY, ALL INFORMATION DEEMED NECESSARY TO VERIFY EMPLOYMENT AND INCOME, ASSETS, CREDIT HISTORY, MEDICAL EXPENSES, PERSONAL REERENCES, RESIDENCES AND RENTAL ACTIVITY AND VERIFICATION OF DISABILITY OR HANDICAP.

INFORMATION COVERED

I/WE, FURTHER UNDERSTAND THAT VERIFICATIONS AND INQUIRES THAT MAY BE REQUESTED INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

| | |
|-------------------------------|--------------------|
| IDENTITY AND MARITAL STATUS | MEDICAL ALLOWANCES |
| RESIDENCES AND RENTAL HISTORY | EMPLOYMENT, INCOME |
| CREDIT AND CRIMINAL ACTIVITY | AND ASSETS |

GROUPS OR INDIVIDUALS FROM WHICH INFORMATION MAY BE REQUESTED, INCLUDE BUT NOT LIMITED TO:

| | |
|--|--|
| COURTS AND POST OFFICES | LAW ENFORCEMENT AGENCIES |
| MEDICAL PROVIDERS | RETIREMENT SYSTEMS |
| UTILITY COMPANIES | CREDIT PROVIDERS/CREDIT BUREAUS/WELFARE AGENCY |
| STATE UNEMPLOYMENT AGENCY | SOCIAL SECURITY ADMINISTRATION |
| VETERANS ADMINISTRATION | BANK AND OTHER FINANCIAL INSTITUIONS |
| PREVIOUS LANDLORDS (INCLUDING PUBLIC HOUSING AGENCIES) | |

CONDITIONS

I/WE 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 OFFICE OF THE HOUSING OF WHITE COUNTY, I/WE UNDERSTAND THAT ANY INFORMATION OBTAINED WITH THIS RELEASE IS CONFIDENTIAL AND MAY NOT BE RELEASED WITHOUT MY/OUR PERMISSION EXCEPT TO OTHER GOVERNMENT ENTITIES SUCH AS OTHER HOUSING AUTHORITIES, POLICE OFFICIALS, PUBLIC ASSISTANCE, ETC. I/WE DO ALSO UNDERSTAND THAT INFORMATION OBTAINED BY THIS RELEASE IS USED TO DETERMINE MY/OUR ELIGIBILTY FOR HOUSING ASSISTANCE.

SIGNATURES

APPLICANT

DATE

CO-APPLICANT

DATE
