

*White County*  
*Housing Authority*

**DIANA CAMPBELL**

Chairperson

**WES TROUT**

Vice-Chairman

**JOE BISCH**

**CHARLES LAND**

**CHRISTINE WELLS**

Commissioners

**LEIGH SHORT**

Executive Director

Fax (618) 966-2303

Telephone (618) 966-3868

ilo68@crosstelco.com

P.O. Box 277

Crossville, Illinois

Zip 62827

**PLEASE FILL OUT THE APPLICATION COMPLETELY, WHEN COMPLETED CALL THE OFFICE FOR AN APPOINTMENT.**

**THE FOLLOWING ORIGINAL DOCUMENTS MUST BE PROVIDED AT YOUR APPOINTMENT:**

- 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**

**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>
--

---

<b>Purpose</b>	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.
----------------	--

---

<b>Penalties For Committing Fraud</b>	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.

---

<b>Asking Questions</b>	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.
-------------------------	---

---

<b>Completing The Application</b>	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  
[ilo68@crosstelco.com](mailto:ilo68@crosstelco.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"/> Male	<input type="checkbox"/> Female			
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	
<input type="checkbox"/> Widowed	<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	
				Relation to Head of Household: <b>SELF</b>

If you are separated or 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"/> Male		<input type="checkbox"/> Female		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	
<input type="checkbox"/> Widowed	<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	
				Relation to Head of Household:

If you are separated or 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/Separation Certification

---

2

SSA Card on file.

ID/Birth Certificate on file.

Review personal Status.

Aged/Disabled.

Yes No

Applicant

Divorce Papers.

Divorce/Separation 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

<b>D</b>	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"/>



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	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
•Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
How many Checking Accounts do you have? __			_____	_____
•Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
How many Savings Accounts do you have? __			_____	_____
•Life Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
•Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
•Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
•Certificates of Deposit or Money Market Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
•Notes, Mortgages, or Deeds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
•Retirement Accounts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
•Deferred Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
•Safe Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
•Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
•Other, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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? *(optional)* Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are you hearing impaired? *(optional)* Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does anyone in your family need a wheelchair? *(optional)* 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

DIANA CAMPBELL  
Chairperson  
WES TROUT  
Vice-Chairman  
JOE BISCH  
CHARLES LAND  
CHRISTINE WELLS  
Commissioners  
LEIGH SHORT  
Executive Director

Telephone (618) 966-3868  
ilo68@crosstelco.com

P.O. Box 277  
Crossville, Illinois  
Zip 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

---