



**Address:**

500 Fourth Street  
Crossville, IL 62827

**Board of Directors:**

Chris Birkla - Chairperson  
Melody Nelson - Vice Chairperson  
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**Executive Director:**

Pamela Deig

**Contact Information:**

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[whitecountyha@gmail.com](mailto: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,**

**WENDY STONE  
OCCUPANCY CLERK**

November 2004

# Things You Should Know

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

<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.
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<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:
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- 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.
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<b>Completing The Application</b>	When you answer application questions, you must include the following information:
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## 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.

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## **Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign 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.

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## **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.

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## **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).

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## **Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your 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](mailto:whitecountyha@gmail.com)

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### 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	• Alimony
• Social Security	• Child Support
• Supplemental Social Security	• Welfare or other public assistance
• Pension	• Regular support from family members or friends
• Disability Income	• 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 #
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Person to call in case of emergencies:

NAME OF FRIEND/RELATIVE	ADDRESS	APT.#	ZIP	HOME #	WORK #
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### 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"/> 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 separated or divorced, complete the following:			Relation to Head of Household: <b>SELF</b>

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"/> 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 separated or divorced, complete the following:			Relation to Head of Household:

Spouse/Ex-spouse Name	Address
Social Security #	Birth Date

## OFFICIAL USE ONLY

Housing Assistant

- |   |
|---|
| 1   |
| <input type="checkbox"/> SSA Card on file.                |
| <input type="checkbox"/> ID/Birth Certificate on file.    |
| <input type="checkbox"/> Review personal Status.          |
| <input type="checkbox"/> Aged/Disabled.                   |
| <input type="checkbox"/> Divorce Papers.                  |
| <input type="checkbox"/> Divorce/Separation Certification |

- |   |
|---|
| 2   |
| <input type="checkbox"/> SSA Card on file.                  |
| <input type="checkbox"/> ID/Birth Certificate on file.      |
| <input type="checkbox"/> Review personal Status.            |
| <input type="checkbox"/> Aged/Disabled.                     |
| Yes    No   |
| Applicant <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Divorce Papers.                    |
| <input type="checkbox"/> 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:		<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"/> 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 separated or divorced, complete the following:			Relation to Head of Household:

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:		<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"/> 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 separated or divorced, complete the following:			Relation to Head of Household:

Spouse/Ex-spouse Name	Address
Social Security #	Birth Date

B. **CHILDREN IN HOUSEHOLD** : List all children who stay with you.

1	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
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

Personal Declaration

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## OFFICIAL USE ONLY

3

<input type="checkbox"/> SSA Card on file.	
<input type="checkbox"/> ID/Birth Certificate on file.	
<input type="checkbox"/> Review personal Status.	
<input type="checkbox"/> Aged/Disabled.	
Yes No	
Applicant	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Divorce Papers.	
<input type="checkbox"/> Divorce/Separation Certification	

4

<input type="checkbox"/> SSA Card on file.	
<input type="checkbox"/> ID/Birth Certificate on file.	
<input type="checkbox"/> Review personal Status.	
<input type="checkbox"/> Aged/Disabled.	
Yes No	
Applicant	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Divorce Papers.	
<input type="checkbox"/> Divorce/Separation Certification	

B.

1

<input type="checkbox"/> SSA Card on file.	
<input type="checkbox"/> ID/Birth Certificate on file.	
<input type="checkbox"/> Review Information on Parents	
Yes No	
Applicant	<input type="checkbox"/> <input type="checkbox"/>

2

<input type="checkbox"/> SSA Card on file.	
<input type="checkbox"/> ID/Birth Certificate on file.	
<input type="checkbox"/> Review Information on Parents	
Yes No	
Applicant	<input type="checkbox"/> <input type="checkbox"/>



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

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

Social Security #	Sex	Birth Date
-------------------	-----	------------

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

Social Security #	Sex	Birth Date
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Birth Place	School Name	Address	Zip Code
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Mother's Name	Social Security #	Birth Date	Address
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Father's Name	Social Security #	Birth Date	Address
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**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
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Student's Name	Name and address of School
----------------	----------------------------

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

Personal Declaration

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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 ☐ ☐

Yes No

Student Aid ☐ ☐

Yes No

Student Aid ☐ ☐

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
------	------------	-----------------------

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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
------	------------	-----------------------

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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

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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"/>

[illegible]

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"/>		

TANF or GR			
WORKER NAME	NUMBER	DSS OFFICE ADDRESS	CITY, STATE, ZIP

TANF or GR				
WORKER NAME	NUMBER	DSS OFFICE ADDRESS	CITY, STATE, ZIP	

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

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G.	
<input type="checkbox"/>	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
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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
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H.

☐ Third Party Verifications

I.

☐ Third Party Verifications

Market Value \$ \_\_\_\_\_

J.

☐ Third Party Verifications

on file. (Check)

☐

☐

☐

☐

☐

☐

☐

☐

☐

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☐

☐

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

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

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**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

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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

500 Fourth Street  
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

500 Fourth Street  
Crossville, IL 62827  
Phone: (618) 966-3868

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## **CONSENT TO RELEASE INFORMATION**

### **Consent**

I/we, the undersigned, have applied for public housing. In order that the White County Housing Authority 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 White County Housing Authority, all information deemed necessary to verify employment and income, assets, credit history, medical expenses, personal references, residences and rental activity, and verification of disability or handicap.

### **Information Covered**

I/we further understand that verifications and inquiries that may be requested include, but are not limited to, the following:

Identity and Marital Status	Medical Allowances
Residence and Rental History	Employment income and assets
Credit and Criminal Activity	

Groups and individuals from which information may be requested include, but are not limited to:

Courts and Post Offices	Law Enforcement Agencies
Medical Providers	Retirement Systems
Utility Companies	Credit Providers and Credit Bureaus
Past and Present Employers	Welfare Agencies
State Unemployment Agencies	Social Security Administration
Veterans Administration	Banks and Other Financial Institutions
Previous Landlords (including PHAs)	Attorneys representing clients

### **Conditions**

I/we agree that a photocopy of this Consent may be used for the purposes stated above. The original of this Consent is on file in the office of the White County Housing Authority. I/we understand that any information obtained with this Consent 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 Consent is used to determine my/our eligibility for housing assistance.

SIGNATURES

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
DATE