



# Montgomery County Housing Authority

216 Shelbyville Road, P.O. Box 591

Hillsboro, Illinois 62049


(217) 532-3672 ext. 21 or 29

Office Hours: Monday thru Friday, 8 a.m. to 4:30 p.m.

## Housing Assistance Application

This information is to assist you in preparing for your intake interview to apply for Public Housing, Section 8 and LIHTC Programs with the Montgomery County Housing Authority.

Bring the following documentation with you when you come in for your interview:



**Call to schedule  
interview  
appointment!**

1. Completed Application
2. **Certified** Birth Certificates and Social Security Cards for each member who will reside in the household. Photo ID for all household members over 18.
3. Check all income information that applies to you below. You **MUST** provide the Names & Address along with the amount received from all that apply to you!

<input type="checkbox"/> Wages	<input type="checkbox"/> Overtime Pay	<input type="checkbox"/> Commissions	<input type="checkbox"/> Military Pay
<input type="checkbox"/> Fees	<input type="checkbox"/> Bonuses	<input type="checkbox"/> Tips	<input type="checkbox"/> TANF
<input type="checkbox"/> Dividends	<input type="checkbox"/> Rental Property	<input type="checkbox"/> Interest Income	
<input type="checkbox"/> Social Security	<input type="checkbox"/> SSD	<input type="checkbox"/> Annuities	
<input type="checkbox"/> Pensions	<input type="checkbox"/> Alimony	<input type="checkbox"/> Child Support	
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Worker's Comp.	<input type="checkbox"/> Severance Pay	
<input type="checkbox"/> SSI	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Relocation Payments	

4. Assets: Name and Addresses of bank or financial institutions where you have checking accounts, savings accounts, CD's or any other investments including stocks or bonds, IRA's, etc.
5. Proof of value for ALL real estate: Provide appraisal and proof of any money owed. If Contract for Deed (contract).
6. Child Care Expenses: Name and address of childcare provider. We can only count if paid by you and any agency or person does not reimburse you. (For Public Housing and Section 8 Programs ONLY)
7. Complete Landlord names and addresses for the last 3 years, as well as accurate addresses where you resided during the same time period.
8. Documentation supporting name changes; i.e. marriage certificates, divorce decrees, as well as child custody documentation

### **If Handicapped, Disabled or Elderly: (For PUBLIC HOUSING and SECTION 8 ONLY)**

1. Medical - Names & Addresses of all Medical providers for proof of out-of-pocket expenses.
2. Medical Insurance - Payment Verification
3. Prescriptions - Name & Address of pharmacy for verification purposes

Please be aware that ALL above documentation, which pertains to your situation, **MUST** be received at the time of application. If not, your appointment will be rescheduled. **EVERY** adult member (anyone over 18) of the household **MUST** be present at the time of the interview.

In the Spring of 1996 Congress passed a bill entitled "One Strike and You're Out". One of the purposes of the bill is to help create a safe and peaceful housing environment.

Under the terms of this bill, the PHA may deny eligibility or terminate the lease for the alcohol abuse, drug use or drug related or criminal activity involving the resident, members of the resident's household, guests, or any one under the resident's or the resident's household member's control. Arrest or conviction is not necessary in order to terminate the lease, and proof of a violation beyond a reasonable doubt is not required. Residents are responsible for the activities of visitors to their households in addition to the household itself.

Drug related activity occurring on or off of PHA property is a reason for eviction. Drug related activity is illegal manufacture, sale, distribution, use, possession, storage, service, delivery or cultivation of a controlled substance with the intent to manufacture or sell, distribute, or use a controlled substance (as defined in Section 102 of the Controlled Substances Act). Criminal activity is criminal activity that threatens the health and safety of persons or right to the peaceful enjoyment of the premises and PHA property, which would include crimes of violence (e.g. murder, battery, rape, child abuse, spousal abuse, stalking and assault); crime against property (e.g. burglary, larceny, and robbery); crimes which impose financial cost (e.g. arson, vandalism and graffiti); or crimes that involve disturbing the peace. Alcohol abuse is the abuse of alcohol on PHA property, including in the dwelling unit or within fifty yards of any PHA property. Alcohol abuse can include consumption by minors, aiding or abetting the consumption of alcohol by minors, violation of laws and ordinances related to alcohol consumption or possession, public drunkenness, consumption of alcohol outside of the dwelling unit or on PHA common areas or the violation of other laws, ordinances, PHA rules and regulations or the terms of the lease in which the consumption of alcohol occurred or played a part (such as disturbing the peace or vandalism).

The Applicant/Resident is responsible for compliance under this section and can be found in violation of this section regardless of whether the Applicant/Resident personally engaged in the prohibited activity or had knowledge of the specific instance of the prohibited activity. Applicants/Residents are not entitled to a grievance hearing for violations of this section. If evicted or denied because of any of the above, Applicant/Resident may not reapply for housing for a period of three (3) years.

The above is in relation to the bill "One Strike and You're Out" has been explained to me in full. In signing I am stating that I will abide by this policy or face denial or eviction.

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*Signature*

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*Signature*

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*Witness Signature (PHA Employee)*

Public Housing  Section 8 & Project Based Section 8 (CLOSED as of 02/01/2011)

Public Housing Location Preference (please circle all that apply) –

*Hillsboro: Elderly or Family*                      *Litchfield: Elderly or Family*  
*Elderly ONLY: Taylor Springs; Coffeen; Witt; Nokomis; Raymond*

Freedom Place Homes  Liberty Homes

Tax Credit Location Preference (please circle all that apply) –

*Litchfield: Freedom Place I & II Homes*  
*Hillsboro: Liberty Sub-Division*



**NO Pets Allowed**

Golden Oaks Location Preference (please circle all that apply)

*Litchfield or Hillsboro*



(All household members **MUST** be 62 or older)

**NO Smoking**

**PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. Legal Name of Head of Household: \_\_\_\_\_

2. Social Security # \_\_\_\_\_ 3. Alien Registration # \_\_\_\_\_

4. Current Address: Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

5. Mailing Address (if different from above): Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

6. Most Recent Previous Address: Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

7. Phone: Home #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

8. Email Address: \_\_\_\_\_

9. Date of Birth: \_\_\_\_\_ Sex (Male / Female) \_\_\_\_\_

10. Citizenship: Are you a citizen of the United States? (Yes / No) \_\_\_\_\_

11. Do you or any member of your household claim any type of disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit, or specific housing needs? (Yes/No) \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

12. Marital status of Head of Household:  
Married \_\_\_\_\_ Single \_\_\_\_\_ Widow(er) \_\_\_\_\_ Divorced \_\_\_\_\_

Marital status of other Household Adults:  
Married \_\_\_\_\_ Single \_\_\_\_\_ Widow(er) \_\_\_\_\_ Divorced \_\_\_\_\_

Marital status of other Household Adults:  
Married \_\_\_\_\_ Single \_\_\_\_\_ Widow(er) \_\_\_\_\_ Divorced \_\_\_\_\_

13. Current Spouse's Name: \_\_\_\_\_

14. List names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you:

<b>1. Contact Name:</b>	<b>2. Contact Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone Number:</b>	<b>Telephone Number:</b>

15. Have you or any household member ever received any type of housing assistance? (Yes/No) \_\_\_\_\_

If Yes, provide: Household Member Name: \_\_\_\_\_

Public/Assisted Housing Agency Name \_\_\_\_\_

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

What year(s)? \_\_\_\_\_ Who was the Head of the Household? \_\_\_\_\_

16. Do you currently owe any money to any Public or Assisted Housing Agency? (Yes/No) \_\_\_\_\_  
 If yes, amount: \$ \_\_\_\_\_

Name of Public/Assisted Housing Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

17. Have you or any household member ever used a name other than the one you are using now? For example: Previous Married, maiden, or adopted names: (Yes/No) \_\_\_\_\_

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

18. Have you ever used a social security number other than the one you listed on page 1 of this form? (Yes/No) \_\_\_\_\_ If yes, what is the other number? \_\_\_\_\_

19. Do you anticipate any additions to the household in the next twelve (12) months? (Yes/No)

If Yes, please explain: \_\_\_\_\_

20. This new requirement became effective April 2, 2010. Therefore, please provide the following information for all household members.

Member Number	Household Member Name	Race Code	Ethnicity Code	Disabled (Yes or No)
Head (1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Race Code		Ethnicity Code	
1	White		
2	Black/African American		
3	American Indian/Alaska Native		
4	Asian	1	Hispanic or Latino
5	Native Hawaiian / Other Pacific Island	2	Non-Hispanic or Latino

<b>Member Number</b>	<b>Member's Full Legal Name</b>	<b>Relationship to Head</b>	<b>Birthdate</b>	<b>Age</b>	<b>Sex M / F</b>	<b>Social Security #</b>	<b>Occupation Or School Name</b>	<b>US Citizen Y / N</b>
Head (1)		<b>Head</b>						
2								
3								
4								
5								
6								
7								
8								
9								
10								

**21. LIST ALL MEMBERS WHO WILL BE LIVING IN THE UNIT**

If there are any additional household members check here \_\_\_\_\_ and attach a separate page with application.

**22.** Are any family members temporarily absent from the home? (Yes/No) \_\_\_\_\_

If Yes, state the reason they are absent: \_\_\_\_\_

**23. Full Time Students:** List the household member name, and school name, address and telephone # of all household members who are attending school full-time:

<b>a. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone Number:	
<b>b. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone Number:	
<b>c. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone Number:	
<b>d. Name of Household Member:</b>	
School Name:	
School Address:	
School Telephone Number:	

**24. For all household members that are not United States citizens, provide the following information:**

<b>a. Name of Household Member:</b>	
Alien Registration #:	
<b>b. Name of Household Member:</b>	
Alien Registration #:	

**PART B: DRUG/CRIMINAL ACTIVITY**

*Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities.*

1. Are you or any member of your family currently using an illegal substance? (Yes/No)\_\_\_\_\_.
2. Have you or any household member ever been arrested and/or convicted of any crime other than traffic violations? (Yes/No)\_\_\_\_\_. If yes, provide the following information:

When: \_\_\_\_\_ For what reason: \_\_\_\_\_

3. Have you or any household member ever been evicted from Public or Assisted Housing? (Yes/No)\_\_\_\_\_. If yes, provide the following information:

When: \_\_\_\_\_ For what reason: \_\_\_\_\_

Name of Household Member: \_\_\_\_\_

Name of Public /Assisted Housing: \_\_\_\_\_

4. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (or speed)? (Yes/No) \_\_\_\_\_ If yes, provide the following information:

Name of Household Member: \_\_\_\_\_

Name of Public/Assisted Housing: \_\_\_\_\_

5. Are you or any household member subject to lifetime registration as a sex offender? (Yes/No) \_\_\_\_  
If yes, provide the following information:

Name of Household Member: \_\_\_\_\_

6. Are you or any household member persons who abuse or show a pattern of abuse of alcohol? (Yes/No)\_\_\_\_\_. If yes, provide the following information:

Name of Household Member: \_\_\_\_\_

Is household member currently enrolled in a treatment program? (Yes/No) \_\_\_\_\_

If yes, please describe \_\_\_\_\_

**PART C: INCOME INFORMATION** (This part applies to all household members, including minors)

1. Have any ADULT household members been employed in the previous twelve (12) months? (Yes/No)\_\_\_\_\_ .

If yes, provide the name of the employer with dates as to when the employment occurred:

\_\_\_\_\_

2. Work full time, part-time, or seasonally – including wages, fees, tips, bonuses, money for services? (Yes/No)\_\_\_\_\_ . If yes, provide the following information:

Name of Household Member	Employer Name / Address	Employer Telephone #
a.		
b.		
c.		
d.		

3. Any household member work for someone who pays cash? (Yes/No) \_\_\_\_\_ .  
If yes, provide the following information:

Name of Household Member	Employer Name & Address	Employers Telephone Number
a.		
b.		

4. Does any household member receive unemployment benefits, workers compensation, or severance pay? (Yes/No) \_\_\_\_\_. If yes, provide:

Household Member Name: \_\_\_\_\_

Type of Benefit: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

\_\_\_\_\_

5. Does any household member receive child support from the child support recovery unit?  
 (Yes/No)\_\_\_\_\_ If yes, provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		\$
b.		\$

6. Does any household member receive child support directly from the absent parent? (Yes/No) \_\_\_\_\_  
 If yes, provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		\$
b.		\$
c.		\$

7. If not currently receiving child support is any household member entitled to it? (Yes/No) \_\_\_\_\_

If yes, provide the amount you are entitled to receive: \$\_\_\_\_\_

8. Is any household member entitled to receive or currently receiving alimony? (Yes/No) \_\_\_\_\_

If yes, provide: Household member name:\_\_\_\_\_ Amount: \$\_\_\_\_\_

Former Spouse Name: \_\_\_\_\_

9. Does any household member receive public assistance (TANF), Medical Card, or Food Stamps?

(Yes/No.) \_\_\_\_\_. If yes, provide Household member name: \_\_\_\_\_

10. Does any household member receive Social Security or SSI benefits? (Yes/No.) \_\_\_\_\_

If yes, attach a copy of the award letter to this application and provide:

Household member name:\_\_\_\_\_ Amount: \$\_\_\_\_\_

Social Security number benefits are received under: \_\_\_\_\_

11. Does any household member receive Veteran's Benefits? (Yes/No.) \_\_\_\_\_

If yes, attach a copy of the award letter to this application and provide:

Household member name:\_\_\_\_\_ Amount: \$\_\_\_\_\_

Claim number benefits are received under: \_\_\_\_\_

**12.** Does any household member receive income from a pension or annuity? (Yes/No) \_\_\_\_\_

If yes, provide:

Household member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Type of Pension/Annuity: \_\_\_\_\_ Claim #: \_\_\_\_\_

Address of Pension/Annuity \_\_\_\_\_

**13.** Does any household member receive regular contributions from organizations or from individuals not living in the unit? (Yes/No) \_\_\_\_\_. If yes, provide:

Household Member Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name and Address of Contributing Organization or Individual: \_\_\_\_\_

**14.** Did any household member file a Federal Income Tax Return last year? (Yes/No) \_\_\_\_\_  
(If Yes, attach a copy of the tax return to this application.)

**15.** Does any household member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property? (Yes/No) \_\_\_\_\_. If yes, provide:

Household Member Name: \_\_\_\_\_

Type of Asset: \_\_\_\_\_ Amount of Income/Interest Received: \$ \_\_\_\_\_

**16.** Do any household members own a business or are self-employed? (Yes/No) \_\_\_\_\_

If yes, provide:

Household Member Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

**17.** Does any household member receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units)? (Yes/No) \_\_\_\_\_. If yes, provide:

Household Member Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source of Pay/Allotment: \_\_\_\_\_

18. Does any household member receive money to pay bills from someone outside of your household? (Yes/No) \_\_\_\_\_. If yes, provide:

Household Member Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name & address of party paying the bills: \_\_\_\_\_

**PART D: ASSETS**

1. Does any household member own or have an interest in any property (real estate, mobile home, and/or land)? (Yes/No) \_\_\_\_\_. If yes, provide:

Household Member Name: \_\_\_\_\_

Real Estate Address: \_\_\_\_\_ Value \$ \_\_\_\_\_

Mortgage or outstanding loans balance due: \$ \_\_\_\_\_

2. Has any household member sold or given away any property (real estate, mobile home, and/or land) in the last two years? (Yes/No) \_\_\_\_\_. If yes, describe below:

\_\_\_\_\_

3. Have you disposed of any other assets in the last two years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? (Yes/No) \_\_\_\_\_. If yes, describe the asset:

\_\_\_\_\_

Date of disposition: \_\_\_\_\_ Amount Disposed: \$ \_\_\_\_\_

4. Does any household member own any stocks or bonds? (Yes/No) \_\_\_\_\_. If yes, describe below:

\_\_\_\_\_

5. Where do all household members bank? Provide all information below:

Name of Household Member	Bank Name & Address	Type of Account	Account Number
a.			#
b.			#
c.			#
d.			#

6. Does any household member have any savings certificates, money market funds, or trust funds?  
 (Yes/No) \_\_\_\_\_. If yes, please describe: \_\_\_\_\_

7. Does any household member have any type of retirement account (Company, IRA, Keogh)?  
 (Yes/No) \_\_\_\_\_. If yes, please describe: \_\_\_\_\_

8. Does any household member have any inheritances, lottery winnings, or lump sum payments?  
 (Yes/No) \_\_\_\_\_. If yes describe: \_\_\_\_\_

9. Does any household member have any life insurance policies? (Yes/No) \_\_\_\_\_. If yes, provide:

Name of Household Member	Insurance Agency Name & Address	Policy Number	Amount or Cash Value
a.			\$
b.			\$
c.			\$

**PART E: EXPENSES**

1. Does any household member have expenses for child care of a child aged 12 or younger?  
 (Yes/No) \_\_\_\_\_. If yes, provide:

Minor's Name	Childcare Provider Name & Address	Provider Telephone Number	Monthly Cost Paid by you for Childcare
a.			\$
b.			\$
c.			\$
d.			\$

2. Is any portion of your child care expenses reimbursed from an outside agency or person?  
 (Yes/No) \_\_\_\_\_.

3. Indicate the dollar monthly expenditures for your household below:

<b>Rent:</b> \$	<b>Phone:</b> \$	<b>Medical:</b> \$	<b>Credit Card:</b> \$
<b>Electric:</b> \$	<b>Car Payment:</b> \$	<b>Cable:</b> \$	<b>Credit Card:</b> \$
<b>Gas:</b> \$	<b>Car Insurance:</b> \$	<b>Insurance:</b> \$	<b>Loan:</b> \$
<b>Water:</b> \$	<b>Child Care:</b> \$	<b>Rentals:</b> \$	<b>Loan:</b> \$
<b>Other (Specify)</b>			\$
<b>Indicate in this space any of the above that are delinquent or not paid current:</b>			

4. Do you pay a care attendant or for any equipment for any household member(s) with disabilities that is necessary to permit that person or someone else in the household to work? (Yes/No) \_\_\_\_\_  
 If you do pay a care attendant, provide:

<b>Care Attendant Name</b>	<b>Care Attendant Address</b>	<b>Care Attendant Telephone #</b>
a.		

What is the monthly cost to you for the care attendant and/or the equipment? \$ \_\_\_\_\_

**ELDERLY OR DISABLED FAMILIES ONLY**

*Complete the following questions in this part ONLY if you are applying for a Public Housing Unit and only if the head of household or spouse is 62 years of age or older, or if the head or spouse is a person with a disability.*

1. Do you have Medicare? (Yes/No) \_\_\_\_\_. If yes, what is your monthly premium? \$ \_\_\_\_\_

2. Do you pay for any other kind of medical insurance? (Yes/No) \_\_\_\_\_. If yes, provide:

	<b>Policy Number:</b>	<b>Policy Number:</b>
<b>Insurance Agent's Name:</b>		
<b>Name of Insurance Company:</b>		
<b>Address:</b>		
<b>Telephone Number:</b>		
<b>Monthly Premium Amount:</b>	\$	\$

3. Do you have any outstanding medical bills that you are paying? (Yes/No) \_\_\_\_\_. If yes, provide:

Name of Provider	Address of Provider	Telephone Number:
a.		
b.		

4. Do you expect to incur additional medical expenses in the next 12 months that will not be covered by insurance? (Yes/No) \_\_\_\_\_. If yes, list anticipated medical expenses not covered below:

\_\_\_\_\_

**PART F: UNIT INFORMATION**

1. Do you rent or own? \_\_\_\_\_ Num ber of bedrooms in current unit: \_\_\_\_\_

2. If owned, do you receive monthly rental income from the property? \$\_\_\_\_\_

3. Name, address and telephone number of your current landlord: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name, address and telephone number of your prior landlord if you have resided at your current address less than three years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is the total monthly rent of your unit? \$\_\_\_\_\_.

What amount do you pay monthly for rent? \$\_\_\_\_\_.

6. Indicate the type of housing you currently occupy: House \_\_\_\_\_ Apartment \_\_\_\_\_  
Mobile home \_\_\_\_\_ Other (specify) \_\_\_\_\_

7. In your opinion is your present home decent, safe and sanitary? (Yes/No) \_\_\_\_\_. If no, why not?  
\_\_\_\_\_

8. Do you intend to remain in this unit if your Section 8 rental assistance is approved? (Yes/No) \_\_\_\_\_  
If no, why not? \_\_\_\_\_  
\_\_\_\_\_

**PART G: VEHICLE INFORMATION (If applicable)**

List any cars, trucks or other vehicles owned. Parking permits will be provided for one (1) vehicle per licensed driver in the household. Maximum of two permits allowed unless approved by Management.

Type of vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Year / Make of vehicle: \_\_\_\_\_ Color: \_\_\_\_\_

Type of vehicle: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Year / Make of vehicle: \_\_\_\_\_ Color: \_\_\_\_\_

**ONLY to be completed if Applying for: Liberty Homes or Freedom Place Homes:**

Credit Reference #1: \_\_\_\_\_

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

Account Number #: \_\_\_\_\_ Phone Number #: \_\_\_\_\_

Credit Reference #2: \_\_\_\_\_

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

Account Number #: \_\_\_\_\_ Phone Number #: \_\_\_\_\_

Credit Reference #3: \_\_\_\_\_

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

Account Number #: \_\_\_\_\_ Phone Number #: \_\_\_\_\_

Personal Reference #1: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone Number #: \_\_\_\_\_

Personal Reference #2: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone Number #: \_\_\_\_\_

Personal Reference #3: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone Number #: \_\_\_\_\_

Have you ever filed for Bankruptcy? (Yes/No) \_\_\_\_\_. If yes, please describe:

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Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than correspondence school) with regular faculty and students: (Yes/No) \_\_\_\_\_.

If yes, Answer all of the following questions:

Are any full-time student(s) married and filing a joint tax return? (Yes/No) \_\_\_\_\_.

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? (Yes/No) \_\_\_\_\_.

Are any full-time student(s) a TANF or Title IV recipient? (Yes/No) \_\_\_\_\_.

Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return? (Yes/No) \_\_\_\_\_.

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## **APPLICANT/PARTICIPANT CERTIFICATION**

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable under Federal Law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

I certify that the information given to the Montgomery County Housing Authority (PHA) on household composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that I am required to report in writing all changes in household composition, income, assets, and expenses of any household member(s) to the Montgomery County Housing Authority (PHA) within thirty (30) days of the change. I understand that all changes in household composition due to birth, adoption, or court awarded custody must be reported in writing to the Montgomery County Housing Authority (PHA) within thirty (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Montgomery County Housing Authority (PHA) and my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under: **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.**

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Household Adult: \_\_\_\_\_ Date: \_\_\_\_\_

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***DO NOT WRITE IN THIS SPACE – FOR MONTGOMERY COUNTY HOUSING AUTH. ONLY:***

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Head of Household/Spouse and myself.

Signature of MCHA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_





## Montgomery County Housing Authority

PO Box 591 - 216 Shelbyville Road

Hillsboro, IL 62049

Phone: (217) 532-3672 or Toll Free (877) 532-3672 Fax: (217) 532-3625

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### Criminal Release Form

Pursuant to the final conforming rule promulgated by the U.S. Department of Housing and Urban Development (HUD) on October 2, 1995, any Housing Authority may deny or terminate assistance for *drug-related or violent criminal activity* regardless of whether the family member has been arrested or convicted. (CFR 982.553(c)).

This release allows that information and notations of arrests, detention, indictments, information or other formal criminal charges and dispositions of charges, including dismissals, acquittals, convictions, sentences, correctional supervision and release, occurring in Illinois, be released to the prospective housing agency listed below.

I, \_\_\_\_\_, an applicant/participant of the HUD LIPH Program, Section 8 Voucher Program, and/or IRS LIHTC Program, or any family member proposed for assisted tenancy authorize release of any records of criminal history/criminal activity to the Housing Authority. I hereby release any law enforcement agency and it's employees from any liability in furnishing said record(s) of criminal history information to the above listed prospective housing agency.

### **Please Print**

Full Name (including middle name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: City \_\_\_\_\_ State: \_\_\_\_\_

Other Names Used \_\_\_\_\_

Current Address \_\_\_\_\_

Former Address \_\_\_\_\_

Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Staff Representative: \_\_\_\_\_ Date: \_\_\_\_\_



## Montgomery County Housing Authority

PO Box 591 - 216 Shelbyville Road

Hillsboro, IL 62049

Phone: (217) 532-3672 or Toll Free (877) 532-3672 Fax: (217) 532-3625

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### Criminal Release Form

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Current Address \_\_\_\_\_

Former Address \_\_\_\_\_

Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Staff Representative: \_\_\_\_\_ Date: \_\_\_\_\_