



300 Hickory • P.O. Box 45 • Carterville, Illinois 62918
Office: 618.985.2422 | Fax: 618.985.6601

Williamson County Housing Authority Housing Application

INTERVIEW HOURS: 8:00am-2:30pm

Dear Applicant:

Thank you for your interest in the Williamson County Housing Authority. As part of the application process, we are conducting walk-in interviews only. Please bring the completed application, as well as **ALL** of the documentation listed on the second page of this application to our office, located at the address stated above. We will conduct your walk-in interview at that time. Please be aware, we will **NOT** interview applicants without proper documentation. **All persons 18 years of age or older must be present for the interview.**

Walk-in interviews are Monday through Friday between the hours of 8:00am and 2:30pm only! Please be advised, we do not interview the first (1st) business day of the month OR the last business day of the month.

Our office is located behind the Carterville IL. Fire Station on Division Street

Please feel free to call the number stated above with any questions or concerns.

PLEASE DO NOT SEND THIS APPLICATION THROUGH THE MAIL!



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**TO PROCESS THIS APPLICATION WE NEED
THE FOLLOWING INFORMATION TO BE CORRECT:**

NAME OF APPLICANT: _____
(First, Middle Initial & Last Name)

CURRENT MAILING ADDRESS: _____

(Please state if other than your address)

Tele/Cell: _____
(Please state if this is a message number)

E-mail Address: _____

**Immediately contact this office with changes to any
of the above information.**



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DOCUMENTATION REQUIREMENTS FOR APPLICATIONS

In order to serve you better, the Williamson County Housing Authority requests that you submit ALL the following which apply to you and/or your households' circumstances.

1. **WRITTEN INCOME VERIFICATION** (i.e.: child support, employment, social security award letter, pension benefits, unemployment award letter, TANF, food stamp award letter, WCHA Zero Income Worksheet, etc.)
2. **BIRTH CERTIFICATES and SOCIAL SECURITY CARDS** for **ALL** people planning to live in the rental unit.
3. **PROOF of PREGNANCY** (i.e.: Statement from physician)
4. **MARRIAGE and/or DIVORCE** (i.e.: Copy of marriage license **and/or** Judgment of Dissolution of Marriage)
5. **PROOF of CUSTODY** (i.e.: Legal, full, permanent *residential* custody/guardianship, Court Order)
6. **LANDLORD** reference information, **NAMES, COMPLETE ADDRESSES,** and **DATES** of current and/or previous landlord(s)
7. **CHECKING ACCOUNT** statement must be provided from your bank verifying your account balance from the last **6** months. Additionally, the amount of any interest received in the past **12** months.
8. **SAVINGS ACCOUNT** statement, and any interest received over the last **12** months. If you have **CD's**, verification is needed of the amount received, plus interest received in the past **12** months.
9. **CURRENT DRIVER'S LICENSE/STATE PHOTO ID** or **Photo ID** *with expiration date* for anyone over the age of 18. (**Expired identification is not acceptable**)

**Without the Necessary Documentation, Applications Will be Classified as
Incomplete and Will not Be Processed**



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.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
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Penalties for Committing Fraud	The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:
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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 and local governments may have other laws and penalties as well.

Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
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Completing The Application	When you answer application questions, you must include the following information:
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- | | |
|---------------|--|
| Income | <ul style="list-style-type: none">▫ 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 | <ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you. |
|---------------|--|

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

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

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as 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.





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SPECIAL CONSIDERATION FOR PERSON WITH DISABILITIES

Do You Require Any Type of Modification of An Apartment to Fully Utilize All Aspects of The Unit?

YES _____ NO _____

If Yes, Please Explain the Type of Modifications Necessary...

Do You Require Any Reasonable Accommodation in Order to Fully Utilize Our Service/Programs?

YES _____ NO _____

Please Check Which Type of Accommodation is Necessary...

- _____ SIGN LANGUAGE INTERPRETER
- _____ STAFF ASSISTANCE TO READ OR WRITE
- _____ OTHER (Please Explain Below)



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CURRENT AND PREVIOUS REIDENCE 10 YEAR HISTORY

Complete this Form for Every Applicant age 18 or older,
(Include Date and length of time of residence.)

NAME: _____

Current Address: _____ Dates: _____

Current Landlord: _____

Landlord Address: _____ Tele/Cell: _____

Current Address: _____ Dates: _____

Current Landlord: _____

Landlord Address: _____ Tele/Cell: _____

Current Address: _____ Dates: _____

Current Landlord: _____

Landlord Address: _____ Tele/Cell: _____

Current Address: _____ Dates: _____

Current Landlord: _____

Landlord Address: _____ Tele/Cell: _____

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Current Address: _____ Dates: _____

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**PLEASE INDICATE BELOW IF YOU OR ANY OTHER HOUSEHOLD MEMBER(S)
HAVE EVER LIVED IN PUBLIC HOUSING**

PREVIOUSLY ___ CURRENTLY ___ W/PARENTS ___ NEVER ___

HOUSING AUTHORITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MOVE-IN DATE: _____ MOVE-OUT DATE: _____

**HAVE YOU OR ANY HOUSEHOLD MEMBER EVER PARTICIPATED IN
HUD HOUSING CHOICE VOUCHER/SECTION 8 PROGRAM?**

(If Yes, Please Indicate Which Housing Authority Administered Your Voucher)

HOUSING AUTHORITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

*Please list prior name/names of head of household while living in public housing
and/or Housing Choice Voucher if different from the name on the application.*

PRIOR NAME(S) _____



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REFERENCE INFORMATION

Please provide a list of all former names of applicants age 8 or older (i.e., maiden and or court ordered name change.)

CURRENT NAME: _____
 FORMER NAMES: _____

CURRENT NAME: _____
 FORMER NAMES: _____

Have You or Any Other Individual Listed on the Application Ever Been ARRESTED, INDICTED, CONVICTED, FINED OR IMPRISONED Other Than Traffic Charges?

PLEASE CIRCLE ONE: YES NO

If You Answered YES to the Above, Please Explain. Include Type of Charge, What County and State the Charge Took Place, Name of Facility Held, Etc. (Additional Pages May Be Submitted)

THE ABOVE INFORMATION IS FULL, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTION TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN.

 SIGNATURE OF APPLICANT.

 DATE

 SIGNATURE OF APPLICANT.

 DATE

PERSONAL DECLARATION

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members of the household must sign the back certifying the information pertaining to them. Please Print.

HOUSEHOLD COMPOSITION: List all persons who will be living in your home listing head of household first.

ADULT (Legal Name) (18 years or older)	Date of Birth	Relationship to Head of Household	Social Security #	Places of Birth
		HEAD		

CHILDREN (name as it appears on SS card) must stay with you at least 50% of the time	Date of Birth	Relationship to Head of Household	Social Security Number	Places of Birth	Absent Parents Name/address

If you expect any regular overnight visitor(s), list Name and Address: (less than 30 days in a year)

Name

Name

Street Address

Street Address

City, State, Zip

City, State, Zip

Please give a telephone number where you can be reached during weekday (8:30 a.m. - 4:30 p.m.) _____

Please note name and relationship if not your home phone (home, work, friend, relative, neighbor) _____

II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources,

Household member	Employer Name and Address	Total Projected Weekly Wages	Projected Hours work per week and hourly wage

Household member	AFCD monthly	Child Support (monthly)	Social Security Benefits (monthly)	S.S. Claim Number for Benefit	All other Income and Source

III. ASSETS: Includes all Household Members.

List source and amount if known or have interest in real estate, mobile home, stocks, bonds, or life insurance policies:

Sold or given away any real estate or assets valued over \$1,000, in the last two years? If yes, detail:

Savings-Bank and Account: # _____

Checking-Banking and Account:# _____

Received in the last 12 months a one time insurance settlement, inheritance, or court settlement, or Social Security Settlement? If yes, amount and detail _____

Do you expect to receive in the next 12 months a one time settlement? If yes, detail

IV. MISCELLANEOUS

Do you own a car? _____ Model/Year _____ License # _____

Does anyone outside your household pay for any of your bills, necessities, or give you money on a regular basis? _____ If yes, detail _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Agency in writing immediately (within 15 days).

Signature of Head of Household Date

Signature Spouse Date

Signature of Other Adult (18 or Older) Date

Signature of Other Adult (18 or Older) Date

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. Housing Assistance may also be terminated if incomplete or inaccurate information is given on the Declaration Form.



AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE

The U.S. Department of Housing and Urban Development (HUD) and the above name Organization may use this authorization and the information obtained with it to administer and enforce program rule and policies.

AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under the Low-Income Public Housing Program, Section 8 Program, and/or any housing assisted program.

I authorize the above-named organization and HUD to obtain information about myself, or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD and the above-named organization to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

INFORMATION COVERED

Inquiries may be made about but not limited to:

- | | |
|---|---------------------------------|
| Childcare Expenses | Handicapped Assistance Expenses |
| Credit History | Identity and Marital Status |
| Criminal Activity | Medical Expenses |
| Family Composition | Social Security Numbers |
| Employment, Income, Pensions and Assets | Residences and Rental History |
| Federal State, Tribal or Local Benefits | |

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from, but not limited to:

- | | |
|--|-------------------------------------|
| Banks and other Financial Institutions | Courts and Law Enforcement Agencies |
| Credit Bureaus | Employers, past and present |
| Landlords | U.S. Social Security Administration |
| Schools and Colleges | Utility Companies |
| U.S. Department of Veterans Affairs | Welfare Agencies; and |

Providers of Alimony, Child Care, Child Support, Credit Handicap Assistance, Medical Care, Pensions and Annuities.

COMPUTER MATCHING NOTICE AND CONSENT

I agree that a Public Housing Agency or HUD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include, but are not limited to:

- | | |
|-------------------------------------|---------------------------------------|
| U.S. Office of Personnel Management | U.S. Postal Service |
| U.S. Social Security Administration | State Employment Agencies |
| U.S. Department of Defense | State Welfare and Food Stamp Agencies |

CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

 Signature Date

 Social Security Number

 Signature Date

 Social Security Number

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friends, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN) which will be used by HUD to protect disbursement data from fraudulent actions.