

**Return to:**  
 216 W Simmons St  
 Galesburg, IL 61401  
 (309) 342-8129 Ext 210



<b>FOR OFFICE USE</b>	
Date:	_____
Time:	_____
Bedroom Size:	_____
Pref Points:	_____

For units located at: Cedar Creek Place, Woodland Bend, and Whispering Hollow

PRE-APPLICATION FOR:  
**FAMILY HOUSING ASSISTANCE**

**Notice: We do not have emergency housing.**

We only accept applications that are mailed or delivered to us in person. Faxed application will not be accepted.

**\*Please Print\***

Do you require oral and/or written information in any language other than English? \_\_\_\_\_

If Yes, which language: \_\_\_\_\_ Please contact the Knox County Housing Authority Central Office at the number above for assistance. If no, continue.

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

Home Phone #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Beginning with the Head of Household (HOH), list all persons who will be living in the assisted unit. If expecting a baby, please list due date below. **Social Security numbers are required for all members.**

	Full Name	Social Sec Number	Relation to Head	Sex	Birthdate	Race	Age
1			HOH				
2							
3							
4							
5							
6							
7							

List all other names that you and any adult members have ever used or been known by (**Maiden, Married, etc...**)

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

Have you or any other adult member of your household ever been arrested for, or convicted of, a crime other than a traffic violation? \_\_\_\_\_ If Yes, explain. \_\_\_\_\_

Are you or anyone else who is listed on the application a veteran or a surviving spouse of a veteran of the U.S. Military Service? \_\_\_\_\_ If yes, what type of discharge? \_\_\_\_\_

Are you or anyone else who is listed on the application a currently serving in any branch of the United States Armed Forces? \_\_\_\_\_

**HOUSEHOLD COMPOSITION (cont.)**

Full Name	Disabled* Yes/No	FT Student Yes/No	Date Employed	Avg Hours Employed	County Employed
1					
2					
3					
4					
5					
6					
7					

*\*Applicants are not required to disclose being disabled. However, preference points for which persons with disabilities are entitled cannot be provided unless the Applicant discloses this information.*

If any family member is handicapped or disabled, please list any special housing needs required as a result of the handicap: \_\_\_\_\_

*(List all gross income earned or received by everyone in the household regardless of age.)*

**INCOME AVAILABLE TO HOUSEHOLD**

Income Source	Yes	No	Family Member	Source	Frequency	Amount
Wages or Earning						
TANF (cash assistance)						
SSI and/or Social Security						
Child Support and/or Alimony						
Unemployment						
Regular Contributions						
Other						

**ASSET INFORMATION**

Do you own a home or real estate? \_\_\_\_\_

Have you sold or given away real property or other assets in the past 2 years? \_\_\_\_\_

If Yes, explain. \_\_\_\_\_

**CURRENT RESIDENTIAL INFORMATION**

How many people live in your home now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

Are you a victim of domestic violence? \_\_\_\_\_

Are you being involuntary displace, living in substandard housing, or currently homeless? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Are you being evicted from your current home? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

How much do you pay for rent? \_\_\_\_\_

How much do you pay for utilities? (electricity, gas, water) \_\_\_\_\_

**CURRENT RESIDENTIAL INFORMATION (cont.)**

Current Landlord \_\_\_\_\_ Their address \_\_\_\_\_

Landlord Phone # \_\_\_\_\_

How long have you lived at your present address? Years \_\_\_\_\_ Months \_\_\_\_\_

If less than 1 year, list previous address \_\_\_\_\_

Are you now living or have you ever lived in a government subsidized unit (e.g. Section 8, Section 236, or Section 221 (d)(3) or other subsidized housing project)? \_\_\_\_\_ If **yes**, give the complete name and address of the agency.

Approx when? \_\_\_\_\_ Was it public Housing? \_\_\_\_\_ Sec. 8? \_\_\_\_\_ Other? \_\_\_\_\_

**RESIDENTIAL HISTORY** (starting with current)

	Current Address	Landlord Name & Address (if applicable)	Phone Number
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

**WARNING**

*Title 18, Section 1001 of the United States Code, states that a person is guilty of FELONY for knowingly and willingly making false or fraudulent statements to any department or agency of the United States or The Department of Housing and Urban Development (HUD).*

**APPLICANT CERTIFICATION**      **(To be signed by all family members 18 and over)**

I \_\_\_\_\_, do hereby swear and attest that all of the information above is true and correct. I also understand that I am required to report all changes in the income of any member of the household, as well as any changes in the household composition, address, to the Knox County Housint Authority

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR OTHER ADULT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE

You may attach an additional page if you wish to include other information.

**KNOX COUNTY HOUSING AUTHORITY**  
**AUTHORIZATION FOR RELEASE OF**  
**INFORMATION**

**CONSENT**

I/we authorize and direct any Federal, State, or local agency, organizationm business, or individual to release and verify my application for participation and/or maintain my continued assistance under the Housing Choice Voucher/ Existing Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authoizrization, or the information obtained with its use, may be given to and used by HUD in administering and enforcing program rules and policies. I also consent for HUD or the Public Housing Authority (PHA) to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease of PHA policies.

**INFORMATION COVERED**

I/we understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity	Employment, Income, and Assets
Medical or Child Care Allowances	Credit History
Criminal Activity	Residences and Rental Activity

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

Previous Landlords	Past and Present Employers
Public Housing Agencies	Welfare Agencies
Courts and Post Offices	State Unemployment Agencies
Schools and Colleges	Social Security Administration
Law Enforcement Agencies	Suppoer and Alimony Providers
Medical and Child Care Providers	Veterans Administration
Retirement Systems	Banks and other Lending Institutions
Utility Companies	Credit Providers and Credit Bureaus

**COMPUTER MATCHING AND CONSENT**

I/we understand and agree that HUD or the PHA may conduct computer-matching programs to verify the information supplied for my certification or re-certification. If a computer match is done, I/we understand that I have the right to notification of any adverse information found and have a chance to disprove incorrect information. HUD or the PHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including, but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, The U.S. Postal Service, the Social Security Administration, and State Welfare and Food Stamp Agencies.

**CERTIFICATIONS**

I/we agree that a photocopy of this authorizaation may be used for the purpose stated above. The original of this authorization is on file with the PHA. I/we understand that I have the right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR OTHER ADULT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE

**KNOX COUNTY HOUSING AUTHORITY**  
**APPLICATIONS FOR HOUSING CHOICE VOUCHER PROGRAM WITH  
PUBLIC HOUSING OBLIGATIONS**

This policy will apply to applicants for the Housing Choice Voucher program who are current or former residents of KCHA or any other public housing authority and are not fully compliant with the terms of their public housing leases. It does not apply to applicants who have been evicted from a public housing authority dwelling unit. They are automatically denied admission to the HCV program.

Past residents of KCHA and current or past residents of any other housing authority with unmet obligations will have their applications denied until after all obligations are met.

Current KCHA tenants must fulfill any unmet leasehold obligations for either money amounts and/or community service hours owed to KCHA before their applications will be assigned a position on the waiting list for the Section 8 program. If any member of the applicant's household has unmet obligations, that household's application will be placed on "inactive" status until the obligation(s) are met, or for twelve (12) months, whichever comes first. When the applicant can present suitable documentation to the HCV Program verifying that his/her household no longer has any outstanding leasehold obligations, and submits an application update form, that applicant's application will be assigned a new submission date corresponding to the date the documentation and update were received. Should the applicant fail to document that all member of his or her household have fulfilled all outstanding leasehold obligations within twelve (12) months from the date of submission of their most recent application, their application will be denied, and no further applications from member of that household will be accepted until those outstanding obligations are met.

The Knox County Housing Authority staff will determine the type and extent of the documentation required to establish that the leasehold obligations of each current or former tenant have been met. If an applicant has unmet obligations with another housing authority, that housing authority must document to the KNOX County Housing Authority that the unmet obligations have been fulfilled by the applicant.

I have read the above document and fully understand and agree to the terms of the above statement. Please sign and date this agreement below:

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR OTHER ADULT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE

**KNOX COUNTY HOUSING AUTHORITY**  
**255 W Tompkins St**  
**Galesburg, IL 61401**  
**NOTICE TO ALL PERSONS APPLYING FOR HOUSING**

On June 19, 1995, amendments to Section 214 of the Housing and Community Development Act of 1980 were made effective which prohibits the Department of Housing and Urban Development and all entities that operate their programs from making financial assistance available to persons who are not citizens of the United States, Nationals, or Non-Citizens who have eligible immigration status.

**Every family member, regardless of age, is required to submit the following evidence:**

For Citizens: A signed declaration of U.S. Citizenship, which the Housing Authority will provide at the initial interview for housing.

For Non-Citizens who are or will be 62 years of age or older: A signed declaration of eligible immigration status and proof of age.

All other Non-Citizens: Evidence consisting of the following:

1. A signed declaration eligible immigration status.
2. The Immigration and Naturalization Service (INS) documents listed below and signed verification consent form.

Acceptable INS documents are as follows:

1. Form I-151 Alien Registration Receipt Card
2. Form I-155 Alien Registration Receipt Card (for permanent resident aliens)
3. Form I-94 Arrival - Departure Record with one of the following:
  - A. Admitted as refugee pursuant to Section 207 form
  - B. Section 208 or Asylum form
  - C. Section 243 (h) or deportation stayed by Attorney General form
  - D. Paroled pursuant to Section 212 (d)(5) of the INA form
4. Form I-688 Temporary Resident Card, which must be annotated Section 245A or Section 210.
5. Form I-688B Employment Authorization Card, which must be annotated Provision of Law 274A. 12 (11) or (12).
6. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

Note: Original documents must be brought to the Housing Authority in order to be acceptable evidence. The Housing Authority will copy them, allowing you to retain the original document.

Special circumstances exist in the law for families where one or more members of the family do not qualify as citizens.

The Knox County Housing Authority continues to accept applications from all individuals, regardless of race, color, sex, religion, creed, national or ethnic origin, age, family or marital status, sexual preference, handicap, or disability.



\_\_\_\_\_  
Knox County Housing Authority

By signing below I indicate that I have received and read the above information regarding restrictions on assistance to Non-Citizens (to be signed by all household member 18 years of age or over.)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Optional and Supplemental 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 a part of your application for housing the name, address, telephone number, and other relevant information of a family member, friend, 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell No:</b>
<b>Email Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other:
<b>Commitment of Housing Authority or Owner:</b> 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 service or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

**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 source, 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 person associated with a social, health, advocacy, or similar organization. The objective of providing such 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. If 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 respond to, a collection of information, unless the collection displays a currently valid OMB control number.



**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing  
**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing to the tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 8/31/2016.

**NOTICE TO APPLICANT AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

Public Housing (24CFR 960)

Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)

Section 8 Moderate Rehabilitation (24 CFR 882)

Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining that correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

This following information is collected about each member of your household (family composition): full name, date of birth, and social security number.

The following adverse information is collected once your participation in the housing program has ended, whether your voluntary or involuntary move out of an assisted unit.

1. Amount of any balance you owe to the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgement against you; and
5. Whether or not you have filed bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD programs requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have the right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information for HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:**

<b>Signature</b>	<b>Date</b>
<b>Printed Name</b>	