

**Housing Authority of McDonough County**  
**322 W. Piper St. Macomb, IL 61455 309-837-2363**  
**Fitch Manor Multifamily Initial Application**

Who is the Head of Household? (Legal Name) \_\_\_\_\_  
Last First M.I

Social Security Number \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex (Optional) M  F

Race  White  Black/African American  American Indian/Alaska Native  
 Asian  Native Hawaiian/Other Pacific Islander

Ethnicity  Hispanic  Non-Hispanic Are you a US Citizen?  Yes  No

Do you require any modifications or accommodations to fully utilize the unit or the program and its services?  Yes  No If yes, please explain \_\_\_\_\_

What is your present address? Do not list "PO Box" \_\_\_\_\_  
Street City State Zip

Mailing address if different than above \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

**Household members:** List the legal names of all other persons who will be living with you

No.	Legal Name	Relationship To you	Social Security Number	Date of Birth	Age
1					
2					
3					
4					

**List each state in which every member of the household has resided:**

Household Member Name	State	Household Member Name	State

Does anyone living with you not have a Social Security Number? Yes  No

If yes please list household member(s) \_\_\_\_\_

Is this household member exempt because:

- 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10
- Ineligible noncitizen
- A child under the age of 6 years and added to the household within the 6-months period prior to a household's date of admission (Household will have 90-days after the date of admission to disclose and provide verification of SSN)

Are there any family members who normally live with you that are not at this time?  Yes  No

If Yes, Who? \_\_\_\_\_ Why is this person absent? \_\_\_\_\_

Do you expect this person to return to your home?  Yes  No If Yes, When? \_\_\_\_\_

Have you or anyone in your household been evicted from Public or Assisted Housing for drug related activity within the last 3 years?  Yes  No If Yes, please describe \_\_\_\_\_

Have you or anyone in your household ever been required to register as a sex offender?  Yes  No

If Yes, please describe \_\_\_\_\_

Are you or anyone in your household subject to a lifetime sex offender requirement in any state?  Yes  No

If Yes, please describe \_\_\_\_\_

Have you or anyone in your household been arrested or convicted of any crime other than minor traffic violations?  Yes  No If Yes, please describe \_\_\_\_\_

Indicate the source and amount of your entire families' income. Check which best applies to you; check all that apply to your family. Use back of page, if necessary. ALL INCOME MUST BE REPORTED!

1.  Employed: Who? \_\_\_\_\_ Where? \_\_\_\_\_  
Amount of income \$ \_\_\_\_\_ How often are you paid? \_\_\_\_\_

2.  Self-employed: Who? \_\_\_\_\_ Name of Business \_\_\_\_\_  
Amount of income \$ \_\_\_\_\_ How often are you paid? \_\_\_\_\_

3.  Odd jobs: Who? \_\_\_\_\_ For who? \_\_\_\_\_  
Amount of income \$ \_\_\_\_\_ How often are you paid? \_\_\_\_\_

4.  Unemployment benefits; Who? \_\_\_\_\_ From what job? \_\_\_\_\_  
Amount of benefit \$ \_\_\_\_\_

5.  Social Security benefits, For who? \_\_\_\_\_ For a disability or age? \_\_\_\_\_  
Amount of benefit \$ \_\_\_\_\_

6.  TANF benefits: For who? \_\_\_\_\_ Amount of benefit \$ \_\_\_\_\_

7.  Veterans Pension: For Who? \_\_\_\_\_ Amount of pension \$ \_\_\_\_\_

8.  Child Support or Alimony: For Who? \_\_\_\_\_ Amount of support \$ \_\_\_\_\_

9.  Military pay: For Who? \_\_\_\_\_ Amount of income \$ \_\_\_\_\_
10.  College Grants and Loans: For Who? \_\_\_\_\_ Grant or Loan? \_\_\_\_\_  
Amount of grant/loan \$ \_\_\_\_\_
11.  Cash support from family, friends, or organizations: For Who? \_\_\_\_\_  
How often? \_\_\_\_\_ Amount of support \$ \_\_\_\_\_
12.  Some one pays your bills: What bills? \_\_\_\_\_ Amount of bills \$ \_\_\_\_\_
13.  Who provides non-monetary support (i.e. diapers, toilet paper, cleaning supplies, etc.): \_\_\_\_\_  
Please state the value of the non-monetary support. \_\_\_\_\_

**List names of financial institutions where you hold bank accounts:**

1. \_\_\_\_\_  
Name of Financial Institution                      Address                      Account Type                      Account Balance
2. \_\_\_\_\_  
Name of Financial Institution                      Address                      Account Type                      Account Balance

**Do you own any property?**     Yes     No    If yes, please describe: \_\_\_\_\_

**Have you sold or disposed of any property within the last two years?**     Yes     No    If Yes, please describe \_\_\_\_\_

**Do you have any pets?**     Yes     No    If Yes, list details about each: What kind(s)? \_\_\_\_\_  
Size \_\_\_\_\_ Weight \_\_\_\_\_

**Do you regularly use or own any vehicles?**     Yes                       No                      If Yes, provide:  
Vehicle make/model/color: \_\_\_\_\_ license # \_\_\_\_\_  
Vehicle make/model/color: \_\_\_\_\_ license # \_\_\_\_\_

**NOTICE:** It is your responsibility to *contact this office if your address changes, if circumstances change, or your preferences change* so adjustments may be made to your application.

**CERTIFY:** I understand that *all false statements or information, as well as knowingly and purposefully omitting information are grounds for denial of housing assistance.*

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

FOR HOUSING AUTHORITY USE ONLY:

Application received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

*This institution is an equal opportunity provider and employer.*