

Public Housing Initial Application

Housing Authority of McDonough County

322 W. Piper St., Macomb, IL 61455

Phone: (309) 837-2363; FAX: (309) 836-2590

Email: mcha@macomb.com

Head of Household (Legal Name): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Alternative Phone: _____ Email: _____

List Yourself and all Members who will be living with you.

No.	Legal Name	Sex M/F	Relationship	Social Security Number	Date of Birth	Race	Non- Hispanic/ Hispanic	Annual Income
1								
2								
3								
4								
5								
6								
7								
8								

Do you require any modifications or accommodation to fully utilize the unit or the program and its services? Yes No

Type of accommodation needed _____



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 received rental assistance from the Housing Authority of McDonough County? 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 _____

Do you have an outstanding debt owed to any Housing Authority? Yes No If Yes, where: _____

Do you claim any of the following Local Preferences? Check the preference(s) you are claiming; claim as many as apply to your situation. **Proof must be provided with application.**

1. Residing in substandard housing; Requires letter from local government authority;
 2. Victim of Domestic Violence; HUD Form 5382 or letter from counselor, doctor or healthcare professional,
 3. Resident of McDonough County; Requires copy of current bill or lease, or official mail;
 4. Resident who works in McDonough County at least 20 hours per week; Requires copy of current paystub, *OR* Person age 62 or older;
Requires photo ID; Person with disabilities Requires Social Security award letter;
 5. Current United States serviceperson or an honorably discharged veteran; Requires DD-214 form.
-

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: _____

Photo ID is required for processing.

FOR HOUSING AUTHORITY USE ONLY:

Application received by: _____ Date: _____ Time: _____

This institution is an Equal Opportunity Provider and Employer

