

Eligibility Application Form Henderson County Housing Authority

P.O. Box 316

Oquawka IL 61469

Phone: 309-867-2333



The Henderson County
Housing Authority
is an equal opportunity
provider and employer



“For Office use only”:

Date of Application: _____ Time: _____ a.m or p.m

APPLICANT PLEASE FILL -OUT THE FOLLOWING:

Full Legal Name of Head of Household: _____

Present Mailing Address: _____

Social Security number: _____

Drivers License number: _____

Telephone: _____

~~~~~  
Full Legal Name of Other Adult Member (18 yrs or older) \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

**VERY IMPORTANT: PLEASE BE SURE TO KEEP US UP-TO-DATE WITH YOUR  
CORRECT PHONE NUMBER & ADDRESS, AT ALL TIMES!**

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**APPLYING FOR: Henderson County Senior/Disabled Housing**

**Which Senior/Disabled Complex(s) do you prefer?**

**(Circle where you want to live):**

**Oquawka, Stronghurst, Biggsville, Gladstone, Lomax or Any of These**

**\*Bedroom Size: ( ) 1 ( ) 2 \*our 2 Bedroom apartments are for 2 or more tenants only**

**Do you require any modifications or accommodations in order to fully utilize the apartment or the  
program and its services? ( ) YES ( ) No If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Physical Present Address: \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_

If presently Renting, give Landlord's information:

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Please list other Landlord references / their addresses.

| Address | Landlord | From | To | Telephone# |
|---------|----------|------|----|------------|
|         |          |      |    |            |
|         |          |      |    |            |
|         |          |      |    |            |

\*\*\*\*\*

If we were unable to reach you, who could we contact locally?

1) Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

2) Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

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## Household Members

Please list the legal names of everyone (INCLUDING YOURSELF) who will be living in this apartment.

|     | Household Members<br>Full Legal Names | Relation<br>To Head | Birth<br>Date | Birthplace |
|-----|---------------------------------------|---------------------|---------------|------------|
| #1. |                                       | Self                |               |            |
| #2. |                                       |                     |               |            |
| #3. |                                       |                     |               |            |
| #4. |                                       |                     |               |            |

(\*Gross is: BEFORE Taxes, Insurance or any costs are taken out)

## Income Information

| Household Member | What kind of Income | *GROSS Income | (Circle Below)<br>Weekly, Bi-Weekly or Monthly? |
|------------------|---------------------|---------------|-------------------------------------------------|
| #1               |                     | \$            |                                                 |
| #2               |                     | \$            |                                                 |
| #3               |                     | \$            |                                                 |
| #4               |                     | \$            |                                                 |

**Your BANKING INFORMATION**  
**(Checking, Savings or Express Card Account)**

|                     |                        |
|---------------------|------------------------|
| <u>Name of Bank</u> | <u>Type of Account</u> |
| _____               | _____                  |
| _____               | _____                  |
| _____               | _____                  |
| _____               | _____                  |

**Your ASSETS:**  
 Please give the value of all assets owned by any member of your household. Assets include but are not limited to:  
 Certificates of Deposit, Stock, Bonds, Ownership of Shares in Stock or Bond Funds, Real Estate, Whole Life insurance and Other Investments.  
**\*Do not include personal property such as clothing, furniture or car.**

| <u>Asset Description</u> | <u>Current/Disposed</u> | <u>Cash Value</u> |
|--------------------------|-------------------------|-------------------|
| _____                    | _____                   | \$ _____          |
| _____                    | _____                   | \$ _____          |

**Have you or any other person on this application disposed of any Real Estate or Assets within the past two years? \_\_\_\_\_**

**Were these Assets disposed of Less than Fair Market Value? \_\_\_\_\_**

**If yes:**

| <u>Asset</u> | <u>Date Disposed of</u> | <u>Amount Received</u> |
|--------------|-------------------------|------------------------|
| _____        | _____                   | \$ _____               |
| _____        | _____                   | \$ _____               |

**Program Integrity Information**  
(These questions apply to all household members)

Do you expect changes in your household income or who lives with you in the next 12 months?

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

Does anyone outside of your household pay any of your bills or expenses? ( ) Yes ( ) No

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

\_\_\_\_\_

\*\*\*\*\*

Have you ever lived in "Rental Assisted Housing" before? ( ) Yes ( ) No

If yes, When? Where?

Under WhatName? \_\_\_\_\_

Who was Head of Household? \_\_\_\_\_

Have you ever used a name other than the one you are using now? ( ) Yes ( ) No

Maiden Name: \_\_\_\_\_

Other names \_\_\_\_\_

List all States/Addresses that you or anyone in your household has lived in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has anyone in your household been engaged in the use, sale, manufacture or distribution of controlled substance?**

Yes  No

If yes, Who? \_\_\_\_\_ When? \_\_\_\_\_

What? \_\_\_\_\_

**Are you a current drug user?**  Yes  No

**Do you abuse alcohol?**  Yes  No

**Has anyone in your household ever been convicted and had to register as a Sex Offender?**

Yes  No

If yes: Date \_\_\_\_\_ City & State \_\_\_\_\_

**Have you ever been evicted from Public or Assisted Housing for Violent Criminal or Drug Related activity?**

Yes  No

**Have you ever violated a family obligation in a HUD-assisted housing program?**  Yes  No

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

**Do you owe any money to a Public Housing Agency or any other HUD-housing program?**

Yes  No

If yes, please explain,

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**Marketing Information:**

**How did you hear about Henderson County Housing Authority?**

Newspaper, Flyer, Referral Community Agency, Other

\_\_\_\_\_  
\_\_\_\_\_

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

**ETHNICITY: (Mark one)**

Hispanic or Latino \_\_\_\_\_  
Not Hispanic or Latino \_\_\_\_\_  
~~~~~

RACE: (Mark one or more)

American Indian/Alaska Native ____
Asian ____
Black or African American ____
Native Hawaiian or Other Pacific Islander ____
White ____
~~~~~

**GENDER:**

Male \_\_\_\_\_ Female \_\_\_\_\_

**Or**

\_\_\_\_\_ I do not wish to furnish any of the above information.  
Initial      Date

\*\*\*\*\*

**OFFICE USE ONLY:** (Owner observed Ethnicity, Race & Gender \_\_\_\_\_  
Owner's Initial & Date \_\_\_\_\_)

**Student Eligibility Requirements**

Are you a full or part-time student of an institution of higher learning? Yes or No (If yes, please continue)

**Eligibility for Students**

- 1. 24 years of age or older? \_\_\_\_\_
- 2. Veteran? \_\_\_\_\_
- 3. Married? \_\_\_\_\_
- 4. Dependent children? \_\_\_\_\_
- 5. Financial independent of parents \_\_\_\_\_

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**PETS** (Only 1 pet is allowed)

Do you have a pet? ( ) Yes ( ) No

If yes: What Kind? \_\_\_\_\_ Size: \_\_\_\_\_

Weight: \_\_\_\_\_ Date of last Vaccination: \_\_\_\_\_

Registration Tag# \_\_\_\_\_

\*\*\*\*\*

I understand that any misrepresentation of information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction to termination of assistance.

I hereby certify that the housing I am applying for will be my/our only residence and that I/we do not, or will not, maintain another rental unit in another location. I/we further certify that the information stated on this application is correct and authorize you to contact any references I/we have listed or to use any outside source, i.e. Credit Bureau's, local authorities, etc.

**WARNING:** Title 18, Section 1001 of the U.S. 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 U.S. or the Department of Housing and Urban Development.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of H.C.H.A. staff person receiving application

\_\_\_\_\_  
Date

**IMPORTANT!**

**SHOULD YOUR ADDRESS CHANGE OR THE MEANS YOU GAVE US OF REACHING YOU NO LONGER BE ACCURATE, YOU MUST ADVISE US OF THAT CHANGE TO KEEP YOUR APPLICATION ACTIVE, WE CAN'T HELP YOU IF WE CAN'T FIND YOU!!**

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"If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority."  
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**OFFICE USE ONLY:**

LOCAL PREFERENCES

Extremely Low Income limits

(1.) \_\_\_\_\_



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, 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Applicant Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |
| <b>Mailing Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |
| <b>Telephone No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Cell Phone No:</b>                                        |
| <b>Name of Additional Contact Person or Organization:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |
| <b>Telephone No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Cell Phone No:</b>                                        |
| <b>E-Mail Address (if applicable):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |
| <b>Relationship to Applicant:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |
| <b>Reason for Contact:</b> (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |
| <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 services 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. |                                                              |

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

|  |  |
|--|--|
|  |  |
|--|--|

**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 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. 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 respond 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.