
HENRY COUNTY HOUSING DEVELOPMENT GROUP, INC.

125 North Chestnut Street, Kewanee, IL 61443 ~ (309) 852-2801

Fax (309)852-0889

PLEASE READ CAREFULLY

Thank you for your interest in Parkside Apartments.

First, please read, sign and date your copy of "Things You Should Know", and also sign and date the "Authorization for "Release of Information" form. All adults 18 years of age and older in the household must sign this form. Be sure to bring these forms back with you when you return your completed application, as these signed forms will become part of your file with us.

When returning your application, please bring **all** of the following completed documents:

- Driver's License or Photo I.D. for all Adult Members of household
- Birth Certificates – For all family members
- Social Security I.D. Cards – For all family members
- Copy of Marriage License
- Divorce papers – if divorced
- Things you Should Know
- Signed Authorization for Release of Information – One per adult in household
- Property Owner (Copy of an appraisal or real estate taxes)

If you fail to bring any of the following documents or do not complete the entire application, your application will NOT be accepted.



HENRY COUNTY HOUSING DEVELOPMENT GROUP, INC.

125 N. Chestnut St., Kewanee, IL 61443 ~ (309) 852-2801

Fax (309) 854-6007



Housing Tax Credit Program [Parkside Apartments] Rental Application

Household Information

List all members to be included in household including you.

Name: <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate: <i>Month, Day, Year</i>

Current Address: _____

Daytime Phone: _____ Evening Phone: _____

YES NO

- ☐ ☐ 1. Do you expect any additions to the household within the next twelve months?
Name & Relationship: _____
Explanation: _____
- ☐ ☐ 2. Is there anyone living with you now who won't be living with you at this property?
Name & Relationship: _____
Explanation: _____
- ☐ ☐ 3. Are there any absent household members who under normal circumstances would live with you? (*For example, military duties*)
Explanation: _____
- ☐ ☐ 4. Does your household have or anticipate having any pets other than those used as service animals?
What kind of Pet? _____
- ☐ ☐ 5. Has anyone in your household ever lived in housing managed by the Housing Authority of Henry County? If yes, Where: _____
Housing Project Name: _____

Staff Initials: _____

Date Rec'd: _____

Time Rec'd: _____

Rental History

YES NO

- ☐ ☐ 6. Have you or anyone else named on this application filed for bankruptcy?
Explanation: _____
- ☐ ☐ 7. Have you or anyone else named on this application been convicted of a felony?
Explanation: _____
- ☐ ☐ 8. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?
Explanation: _____
- ☐ ☐ 9. Have you or anyone else named on this application been convicted of property damage?
Explanation: _____
- ☐ ☐ 10. Have you or anyone else named on this application been evicted from a rental unit of any type, including an apartment, home, mobile home or trailer?
Explanation: _____

Housing References

List the past THREE years of housing references. (Use back of page if additional space is required)

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
_____	_____		
Phone: () _____	_____		
Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
_____	_____		
Phone: () _____	_____		
Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
_____	_____		
Phone: () _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1: _____	_____	_____
Vehicle #2: _____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

- ☐ ☐ 11. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions, and cash payments)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ☐ ☐ 12. Self-employment? *(Include overtime, tips, bonuses, commissions and cash payments)*

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

- ☐ ☐ 13. Regular pay as a member of the Armed Forces?

<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

- ☐ ☐ 14. Unemployment benefits or workman's compensation?

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

- ☐ ☐ 15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

	<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>

- ☐ ☐ 16. (a) Alimony?
(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy, also count support that is received and not court-ordered)

<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>

(b) How is the support received? *(Check all that apply)*

- ☐ Court of Law *Name of Court:* _____
- ☐ Directly from Individual *Name of Person:* _____

- ☐ ☐ If money is not actually received, are you taking legal action to remedy?

(if yes, obtain court papers)

Explanation: _____

- ☐ ☐ 17. Social Security, SSI, or any other payments from the Social Security Administration?

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>

- ☐ ☐ 18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

- ☐ ☐ 19. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

- ☐ ☐ 20. Regular payments from any type of settlement? *(For example, insurance settlements)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

- ☐ ☐ 21. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>

- ☐ ☐ 22. Educational grants, scholarships, or other student benefits?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

- ☐ ☐ 23. Regular payments from lottery winnings or inheritances?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

- ☐ ☐ 24. Any other income sources or types not listed?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

- ☐ ☐ 25. Regular payments from rental property or other real estate transactions?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

- ☐ ☐ 26. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information

Include all assets and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS.

Do YOU or ANYONE in your household hold:

YES NO
☐ ☐

27. Checking or savings account?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

- ☐ ☐ 28. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

- ☐ ☐ 29. Stocks, bonds, or securities?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	30. Trust funds?									
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Source of Benefit</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	31. Pensions, IRAs, Keogh or other retirement accounts?									
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Source of Benefit</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	32. Cash on hand over \$500?									
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Source of Benefit</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	33. Real estate, rental property, land contracts for deeds or other real estate holdings?									
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Source of Benefit</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	34. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. Does not include personal belongings such as your car, furniture, or clothing).</i>									
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Source of Benefit</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	35. A safe deposit box?									
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Source of Benefit</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	36. Have you or any other household members disposed of or given away any assest(s) for LESS than fair market value within the past 2 years?									
		<table border="0"> <tr> <td><u>Household Member</u></td> <td><u>Source of Benefit</u></td> <td><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO

☐ ☐ 37. Are you or any other ADULT household member claiming zero income?

Household Member: _____

Explanation: _____

- ☐ ☐ 38. Are you or any other household member currently a full-time student or expect to be one in the next 12 months?
Household Member(s): _____

- ☐ ☐ 39. Will you or any ADULT household member require a live-in care attendant to live independently?
Name of Attendant: _____
Relationship (if any): _____
- ☐ ☐ 40. Will your household be receiving Section 8 rental assistance at time of move-in?
Name of Agency: _____
Contact Person: _____
- ☐ ☐ 41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
Expected Date: _____
Name of Agency: _____
Contact Person; _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT Household Members must sign below:

Signature

Date

Signature

Date

Signature

Date

For Office Use Only

Date of Interview: _____ Desired Apt.# _____ Desired Move-in Date: _____

HENRY COUNTY HOUSING DEVELOPMENT GROUP, INC.

125 North Chestnut Street., Kewanee, IL 61443 ~ (309) 852-2801

Fax (309)854-6007

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the manager 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 or occupancy policies.

INFORMATION COVERED

I 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 and Marital Status	Employment, Income and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residence and Rental Activity	

GROUP OR INDIVIDUAL WHO MAY BE ASKED

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

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for one year and one month from the date signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

_____ Signature (First, Middle, Last)	_____ (Print Full Name)	_____ Date
_____ Social Security Number	_____ Date of Birth (month/day/year)	_____ Sex
_____ HA Representative Signature	_____ (Title)	_____ Date

U.S. Department of Housing and Urban Development
Office of Inspector General

May 1988
P-88-2

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification 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.

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 must be:

- 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 sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your questions or find out what the answer is.

Completing the Application When you give your answers to application questions, you must include the following information:

Income

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pensions, 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 stocks, etc.)
- Earnings from second job or part-time job;
- Any anticipated income (such as bonus or pay raise you expect to receive).

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc that are owned by you and any adult member of your family/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.

**Family/
Household
Members**

- 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 application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if 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 pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset 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 fill out 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.
- Get a written explanation if you are required to pay any more money other than the rent (such as maintenance charges).

**Reporting
Abuse**

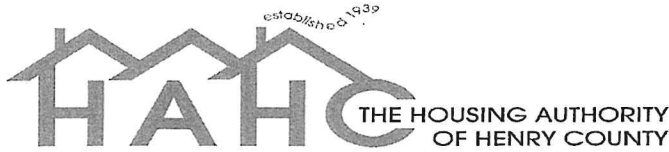
If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on 202-472-4200. This is not a toll free number. You can also write to HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

Sign: _____

Date: _____



fheo75(1)
HUD-1140-OIG



Housing Choice Voucher Project Based Voucher for Parkside Apartments Pre-application

HEAD OF HOUSEHOLD'S INFORMATION (PRINT OR TYPE)

Last Name _____ First Name _____ Initial _____

Current Address _____ City _____ State _____ Zip _____

Social Security Number _____ Driver's License/ID Number _____

Home/Message Phone _____ Date of Birth _____

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

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

LIST ALL OTHER HOUSEHOLD MEMBERS

Full Name	Social Security #	Date of Birth	Relationship to Head	Disabled Y or N

HOUSEHOLD INFORMATION

Are you currently receiving or ever received rental assistance from public housing or another housing authority/agency?

☐ No ☐ Yes If yes, please list housing authority/agency: _____

Bedrooms requested _____ Special unit required? ☐ No ☐ Yes If yes, reason: ☐ Handicap ☐ Disabled ☐ Elderly

I HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS PRE-APPLICATION IS TRUE AND COMPLETE.

HOH Signature: _____ Date: _____

WARNING: Title 18, Section 1001 of the United States Code state that a person who knowingly and willingly makes false or fraudulent statements to any Department of Agency of the United States is guilty of a felony.

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the Housing Authority of Henry County at 309-852-2801.

THIS PRE-APPLICATION CAN BE MAILED OR DELIVERED TO: HAHC, 125 NORTH CHESTNUT STREET, KEWANEE, IL 61443.

Office Use:	Date Received: _____	Time Received: _____	Staff Initials: _____
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