
HENRY COUNTY HOUSING DEVELOPMENT GROUP, INC.

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

Fax (309)854-6007

PLEASE READ CAREFULLY

Dear Applicant:

Thank you for your interest in making an application for Federally Assisted Housing for your family.

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.



APPLICATION FOR COUNTRYSIDE APARTMENTS

RETURN TO: Henry County Housing Development Group, Inc.
 125 N. Chestnut Street
 Kewanee, IL 61443
 309-852-2801

“This agency is an equal opportunity provider and employer.”

Date/Time Application Received _____

THIS APPLICATION MUST BE COMPLETED IN FULL IN ORDER FOR YOU TO BE CONSIDERED FOR OCCUPANCY. IF SOMETHING DOES NOT APPLY DRAW A LINE THROUGH IT OR NOTE N/A. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED. All applications must include copies of Birth Certificates, Social Security Cards and Drivers License/ID cards for everyone in the family.

Section A – Applicant

Applicant’s Name: _____

Co-Applicant’s Name: _____

Present Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____

Any applicant who purposefully falsifies, misrepresents, or withholds any information related to program eligibility or submits inaccurate and/or incomplete information, or during the interview, will not be considered for housing nor placed on the waiting list.

Section B – Household Composition

List the head of Household and all other persons who will be living in the unit. Give the relationship of each family member to the Head.

Adults (Last/First/MI)	S E X	Race	Relationship To Head	Social Security #	Date of Birth	Monthly Income	Source of Income
						\$	
						\$	
						\$	
						\$	

List Children and Minors under the age of 18 in the next section:

Minors (Last/First/MI)	S E X	Race	Relation to Head	Social Security #	Date of Birth	Age	School	Birth Place

Section C – General

1. Are you a United States citizen? Yes No
 If no, are you a Non-Citizen with eligible alien status? Yes No
 Are you a Non-Citizen student? Yes No
 Citizen and/or Eligible Alien Status must be verified by an acceptable document recognized by the Federal Government.
2. Why do you wish to move from you present residence?
 Without, or about to be without house. Paying over 50% of your income for rent.
 Involuntary displaced Subsidized housing Other _____
3. Are you being evicted? Yes No If so, why? _____
4. When would you be available to move? _____
5. How did you hear about this housing development? _____
6. Does anyone live with you now who are not listed in your household composition under Section B. Yes No If yes, please explain: _____
7. Will anyone else live in the unit on either a full or part-time basis?
 Yes No If yes, please explain: _____
8. Is an addition to the household expected? Yes No If yes, please explain: _____
9. Do you have sole legal and physical custody of your children? Yes No
 If no, please explain: _____
10. Does anyone in your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing, or visual impairments?
 Yes No If yes, please explain: _____
11. What size unit are you applying for? 1 Bedroom 2 Bedroom
12. Are you now living or have you ever lived in a government subsidized development?
 Yes No If yes, when: _____ Name and address of development: _____
13. Have you ever applied for or lived in housing managed by the Housing Authority of Henry County? Yes No If yes, where and when: _____
14. Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, or for any other reason?
 Yes No If yes, please explain: _____
15. Do you have a pet? Yes No If yes, what kind: _____
16. Do you have a waterbed? Yes No

17. LIST NAME, ADDRESS AND PHONE NUMBER OF WHO TO CONTACT IN CASE OF AN EMERGENCY:

Name: _____
Phone Numbers: Day: _____ Night: _____
Address: _____ City: _____ Zip: _____
Relationship to Head of Household: _____

Section D – Housing History

List the complete housing information for the past five years for all adult household members (attach a separate page if necessary). Remember to list all of the places you or members of your household have resided.

Current Housing Status

Rental Amount:\$ _____ Address: _____
City: _____ State: _____ Zip: _____

Name of Landlord: _____ Phone No. #: _____
Address: _____
How long did you reside at this address? From: _____ To: _____

Previous Housing Status

Rental Amount:\$ _____ Address: _____
City: _____ State: _____ Zip: _____

Name of Landlord: _____ Phone No. #: _____
Address: _____
How long did you reside at this address? From: _____ To: _____

Previous Housing Status

Rental Amount:\$ _____ Address: _____
City: _____ State: _____ Zip: _____

Name of Landlord: _____ Phone No. #: _____
Address: _____
How long did you reside at this address? From: _____ To: _____

Section E – Income Information

List any income information for all household members (attached a separate page if necessary).

Do you receive or expect to receive?

Wages, salaries (includes overtime, tips, bonuses, Commissions, self-employment)

Yes No Amount:\$ _____ Source: _____

Wages, salaries (includes overtime, tips, bonuses, Commissions, self-employment)
 Yes No Amount:\$ _____ Source: _____

Does anyone work for someone who pays cash
 Yes No Amount:\$ _____ Source: _____

Welfare benefits (W2, PA, GA)
 Yes No Amount:\$ _____ Source: _____

Workman's Compensation
 Yes No Amount:\$ _____ Source: _____

Unemployment benefits or severance pay
 Yes No Amount:\$ _____ Source: _____

Child support/Alimony
 Yes No Amount:\$ _____ Source: _____

Social security payments
 Yes No Amount:\$ _____ Source: _____

Social security payments
 Yes No Amount:\$ _____ Source: _____

Disability benefits (SSI)
 Yes No Amount:\$ _____ Source: _____

Disability benefits (SSI)
 Yes No Amount:\$ _____ Source: _____

Pensions/Retirement benefits
 Yes No Amount:\$ _____ Source: _____

Annuities or life insurance dividend
 Yes No Amount:\$ _____ Source: _____

Lump sum payments (includes, inheritances, insurance settlements, lottery winnings, capital gains)
 Yes No Amount:\$ _____ Source: _____

Net income from rental property
 Yes No Amount:\$ _____ Source: _____

Regular cash contributions or gifts from individuals not living in the unit
 Yes No Amount:\$ _____ Source: _____

Other
 Yes No Amount:\$ _____ Source: _____

Section F – Asset Information

All information will be verified by a third party.

Answer each of the following questions for all household members, including minors. For each question answered yes, provide the current balance and complete name and address of each source.

Checking Account Yes No Amount:\$ _____
Name and Address of Source: _____

Checking Account Yes No Amount:\$ _____
 Name and Address of Source: _____
 Savings Account Yes No Amount:\$ _____
 Name and Address of Source: _____
 Certificates of Deposit Yes No Amount:\$ _____
 Name and Address of Source: _____
 Stocks/Bonds Yes No Amount:\$ _____
 Name and Address of Source: _____
 Trusts/Securities Yes No Amount:\$ _____
 Name and Address of Source: _____
 Pension/Retirement Fund Yes No Amount:\$ _____
 Name and Address of Source: _____
 Money Market Funds Yes No Amount:\$ _____
 Name and Address of Source: _____
 Other Yes No Amount:\$ _____
 Name and Address of Source: _____

Head of Household

Do you currently hold a contract for deed (land contract)?

Yes No Value:\$ _____

Do you currently own real estate? Yes No Value:\$ _____

If yes, please list the location(s), number of acres owned, any expenses incurred (i.e., taxes, insurance) and any income received: _____

Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held for investment purposes (do not consider wedding rings or other personal jewelry)?

Yes No Value:\$ _____

Are any assets held with another person? Yes No Value:\$ _____

If yes, list the person's name and the asset(s) held jointly: _____

I/we hereby certify that I/we have have not sold or disposed of any assets for less than Fair Market Value during the two-year (24-month) period preceding this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.

Section G – Household Allowance Information

All or part of your household's expenses **may** be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, cost of attendant care, and any other medical and dental costs **NOT** covered by an outside source, e.g. insurance, Medicare, state agency, or charitable organization. These allowances vary depending on household characteristics, such as age, such as age, handicap or disability, and employment status.

Child care expenses which enables you or another household member to work, go to school, or to seek employment: Yes No Amount: \$ _____

Attendant care for a handicapped or disabled household member so that an adult household member can work, seek employment, or go to school:

Yes No Amount: \$ _____

Medicare premiums: Yes No Amount: \$ _____

Other medical insurance premiums: Yes No Amount: \$ _____

Prescription/Over-the-counter medicine:

Yes No Amount: \$ _____

Cost for doctor/dentist visits: Yes No Amount: \$ _____

Do you expect to have any additional medical expenses during the next twelve (12) months? Yes No Amount: \$ _____ If yes, please explain: _____

Section H – Miscellaneous Information

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. Explain any YES answers below.

1. Have you or any member of your household ever been convicted of a crime, a felony, or a misdemeanor other than a traffic violation? Yes No If yes, please explain: _____
2. Have you or any member of your household ever been arrested for any drug related criminal activity? Yes No If yes, please explain: _____
3. Are you or any member of your household currently on probation or parole or had been in the past year? Yes No If yes, please explain: _____
4. Are you or any household member subject to a registration requirement under state sex offender registration program? Yes No If yes, list offenders name: _____
5. Do you or any member of your household use an illegal drug or other illegal controlled substances? Yes No If yes, please explain: _____
6. Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance? Yes No If yes, please explain: _____

7. Have you or any member of your household ever used different names from the names given on this application? Yes No If yes, please explain: _____
8. Have you or any member of your household ever used a social security number different from those listed on this application? Yes No If yes, please explain: _____

Important: Persons who meet the definition of disabled or handicapped qualify for a \$400 deduction from their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to your income, please indicate: Yes No. (A complete Rural Development definition of what is considered a disability or handicap can be requested from our Management.) If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

READ THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS APPLICATION

DRUG FREE COMMUNITY – It is a violation of your lease agreement to possess, sell, or distribute illegal drugs on the property. You will be evicted from your apartment if you violate these rules. This includes the consumption of alcohol by minors or supplying minors with alcohol.

I/we understand the information in this application will be used to determine eligibility for subsidized housing and that this information will be verified. I/we understand that any false information may make me/us ineligible for a unit.

I/we certify that all information given in this application is true, complete, and accurate. I/we understand that if any information is false, misleading, or incomplete, management may decline our application, or, if move-in occurred, terminate our lease agreement.

I/we authorize management to make any inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state, or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed on this application will occupy the unit, that will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing for. I/we understand that if I/we enter into a lease, it will be for a one-year period.

I/we agree to notify management in writing regarding changes in household address, telephone numbers, income, and household composition, within 10 days.

I/we agree that if my application is not accepted/rejected within 21 calendar days from the day application is received in our office; the earnest money will be refunded.

All household members age 18 and older sign below:

1. _____
Applicant's Signature Date
2. _____
Applicant's Signature Date
3. _____
Applicant's Signature Date
4. _____
Applicant's Signature Date

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.

Race and Ethnicity Data Collection

“The following information is requested by the federal government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname”.

If you do not wish to provide the information, please check the box below:

I do not wish to furnish this information.

Race of Head of Household:

(Mark one or more)

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other (specify) _____ |

Gender of Head of Household

- Male Female

Ethnicity (Mark only one)

- Hispanic or Latino Not Hispanic or Latino

_____ Information provided by Management

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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 and 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: _____

