

**HENRY COUNTY HOUSING DEVELOPMENT GROUP, INC.**

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

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**Housing Tax Credit Program [Parkside Apartments]  
Applicant Questionnaire**

**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: \_\_\_\_\_

**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 &amp; 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>Payer</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 yes, obtain court papers)*

**I If money is not actually received, are you taking legal action to remedy?**

**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>
_____	_____	_____

30. Trust funds?

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

31. Pensions, IRAs, Keogh or other retirement accounts?

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

32. Cash on hand over \$500?

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

33. Real estate, rental property, land contracts for deeds or other real estate holdings?

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

34. Personal property held as an investment? *(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).*

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

35. A safe deposit box?

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

36. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

<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: \_\_\_\_\_