

Section 8 Application

**Logan County Housing Authority
1028 North College Street
Lincoln, IL 62656
Phone: 217.732.7776**

ATTENTION

**If Your Application Isn't Completely Filled Out
When You Turn It In
Then Your Application**

WILL NOT BE PROCESSED

And You Will Have to Re-Apply!

If you don't receive a letter stating that you have been placed on the Waiting List, then it is your responsibility to call Logan County Housing Authority to see if your application has been processed

APPLICATION FOR SECTION 8

Important Information

Please read the following carefully before completing the application form

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.

- * The application must be completed in the handwriting of the head of household.

INCOMPLETE APPLICATION WILL NOT BE PROCESSED!!

- * Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- * Use the full legal name of each person listed on the application as it appears on their social security cards.
- * Please print all answers.
- * Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as "What is your telephone number", and you do not have a telephone, write "none".
- * All yes/no questions *must* be checked to indicate whether your response is a "yes" or "no".
- * If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- * The legal head of household and spouse/cohead (if any) must sign and date the application form.
- * Where indicated on this form, the questions apply to all members of the family listed on the application.
- * The information that you provide on the application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- * Be advised that the PHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

IN ORDER TO QUALIFY FOR HOUSING ASSISTANCE AN APPLICANT MUST:

- * Be a family as defined in the Housing Agency's Administration Plan. The Administrative Plan is either posted or available at the Housing Agency Office.
- * Meet the HUD requirements on citizenship or immigration status.
- * Your annual income at the time of admission can not exceed the income limits established by HUD. The income limits are posted in the Housing Agency Office.
- * Provide documentation of Social Security numbers for all family members.
- * Meet student eligibility requirements.
- * **Pay any money owed to the PHA or any other Housing Authority.**
- * Not be subject to lifetime sex offender registration requirements.
- * Sign authorization forms so that the PHA can verify the various eligibility requirements.
- * Not have any other household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug related or violent criminal activity.

Americans With Disabilities Act

We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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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.

HEAD OF HOUSEHOLD

Last Name _____ First Name _____ MI _____

Address _____

Date of Birth _____ Birth Place _____

Drivers License Number & State _____

Social Security Number _____ Sex: Male Female

Email Address _____

Home Phone Number	Work Phone Number	Cell Phone Number
()	()	()

Contact Information

List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.

1. Contact Name _____ Phone _____

Address _____ City _____ Zip _____

2. Contact Name _____ Phone _____

Address _____ City _____ Zip _____

APPLICATION FOR SECTION 8 ASSISTANCE

Information about Members of the Household

List all **person's age 18 or older** (head/spouse/cohead regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

Name	Relation to Head	Us Citizen Y/N	Disabled Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
	Head					

Children 17 and Younger

Name	Relation To Head	Us Citizen Y/N	Disabled Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name

Race and Ethnicity of Head of Household

Race: Check the Appropriate Race (More than one category can be entered if applicable.)

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

Ethnicity: (Check the appropriate ethnicity.) **Hispanic or Latino** **Not Hispanic or Latino**

Please List Every Place you have Stayed/Lived at in the **PAST FIVE (5) YEARS**

This Includes **All Members 18 and older listed on this Application**

1) **Present Address:** _____
Street City/State Zip Code

Date you moved in: _____ **Date you moved out:** _____

Name of Owner/Management Company Telephone Number

Street Address of Owner City/State Zip Code

What Adult Household Member on application lived at this address: _____

2) **Previous Address:** _____
Street City/State Zip Code

Date you moved in: _____ **Date you moved out:** _____

Name of Owner/Management Company Telephone Number

Street Address of Owner City/State Zip Code

What Adult Household Member on application lived at this address: _____

3) **Previous Address:** _____
Street City/State Zip Code

Date you moved in: _____ **Date you moved out:** _____

Name of Owner/Management Company Telephone Number

Street Address of Owner City/State Zip Code

What Adult Household Member on application lived at this address: _____

4) **Previous Address:** _____
Street City/State Zip Code

Date you moved in: _____ **Date you moved out:** _____

Name of Owner/Management Company Telephone Number

Street Address of Owner City/State Zip Code

What Adult Household Member on application lived at this address: _____

5) **Present Address:** _____
Street City/State Zip Code

Date you moved in: _____ **Date you moved out:** _____

Name of Owner/Management Company Telephone Number

Street Address of Owner City/State Zip Code

What Adult Household Member on application lived at this address: _____

6) **Previous Address:** _____
Street City/State Zip Code

Date you moved in: _____ **Date you moved out:** _____

Name of Owner/Management Company Telephone Number

Street Address of Owner City/State Zip Code

What Adult Household Member on application lived at this address: _____

7) **Previous Address:** _____
Street City/State Zip Code

Date you moved in: _____ **Date you moved out:** _____

Name of Owner/Management Company Telephone Number

Street Address of Owner City/State Zip Code

What Adult Household Member on application lived at this address: _____

8) **Previous Address:** _____
Street City/State Zip Code

Date you moved in: _____ **Date you moved out:** _____

Name of Owner/Management Company Telephone Number

Street Address of Owner City/State Zip Code

What Adult Household Member on application lived at this address: _____

Income/Employment

Person Who Receives Income	Source of Income	Gross Amount Per Month	Employer Name, Address, Phone #	Title/Position Hours Work Per Week	Start Date (mm/dd/yy)
		\$			
		\$			
		\$			

Does anyone in your Household Receive Social Security Benefits: Yes No
 If yes, how much? \$_____

Does anyone in your Household Receive Social Security Supplemental Benefits? Yes No
 If yes, how much? \$_____

Does anyone in your Household Receive Cash Assistance: (TANF)? Yes No
 If yes, how much? \$_____

Does anyone in your Household Receive Child Support? Yes No
 If yes, how much? \$_____

Are You Entitled To:

Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does anyone outside of your Household pay any of your Bills or Expenses? Yes No

Has anyone in your Household Applied for any Benefits or Money which is in the Process of being approved? Yes No

If yes, please explain: _____

Does anyone in your Household Receive an Educational Scholarship or Grant? Yes No

If yes, who? _____ Source: _____

Amount? \$_____ Per: _____

Answer the Following Questions about All Members of the Household

1. Has any adult who will live in the home previously lived in a State other than this State? Yes No
If yes, which family member(s)? _____ State Lived? _____
_____ State Lived? _____
2. Does anyone other than an adult who will live in the home share custody of any of the children listed?
 Yes No If yes, who? _____
3. Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If yes, who? _____
4. Is anyone who will be living in the home expecting a child?
 Yes No If yes, who? _____
5. Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who? _____
6. Has anyone who will be living in the home ever used another social security number other than the one listed on this application? Yes No If yes, who? _____
7. Has anyone who will be living in the home ever used another name, other than the one they are using now? Yes No (Include Maiden Name) If yes, who? _____
What Names? _____
8. Is there anyone who will be living in the home who is 18 or over and a full-time student?
 Yes No If yes, who? _____
9. Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No If yes, who? _____
What do they require? _____
10. Is there anyone living in the household that is not on your application? Yes No
If yes, who? _____

Criminal Background and Other Information

These questions apply to you and all members of your household

1. Has any household member ever been arrested for any crime? Yes No

If **yes**, how many times? _____

Please explain (Include **when** arrested, **where** arrested and the **reason** for the arrest)

Attach a separate sheet if needed _____

2. Has any household member ever been convicted of any crime? Yes No

If **yes**, **who**? _____ What **crime(s)**? _____

3. Is anyone in your household on parole, probation or court supervision? Yes No

If **yes**, **who**? _____

4. Is any household member a subject to a Lifetime Sex Offender Registration? Yes No

If **yes**, **who**? _____ In what **State(s)**? _____

5. Is any household member currently using illegal drugs? Yes No

If **yes**, **who**? _____

6. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons? Yes No

If **yes**, **Explain**: _____

7. Has any household member received rental assistance in Public Housing or Section 8? Yes No

If **yes**, **when**? **Year(s)** _____ **Housing Agency Name** _____

Under What Name? _____ **Who Was the Head of Household**? _____

8. Have you ever been evicted or in the process of being evicted? Yes No

If **YES**, please state reason for eviction _____

Who was Head of Household? _____

What City and State? _____

Certification of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the Housing Authority in writing (**Within 10 Days**) if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the Housing Authority. I understand that I must notify the Housing Authority in writing of any changes to the Household due to Birth, Adoption or Court-Awarded Custody. I also understand that any person who attempts to obtain Housing Assistance or Rent Reduction by making False Statements, by Impersonation, by failure to disclose or intentionally concealing information, or any Act of Assistance to such attempt is a Crime under Federal and State Law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

(INCOMPLETE APPLICATION WILL NOT BE PROCESSED)

Signature of Head of Household

Date

Signature of Spouse/CoHead

Date

Signature of Adult Member

Date

Certification of PHA Representative

I hereby certify by my Signature that I have explained all questions on this Application Form and Reviewed the Answers provided with the Head of Household to ensure that these questions were fully understood and fully answered.

Signature of PHA Representative

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

I authorize and direct any federal, state or local agency, organization, business or individual to release to **LOGAN COUNTY HOUSING AUTHORITY** any information or materials needed to complete and verify my application for participation, and/or to maintain and continue 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 PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records of my payment history and any violation of my lease or PHA 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 Credit and Criminal Activity
- Residence and Rental Activity Medical or Child Care Allowances

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

Previous Landlords (including Public Housing Agencies), Past and Present Employers, Credit Providers and Credit Bureaus, Veteran's Administration, Schools and Colleges, Bank and Other Financial Institutions, Welfare Agencies, State Unemployment Agencies, Medical and Child Care Providers, Law Enforcement Agencies, Courts and Post Offices, Social Security Administration, Support and Alimony Providers, Utility Companies, and Retirement Systems.

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other federal, state or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamps agencies.

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 with the PHA. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature Head of Household	Print Name	Social Sec. No.	Date
Signature of Spouse/CoHead	Print Name	Social Sec. No.	Date
Signature of Adult Member	Print Name	Social Sec. No.	Date
Signature of Adult Member	Print Name	Social Sec. No.	Date

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.

LOGAN COUNTY HOUSING AUTHORITY

ILLEGAL ACTIVITY & UNAUTHORIZED RESIDENTS

At the Logan County Housing Authority, we take seriously our responsibility to provide decent, safe, and habitable housing. We can't accomplish this without the help of our residents and their commitment to helping keep our communities safe. Therefore, **please read the following information and sign below.**

I, _____ understand that:

1. Logan County Housing Authority requires that **background investigations be conducted on each person 18 years of age or older** prior to that person residing in a Logan County Housing Authority dwelling.
2. In addition to other screening steps, Brenda Kodatt will conduct **a Criminal Background Check for each adult applicant.**
3. If I rent from the Logan County Housing Authority, in addition to other requirements, my lease will:
 - Require that I prevent all household members, guests, and visitors from engaging in any lease violating behavior.
 - Forbid people not listed on the lease from residing in the dwelling and require written permission for guests or visitors to stay more than 14 days, total, in any twelve-month period.
 - Forbid any member of my household or guests from engaging in illegal drug use, sale, manufacture, distribution, or other criminal activity on or near the property.
 - Provide that serious or repeated violations of the lease requirements on these or other issues will result in termination of my lease.
4. If I become a tenant, in accordance with my lease, I will notify Brenda Kodatt promptly whenever:
 - I suspect there is any type of illegal activity occurring on the property while I am a tenant.
 - I will also notify police promptly if I observe or suspect criminal activity on the property.
 - I have a household member or guest who causes lease violation whom I am having difficulty controlling.
5. I understand that I may withdraw my application for residency with the Logan County Housing Authority without penalty at any time.

Signature of Head of Household

Date

Signature of Co-Head or Spouse

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date

Other Adult

Date

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING

U.S. Department of Housing
and Urban Development

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence, or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Act Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request of this certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of domestic violence, dating violence or stalking (collectively “domestic violence”) under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it:)

- (1) A Federal, State, tribal, territorial, or local police or court record: or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought in addressing domestic violence, or stalking, or the effects of abuse, in which the professional attest under perjury (23 U.S.C. 1746) to the professional’s belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence or stalking has signed or attested to the documentation.

To Be Completed by The Victim of Domestic Violence

Date Written Request Received by Family Member: _____

Name of the Victim of Domestic Violence: _____

Name(s) of other Family Members listed on the Lease:

_____	_____
_____	_____
_____	_____

Name of Abuser: _____

Date: _____ Time: _____

Location of Incident:

Description of Incident: _____

I certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of Domestic Violence, Dating Violence or Stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature

Executed on (Date)

All information provided to a PHA, Owner or Manager relating to the incident(s) of Domestic Violence, including the fact that an individual is a Victim of Domestic Violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosures is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.