



120 S. Walnut St.  
Telephone: 618-542-5409  
Fax : 618-542-4532  
P.O. Box 255  
DU QUOIN, IL 62832

EMAIL: PCHA@ACCESSUS.NET

Please have the following accompany the application when you return it to the Housing office, or we **CANNOT** process your application for eligibility. **PLEASE WEAR A MASK IN THE OFFICE.**

COPIES OF GENERAL INFORMATION REQUIRED FOR ALL APPLICANTS

Office Hours: 8:30 A.M. - 4:00 P.M Monday-Friday

With the exception of Wednesdays when the office closes at Noon.

- \_\_\_ 1. Birth Certificates for ALL household members.
- \_\_\_ 2. Social Security cards for ALL household members (With current legal name) Cards for adults need to be signed.
- \_\_\_ 3. CURRENT Drivers License for ALL licensed drivers or State ID card.  
(With current legal name)
- \_\_\_ 4. Marriage License and/or divorce papers or separation papers and guardianship/custody papers.
- \_\_\_ 5. Veteran/Service verification.
- \_\_\_ 6. Student Verification (Class Schedule) for all students 18 years of age or older.
- \_\_\_ 7. If you are elderly or disabled, please provide any health insurance verification which you pay for, and/or verification of any medical bills that you have paid for "our of your own pocket" for the last year.
- \_\_\_ 8. If you are disabled or physically handicapped, we will need to know the nature of these disabilities (A letter from your physician for special needs.)
- \_\_\_ 9. Names and addresses of your current & past landlords. Credit references could be utility bill, bank loans, car payments, furniture payments, or current bills. (Include account numbers.) Also, include the address of the apartment or house you have rented or currently renting. (Form is included).
- \_\_\_ 10. Names, addresses, account numbers of all banks that you use. (Form is included) please include a current bank statement.
- \_\_\_ 11. Verification of ALL income:
  - a. Social Security, SSI, veterans benefits, retirement pensions
  - b. Public aid (cash grant?) Have case worker fill out form enclosed
  - c. Employment or Unemployment check stubs (Two current stubs) (last four check stubs)
  - d. Financial assistance of education (eg., Pell grant, etc)
  - e. Any other type of income (eg., self employment, child support, etc)
  - f. Children under the age of 18 who receive SSI/Social Security.
  - g. a copy of your current benefit statement from the DHS Office.

**IMPORTANT! PLEASE NOTE...**

**\*ALL SOURCES OF INCOME MUST BE REPORTED**

**\*CATS AND DOGS ARE ALLOWED PER PCHA PET POLICY ONLY**

**\*IF NO INCOME, WE NEED TO KNOW WHO IS HELPING YOU WITH FAMILY EXPENSES**

## APPLICATION FOR PERRY COUNTY HOUSING AUTHORITY

### Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address (P.O. Box) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How do you prefer to be contacted? ☐ Mail ☐ E-mail

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widow(er)

Have you ever used a name other than the one you are using now? ☐ Yes ☐ No  
 If yes, what? \_\_\_\_\_

### HOUSEHOLD COMPOSITION

(List all family members, INCLUDING yourself, who will be living with you.)

(White-W, Asian-A, American Indian-AI, African American-AA, Other-O)

Name, Last, First, Middle	Relationship	Age	Sex	Birthdate	Race	Place of Birth	Disabled Y or N	SSN or Alien Registration #
1	HEAD							
2								
3								
4								
5								
6								
7								
8								

Will there be any additional people staying in the unit at any time? ☐ Yes ☐ No  
 Who? Name(s)? \_\_\_\_\_ When? \_\_\_\_\_ How Often? \_\_\_\_\_

Do you or anyone in your household require a handicapped unit at any time? ☐ Yes ☐ No

Have you or any member of your household ever received housing assistance before? [ ☐ ]Yes [ ☐ ]No

If yes, name and location of Housing Authority? \_\_\_\_\_

Under what name? \_\_\_\_\_ Approximately what years? \_\_\_\_\_

Address lived at while in Housing? \_\_\_\_\_

Have you ever had a Housing Authority terminate your Housing Assistance? [ ☐ ]Yes [ ☐ ]No

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

Have you ever been evicted while receiving Housing Assistance? [ ☐ ]Yes [ ☐ ]No

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

Do you owe money to any Housing Authority? [ ☐ ]Yes [ ☐ ]No

If yes, how much and have you made arrangements to repay this amount? \_\_\_\_\_

Are you currently up to date on ALL of your utilities, inc. Electricity, Gas, Water, Etc? [ ☐ ]Yes [ ☐ ]No

If no, please explain. \_\_\_\_\_

Please complete a separate form for EACH household member (excluding members under 18). Every item on the checklist must be answered "yes" or "no".

\_\_\_\_\_ I receive income (wages, tips, bonuses, commission) from employment. How many employers? \_\_\_\_\_

\_\_\_\_\_ I regularly receive cash contributions or gifts from person(s) not living with me (IE, rent or utility payments)

\_\_\_\_\_ I receive periodic payments from Workmen's Compensation

\_\_\_\_\_ I receive G.I. Bill Benefits

\_\_\_\_\_ I receive disability or death benefits

\_\_\_\_\_ I receive unearned income from family members age 17 or under

\_\_\_\_\_ I receive Social Security

\_\_\_\_\_ I receive Supplemental Security Income (SSI)

\_\_\_\_\_ I receive Black Lung benefits

\_\_\_\_\_ I receive public assistance (excluding Medicaid and Food Stamps)

\_\_\_\_\_ I am a FULL TIME student

\_\_\_\_\_ I receive educational grants or scholarships

\_\_\_\_\_ I receive unemployment benefits

\_\_\_\_\_ I receive child support or alimony

\_\_\_\_\_ I receive periodic payments from trust, annuity, or inheritance

\_\_\_\_\_ I receive periodic payments from insurance policies

\_\_\_\_\_ I receive periodic payments from retirement funds or pensions

\_\_\_\_\_ I receive periodic payments from lottery winnings

\_\_\_\_\_ I receive income from the adoption incentive program to compensate the support to minors

\_\_\_\_\_ I receive income from a temporarily absent family member(s)

\_\_\_\_\_ I receive interest or dividends

\_\_\_\_\_ I receive income from rental of real estate or personal property

\_\_\_\_\_ I have real estate, land contracts or mobile homes

\_\_\_\_\_ I have checking account(s) How many banks? \_\_\_\_\_ Bank Name \_\_\_\_\_

\_\_\_\_\_ I have saving account(s) How many banks? \_\_\_\_\_ Bank Name \_\_\_\_\_

\_\_\_\_\_ I have time certificates (CD's) How many banks? \_\_\_\_\_ Bank Name \_\_\_\_\_

\_\_\_\_\_ I have have IRA's or Keogh accounts

\_\_\_\_\_ I have treasury bill

\_\_\_\_\_ I have stocks

\_\_\_\_\_ I have bonds

\_\_\_\_\_ I have cash on hand held for investment

\_\_\_\_\_ I have personal property held for investment (gems, jewelry, coin & stamp collections, etc)

\_\_\_\_\_ I have disposed of assets within the last two(2) years. If YES, see attached statement.

\_\_\_\_\_ I have whole life insurance policy(ies).

\_\_\_\_\_ I pay Medicare premiums.

\_\_\_\_\_ I pay medical insurance premiums, other than Medicare

\_\_\_\_\_ I pay medical or prescription expenses which are not reimbursed by insurance

\_\_\_\_\_ I pay child care expenses (in order to be gainfully employed, look for employment or to further education.  
(CHILD MUST BE UNDER 13)

\_\_\_\_\_ I have provided proof of social security numbers (and employment identification numbers, if an employer)  
for all household members 5 years of age and older.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ARE TRUE AND THAT WHEN CIRCUMSTANCES CHANGE I WILL NOTIFY THE RESIDENT MANAGER FOR POSSIBLE RECERTIFICATION.

Development: \_\_\_\_\_ Unit No. \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## INCOME

The following part of the application applies to ALL family members, including minors.

**Please note that if all income is not reported, it is considered a case of fraud against a government agency, and illegal action can be taken which could lead to eviction.**

1. Employment: ☐ Yes ☐ No

Who is employed?	Where?	Date started	Name & Address of Employer
1			
2			
3			
4			

You MUST include your last four paycheck stubs.

2. Does any person on this application receive unemployment: ☐ Yes ☐ No

Who is receiving unemployment? \_\_\_\_\_

Date started receiving unemployment? \_\_\_\_\_

(You must include a copy of your last unemployment form)

3. Are you receiving assistance from:

Dept. of Human Services? ☐ Yes ☐ No

General Assistance? ☐ Yes ☐ No

4. Does any person on this application receive Child Support? ☐ Yes ☐ No

Name of Person(s) you receive child support from	Address where your child support is coming from (Courthouse, Child Support Agency from Marion or Springfield, etc.)
1	
2	
3	

5. Does any person on this application receive alimony? ☐ Yes ☐ No

Name and address of who sends alimony payments: \_\_\_\_\_

6. Does any person on this application receive Social Security? ☐ Yes ☐ No

7. Does any person on this application receive SSI? ☐ Yes ☐ No

8. Does any person on the application receive income from a pension? ☐ Yes ☐ No  
Where does your pensions come from? Eg., VA, Miners, Black Lung, Annuities, GI Bill,  
Disability, Death Benefits, Pension from where you worked...

Name and Address: \_\_\_\_\_  
\_\_\_\_\_

9. Does any person on this application receive cash contributions from person(s) not living with you? ☐ Yes ☐ No

Name of Person(s) or Organizations you receive contributions from	Address
1	
2	
3	

\*\* Cash contributions and gifts from others are considered income. We need a statement from which you are receiving the extra income from. Please put their name and address on the above line if this pertains to your situation. Especially those applicants who don't have any income coming in at this time. We need to know the amount they are contributing, the reason why, such as rent or family expenses, and we need them to sign and date that statement.

10. Is any person on this application self-employed? ☐ Yes ☐ No  
(form will be sent for verification)

11. Do you receive any income from rental property? ☐ Yes ☐ No

12. Are you/any other person on this application a full time student? ☐ Yes ☐ No  
Name of Student(s): \_\_\_\_\_  
(must include verification of class schedule)

13. Does this person(s) receive an educational grant or scholarship? ☐ Yes ☐ No

## ASSETS

The following part of the application applies to ALL family members, including minors.

1. Please provide all family members banking information.

Bank Name	Bank Address	Type of account
1		
2		
3		
4		

\*\*Include your last bank statement when returning your paperwork for your application

2. Does anyone on this application own any stocks, bonds, or annuities? [ ] Yes [ ] No  
If yes, please list. \_\_\_\_\_  
\_\_\_\_\_

## EXPENSES

The following part of the application applies to ALL family members, including minors.

1. Does anyone on this application age 12 and under have any child care expenses?  
[ ] Yes [ ] No

Childcare Provider	Address	Phone
1		
2		

\*Form will be sent for verification

## CRIMINAL

Has anyone in your household ever been involved in ANY criminal activity, regardless of arrest of conviction? (Please include misdemeanors, felonies, domestic disturbances, traffic violations, or incidents involving drugs or alcohol.) [ ] Yes [ ] No

If yes, Please explain. \_\_\_\_\_  
\_\_\_\_\_

Understand that if the above question is answered 'NO' and a background check reveals that there has been involvement in criminal activity, the application for rental assistance will be denied for misrepresentation.



## **MEDICAL**

**For the elderly and disabled only!!!**

If you have paid any medical bills OUT OF YOUR OWN POCKET for the past year, please fill out where needed.

Fill out each category that you have paid medical bills in the past year. You must include verification of all paid bills.

	<b>Name</b>	<b>Address</b>
<b>Parmacy</b>		
<b>Physician</b>		
<b>Physician</b>		
<b>Physicial</b>		
<b>Eye Doctor</b>		
<b>Private Medical Insurance</b>		
<b>Over Counter Drugs</b>		
<b>Other Medical (as needed)</b>		
<b>Other Medical (as needed)</b>		

(must provide verification of paid drug bills and also a statement from your physician that the drugs are required)



## RENTAL HISTORY

### Current Residence:

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ (month/year)

What best describes your occupancy status?

\_\_\_\_\_ Rent the unit on your own

\_\_\_\_\_ Share the unit with another family

\_\_\_\_\_ Other, please explain: \_\_\_\_\_

If you rent the unit on your own, what is the monthly rent? \_\_\_\_\_

What utilities are you responsible for paying? \_\_\_\_\_

PART A: Only complete this section if you share the home with another family.

Name of the person with which you share the house \_\_\_\_\_

Is there a lease agreement? \_\_\_\_\_ If yes, does your name appear on the lease? \_\_\_\_\_

What amount do you contribute toward utilities? \_\_\_\_\_

Are you related to the person with whom you live? \_\_\_\_\_

If yes, how are you related? \_\_\_\_\_

PART B: Provide the following information about the OWNER or MANAGER of the property in which you now reside (do not list the person with which you share the unit unless they own the property).

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Are you related to the landlord? \_\_\_\_\_

**Immediate Prior Residence:**

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ (month/year)

What best describes your occupancy status?

\_\_\_\_\_ Rent the unit on your own

\_\_\_\_\_ Share the unit with another family

\_\_\_\_\_ Other, please explain: \_\_\_\_\_

If you rent the unit on your own, what is the monthly rent? \_\_\_\_\_

What utilities are you responsible for paying? \_\_\_\_\_

PART A: Only complete this section if you share the home with another family.

Name of the person with which you share the house \_\_\_\_\_

Is there a lease agreement? \_\_\_\_\_ If yes, does your name appear on the lease? \_\_\_\_\_

What amount do you contribute toward utilities? \_\_\_\_\_

Are you related to the person with whom you live? \_\_\_\_\_

If yes, how are you related? \_\_\_\_\_

PART B: Provide the following information about the OWNER or MANAGER of the property in which you now reside (do not list the person with which you share the unit unless they own the property).

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Are you related to the landlord? \_\_\_\_\_

**Prior Residence:** (only complete this if you lived at the previous two residences for less than three years combined)

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ (month/year)

What best describes your occupancy status?

\_\_\_\_\_ Rent the unit on your own

\_\_\_\_\_ Share the unit with another family

\_\_\_\_\_ Other, please explain: \_\_\_\_\_

If you rent the unit on your own, what is the monthly rent? \_\_\_\_\_

What utilities are you responsible for paying? \_\_\_\_\_

PART A: Only complete this section if you share the home with another family.

Name of the person with which you share the house \_\_\_\_\_

Is there a lease agreement? \_\_\_\_\_ If yes, does your name appear on the lease? \_\_\_\_\_

What amount do you contribute toward utilities? \_\_\_\_\_

Are you related to the person with whom you live? \_\_\_\_\_

If yes, how are you related? \_\_\_\_\_

PART B: Provide the following information about the OWNER or MANAGER of the property in which you now reside (do not list the person with which you share the unit unless they own the property).

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Are you related to the landlord? \_\_\_\_\_

DATE \_\_\_\_\_

**HUMAN SERVICES/GENERAL ASSISTANCE VERIFICATION**

**\*To be filled out by your case worker or a copy of your current benefit statement**

**FOR THE ELDERLY AND DISABLED:** If the following resident is under the Department of Human Services for cash and/or medical, please fill out the following form and verify by a representative of the Department of Human Services.

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Is the person's medicare premium being paid for by the Department of Human Services?

MEDICAIRE PART A AND B: YES \_\_\_\_\_ NO \_\_\_\_\_ \$ \_\_\_\_\_

Is the person on QMB? YES \_\_\_\_\_ NO \_\_\_\_\_

Is the person on a regular medical card \_\_\_\_\_ or a spend down \_\_\_\_\_?

Is the person receiving a CASH GRANT YES \_\_\_\_\_ NO \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

DATE STARTED \_\_\_\_\_

Is the person receiving FOOD STAMPS YES \_\_\_\_\_ NO \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_  
(signed) Human Services Rep.  
\_\_\_\_\_  
(date)

\*\*\*\*\*

**FOR FAMILIES AND OTHERS:** If the following resident is receiving a cash grant, medical card and/or food stamps through the Department of Human Services or General Assistance, please fill out the form below and verify by a representative of Human Services or General Assistance.

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**PLEASE LIST OTHER HOUSEHOLD MEMBERS ON YOUR CASE:**

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

PLEASE CHECK WHICH APPLIES: Cash Grant \_\_\_\_\_ Med. Card \_\_\_\_\_ Food Stamps \_\_\_\_\_

**AMOUNT OF CASH GRANT \$** **DATE STARTED**

**AMOUNT OF FOOD STAMPS \$**

\_\_\_\_\_  
(signed) Human Services/General Assistance  
\_\_\_\_\_  
(date)



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### Applicant Certification

I/We here by certify that the above information give to the Perry County Housing Authority is accurate and complete to the best of my/our knowledge and belief. I also agree to authorize Perry County Housing Authority to verify the information given above.

I/we also understand that Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or representations to Perry County Housing Authority and is punishable by fines and/or imprisonment.

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Co Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**PLEASE NOTE! INCOMPLETE INFORMATION WILL DELAY THE PROCESSING OF YOUR FILE**



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## REFERENCES

I, the undersigned, have applied for public housing in one of Perry County Housing Authority's low rent units.

Following are five references:

**Note: Give the name and complete address ALL references.**

Failure to provide our Housing Authority with your current landlords name & address will result in ineligibility or eviction!!!

NAME	COMPLETE ADDRESS	TELEPHONE	
1. _____	_____	_____	Current
2. _____	_____	_____	Past
3. _____	_____	_____	Credit
4. _____	_____	_____	Personal
5. _____	_____	_____	Personal

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Joint Applicant's Signature

\_\_\_\_\_  
 Address



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**AUTHORIZATION FOR RELEASE OF INFORMATION**  
(To be completed in Applicant/Tenant's own handwriting)

ALL NAMES MUST BE WRITTEN AS THEY APPEAR ON SOCIAL SECURITY CARD(S) AND MUST BE SIGNED BY THE INDIVIDUAL THEMSELVES.

I, \_\_\_\_\_ and \_\_\_\_\_  
\_\_\_\_\_ authorize any agencies, offices, groups, organizations, or business firms to release all materials which are deemed necessary to complete my application/recertification for the Low Income Housing Program. These organizations are to include but not limited to:

Financial Security, Past or Present Employers, Social Security Administration, Welfare Departments, Veteran's Administration, County Clerks, Utility Companies, Workmen's Compensation Payers, Hospitals, Public and Private Retirement Systems, Law Enforcement Agencies and Attorneys, Current and Previous Landlords, and Credit Reporting Agencies.

This release includes but is not limited to information relating to my past criminal history, violations of the law, disposition of criminal or civil cases, verification of assets and verifications of disability or handicap.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Birthplace

\_\_\_\_\_  
Birthplace

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Today's Date





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### RE: WAITING LIST NOTIFICATION

Thank you for applying for Housing Assistance with the Perry County Housing Authority. Your application has been accepted and will be reviewed for preliminary determination of eligibility. If you meet our eligibility requirements, your application will be placed on our waiting list.

It is our desire to provide you with safe, decent, and sanitary housing. The Perry County Housing Authority acknowledges the responsibility to the extent provided by the law to protect information it receives in determining the applicant's/participant's eligibility for housing assistance.

**Warning!** Title 18, Section 1001 of the United States Code, states that a person guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

I have read and am aware of the following:

1. My application has been submitted.
2. I will not receive immediate assistance. My wait before housing may be offered, will be anywhere from a few weeks to a few months. Household Preferences offered by the housing authority will affect my wait for assistance.
3. The Housing Authority will place me on the waiting list and at a later date will verify all information on my application.
4. It is my responsibility to ensure that all changes to this application, including changes in address, household members and income. Changes must be submitted in writing to our office. No telephone changes will be accepted. Failure to report changes in writing will result in removal from the waiting list.
5. If my application is removed from the waiting list, I will need to reapply when the Housing Authority is accepting applications.
6. My application for housing assistance may be denied because of criminal activity or debts to another housing authority of any household member.
7. This application does not obligate the Perry County Housing Authority to provide housing nor does it obligate me to accept housing assistance.

I do hereby swear and attest that all the information above about myself and my household is true and correct. I understand that providing any false information will result in my application being cancelled or denied, or in the termination of my housing assistance. I declare under penalty of perjury under the laws of the United States of America and the State of Illinois that the information contained in this application of facts is true, correct and complete.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head/Spouse

\_\_\_\_\_  
Date

If a person other than the participant completes this application, please sign and complete the following.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

## DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/. That to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older, (attach proof of age); or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - ☐ Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
  - ☐ Permanent residence under 249 of INA 4/; or
  - ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
  - ☐ Parole status under 212(d)(5) of the INA /6; or
  - ☐ Threat to life or freedom under 243(H) of the INA /7, or
  - ☐ Amnesty under 245A of the INA 8/.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

Optional and Supplemental 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.**

This is required to be put in your file

☐

**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.

**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.



# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Perry County Housing Authority  
120 South Walnut St.  
PO Box 255  
Du Quoin, IL 62832

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



Credit Dept # 217-424-6496

Fax to: Ameren Solution Center Fax# 800-851-1796

From: \_\_\_\_\_

Date: \_\_\_\_\_

Fax#: \_\_\_\_\_

Phone#: \_\_\_\_\_

## Housing Authority – Request for Utility Verification

This section completed by Housing Authority/Applicant (One Applicant per Form Please)

I authorize release of credit information regarding current/previous utility services, and also verification of my eligibility for new services with Ameren Illinois.

Please Print Clearly

### Applicant Information:

Name \_\_\_\_\_

Social Security# \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Signature: X \_\_\_\_\_

This section completed by Ameren Illinois

Current Services ☐ Yes ☐ No

Past Due Bill: ☐ Yes ☐ No

Previous Services ☐ Yes ☐ No

Outstanding Bill: ☐ Yes ☐ No

☐ No Current or Previous Services with Ameren Illinois

☐ Eligible for New Services

☐ Must make arrangements for payment of outstanding bill before new service is granted.

☐ No credit history. Must call Ameren to complete application for service before new service is granted (see telephone numbers at top of page).

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_