



410 EAST EUREKA AVENUE
P O BOX 223
EUREKA IL 61530-0223
PH: 309-467-4623
FAX 309-467-6927

REPORTING FORM

NAME _____

CURRENT ADDRESS _____

CURRENT EMAIL _____

CURRENT PHONE NUMBER _____

Please check one from below:

___ INCREASE IN INCOME

___ DECREASE IN INCOME

___ RECERTIFICATION

___ INITIAL APPOINTMENT

Please check one if there is a change in household member(s)

___ Add _____
Name(s)

___ Remove _____
Name(s)



EQUAL HOUSING
OPPORTUNITY

We are an equal opportunity employer and provider.



PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED **IN YOUR OWN HANDWRITING**. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

HOUSEHOLD COMPOSITION: List all persons who will be living in your home.

ADULTS (Legal Name)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE: DIVORCED (D) MARRIED (M) SEPARATED (S) WIDOWED (W)	OCCUPATION OR SCHOOL NAME
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				Year	
				Year	
				Year	
				year	

CHILDREN (name as it Appears on SS card)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL NAME	ABSENT PARENT'S NAME	ABSENT PARENT'S ADDRESS
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DOES ANYONE LIVE WITH YOU WHO IS NOT LISTED ABOVE? YES/NO WHO? _____
 If separated or divorced, list name and address of spouse/ex-spouse as follows:

 NAME

 STREET ADDRESS

 CITY, STATE, ZIP CODE

 SOCIAL SECURITY NO. (if known)

 NAME

 STREET ADDRESS

 CITY, STATE, ZIP CODE

 SOCIAL SECURITY NO. (if known)

 I, do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY.

 SIGNATURE OF HEAD OF HOUSEHOLD DATE _____
 SIGNATURE OF SPOUSE/CO-HEAD DATE

WARNING !!! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

- II. **TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security benefits, Disability payments, Workman's Compensation, Retirement benefits, AFDC, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST AMOUNTS RECEIVED BELOW

SOURCE OF INCOME HOUSEHOLD MEMBER TOTAL WEEKLY/MONTHLY WAGES

Household Member Name	Employer wages	Total Weekly Wages	TANF	Child Support Benefits	Veterans Benefit	Social Security Benefits &/or SSI	Unemployment	All Other Income

- III. **ASSETS:** If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? ____ Have you sold any real estate in the (2) two years? ____ Do you own any stocks or bonds? ____ Do you have a savings account? ____ If yes, give bank, account numbers, and amounts below. Do you own a car? ____ Model/Year _____ Plate No. _____ Do you own a second car? ____ Model/Year _____ Plate No. _____

EXPLANATIONS FOR ANY QUESTIONS ANSWERED YES.

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- Does anyone outside of your household pay for any of your bills or give you money? Yes/No (if yes explain) _____
 - Have you or any other adult members ever used any name(s) or Social Security No(s) other than the one you are currently using? Yes/No (if yes explain) _____
 - Have you or any member lived in assisted Housing? Yes/No (if yes, list where & when) _____
 - Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No (if yes explain) _____
 - Have you ever committed any fraud in a Federally Assisted Housing Program or been required to repay money for knowingly misrepresenting information for such housing programs? Yes or No (if yes explain) _____
 - Do you expect anyone to move in or out of your household within the next 12 months? Yes/No (if yes explain) _____
 - Did you file a Federal income tax return for the most recent year? Yes/No _____
 - Have you disposed of any asset for less than Fair Market Value in the past (2) two years? Yes/No _____
 - Is any household member (18 years or over) attending a school for higher education? Yes/No _____
 - Have you or anyone in your household ever been subject to a lifetime state sex offender registration program in any state? Yes/No _____
 - Has any household member benefited from earned income disallowance? Yes/No
If yes, who? _____
 - Is anyone who will be living in the unit expecting a child? Yes/No If yes, who? _____
 - Does anyone other than an adult who will live in the unit share 50% custody of any of the children listed? Yes/No
If yes, who? _____
 - Does anyone who will be living in the unit have a divorce decree or court order as the result of a divorce or legal separation? Yes/No If yes, who? _____

Family Name: _____ Social Security Number: _____

INCOME INCLUDES: Welfare, Social Security, SSI, Wages, Tips, Unemployment, Maintenance, Child Support, Veterans Benefits, Retirement Benefits, Rental Income, etc.

If new employment list start date: _____

SOURCE OF INCOME:

Family Member: _____
Source: _____
Address: _____

Phone Number: _____

Family Members: _____
Source: _____
Address: _____

Phone Number: _____

ASSETS INCLUDES: Cash on Hand, Checking Accounts, Savings Accounts, Certification of Deposit, Trust Funds, Safety Deposit Box Information, Market Value of Stocks and Bonds, Equity in Real Estate Property, and other Capital Investments, etc.

LIST ALL ASSETS:

Family Member: _____
Asset Type: _____
Address: _____

Account No: _____

Family Members: _____
Asset Type: _____
Address: _____

Account No: _____

Any member of the Family that is **18 years of age or older** continuing their education please fill out the following information.

EDUCATION:

Family Member: _____
School Name: _____
Address: _____

Full Time _____ Part Time _____

Family Members: _____
School Name: _____
Address: _____

Full Time _____ Part Time _____

Any member of the Family that is paying Child Care for education or employment please fill out the following for child care expenses.

CHILD CARE EXPENSES

Child Care Provider Name: _____
Address: _____

Phone Number: _____
Approximate Hours: _____

Woodford County Housing Authority

410 EAST EUREKA AVENUE, P.O. BOX 223
EUREKA, ILLINOIS 61530-0223

CONSENT

I/We the undersigned have applied for/reside in assisted housing. In order that the Woodford County Housing Authority may establish/re-establish my/our eligibility for housing assistance, I/We hereby authorize and direct any individual, Business, Organization, Federal State or Local Agency to release to and/or verify for the Woodford County Housing Authority all information deemed necessary to verify employment, income, assets, credit history, medical expenses, personal references, residences and rental activity, verification of handicap or disability, eligibility to obtain power or the status of my utility services pursuant to the Housing Authority Lease, Part 1, section VI (b).

INFORMATION COVERED

I/We, further understand that verifications and inquiries that may be requested include, but are not limited to the following:

Identity and/or Marital Status	Residency and Rental History
Credit and Criminal History	Employment, Income and Assets
Medical Expenses & Allowances	Status of Utility Services
Child Care Expenses	Full Time Student Certification

GROUPS OR INDIVIDUALS from which information may be requested include, but are not limited to:

Courts and Post Offices	Law Enforcement Agencies
Medical Providers	Retirement Systems
Utility Companies	Credit Providers and Credit Bureaus
Past & Present Employers	Welfare Agencies
State Unemployment Agencies	Social Security Administration
Veterans Administration	Banks and Other Financial
Previous Landlords (including Public Housing Agencies)	

CONDITIONS

I/We 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 office of the Woodford County Housing Authority. I/We understand that any information obtained with this release is confidential and may not be released without my/our permission except to other government entities such as other housing authorities, police officials, public assistance, etc. I/We do also understand that information obtained by this release is used to determine my/our eligibility for housing assistance and refusal to consent to the release of this information can result in denial of assistance. This authorization shall be good (15) fifteen months from date of signature.

SIGNATURES:

Head of Household

Date

Current Address

Other Adult

Date

Other Adult

Date