

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

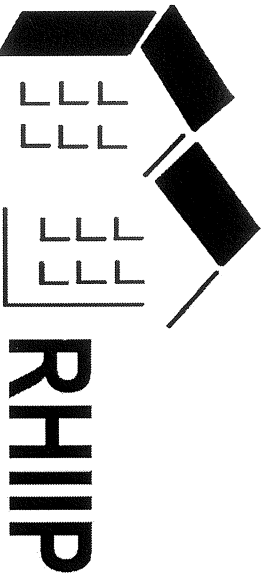
We are an equal opportunity employer and provider.





U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/iv/cdm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature _____

Date _____

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. 07/31/2021

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

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

WOODFORD COUNTY HOUSING AUTHORITY
410 E EUREKA AVE
P O BOX 223
EUREKA IL 61530

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(1)(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.

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



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD’s record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name	
Signature	Date				
Printed Name					

Supplemental and Optional 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.** 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.

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
				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

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 within (10) ten calendar days 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.

1. Does anyone outside of your household pay for any of your bills or give you money? Yes/No (if yes explain) _____
2. 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) _____
3. Have you or any member lived in assisted Housing? Yes/No (if yes, list where & when) _____
4. Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No (if yes explain) _____
5. 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) _____
6. Do you expect anyone to move in or out of your household within the next 12 months? Yes/No (if yes explain) _____
7. Did you file a Federal income tax return for the most recent year? Yes/No _____
8. Have you disposed of any asset for less than Fair Market Value in the past (2) two years? Yes/No _____
9. Is any household member (18 years or over) attending a school for higher education? Yes/No _____
10. Have you or anyone in your household ever been subject to a lifetime state sex offender registration program in any state? Yes/No _____
11. Has any household member benefited from earned income disallowance? Yes/No
If yes, who? _____
12. Is anyone who will be living in the unit expecting a child? Yes/No If yes, who? _____
13. 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? _____
14. 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? _____

QUESTIONNAIRE

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
(309) 467-4623

Eligibility Application Form

Who is the Head of Household? (Legal Name):			SSN		DOB		Age
Last	First	M.I.	-	-	/	/	
Race: Optional <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Income \$ <hr/> Income Source
Which of the following housing programs are you applying for? <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 Certificate/Voucher <input type="checkbox"/> Project-based certificate <input type="checkbox"/> Moderate Rehabilitation <input type="checkbox"/> Mutual Help <input type="checkbox"/> Other Housing program							

What is your present address?

Street address _____				
Street	City	State	Zip	
Mailing address _____				
Street	City	State	Zip	
Home Tel. ()	Business Tel. ()	Fax ()		

What was your street address before you moved to where you live now?

Street address _____				
Street	City	State	Zip	

If we were unable to reach you, whom could we contact locally?

Name _____		Tel. _____	
Address _____		Relation _____	

Household members: List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

No.	Legal Name	Relationship to head	SSN	DOB	Age	School Name or Occupation
1			- -	/ /		
2			- -	/ /		
3			- -	/ /		
4			- -	/ /		
5			- -	/ /		
6			- -	/ /		
7			- -	/ /		
8			- -	/ /		

Income Information: Provide a complete explanation of "income" to applicant.

Fam mem	Source of Income	Rate/Frequency	Type of Income	Annualized Income
				\$
				\$
				\$
				\$

Did you file a Federal income tax return for the most recent year? Yes No

Does anyone outside of your household pay any of your bills or expenses? Yes No. If yes:
Or give you money?
Explain:

Asset Information: Do you have any assets held jointly with anyone?

Fam mem	Asset Description	Current/Disposed?	Market Value	Cash Value	Int. Rate	Annual Income
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$	%	\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$	%	\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$	%	\$

Banking Information:

Name of Bank	Account Number	Type	Joint/Indiv	Balance	
				Current	6-mo. avg.
				\$	\$
				\$	\$
				\$	\$

Handicapped Assistance Expenses

Fam mem	Expense description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

Do you claim any of the following preferences?

<input type="checkbox"/> Involuntarily Displaced ___ by natural disaster ___ by government action ___ Unit Inaccessibility ___ by physical violence	___ Hate crimes ___ Owner action ___ To avoid reprisal	<input type="checkbox"/> Living in Substandard Housing ___ Homeless family ___ Dilapidated home ___ No plumbing ___ No toilet ___ No tub/shower ___ No electricity ___ No heat ___ No kitchen	<input type="checkbox"/> Rent burden over 50% of income <input type="checkbox"/> Disability (Claim of disability is regarding eligibility only)
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Do you claim any of the following Ranking Preferences?

Do you claim any of the following Local Preferences?

Program Integrity Information

Do you expect anyone to move in or out of your household within the next 12 months? Yes No

Does anyone live with you now who is not listed above? Yes No

Have you ever lived in assisted housing before? Yes No If yes:
 Or any household members?
 When? _____ Where? _____

Under what name? _____ Who was head of Household? _____

Have you ever used a name other than the one you are using now? Yes No If yes:
 What name? _____

Have you ever used a social security number other than the one you listed above? Yes No If yes:
 Or any adult members?
 What is it? _____

Has anyone in your household been engaged in the felonious use, sale, manufacture or distribution of controlled substances? Yes No
 If yes:
 Who? _____ When? _____ What? _____

Does anyone in your household currently use a controlled or illegal drug? Yes No If yes:
 Explain: _____

Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity? Yes No

Have you ever violated a family obligation in a HUD-assisted housing program? Yes No

Do you owe any money to a Public Housing Agency? Yes No

Current Expenditures

Rent	Phone	Medical	Credit Card
Electric	Auto Pmt	Cable	Credit Card
Gas	Auto Ins	Insurance	Loan
Water	Child Care	Rentals	Other

Do you have any other regular monthly payments besides those above? Yes No If yes:
 Specify: _____

Work History Where was the last place of employment for all adult household members?

Fam Mem	From (year)	To (year)	Employer

Additional Public Housing Suitability Screening

Have you ever been evicted? Yes No If yes:
 By whom? _____ When? _____ Why? _____

List the address and landlord references of applicant for past ten years.

Address	Landlord	From	To	Telephone

Do you wish to move? [] Yes [] No If yes, why? _____

