



"The Ways of The Past May Not Build A Better Future"

DO NOT MAIL

ATTENTION APPLICANT:

ALL PROPERTIES ARE SMOKE FREE. SMOKING AND TOBACCO USE IS PROHIBITED INSIDE UNITS AND WITHIN 25 FEET OF BUILDINGS.

IN ORDER TO HAVE YOUR APPLICATION PROCESSED, YOU MUST HAVE THE FOLLOWING ITEMS WITH YOU:

- **CERTIFIED BIRTH CERTIFICATES –
FOR EVERYONE IN THE HOUSEHOLD**
- **SOCIAL SECURITY CARDS –
FOR EVERYONE IN THE HOUSEHOLD**
- **PHOTO IDENTIFICATIONS –**

FOR EVERYONE OVER 18 YEARS OF AGE LIVING IN THE HOUSEHOLD

Your application WILL NOT be processed without these documents.

IN ADDITION TO THE ITEMS ABOVE YOU NEED:

- **LANDLORD NAMES AND ADDRESSES (Last five (5) years)**
 - **INCOME INFORMATION**
- **SOCIAL SECURITY AWARD LETTERS**



This information is to assist you in preparing for your intake interview to apply for Public Housing and LIHTC with the BCHA.

PLEASE NOTE: As of July 30, 2018, all Bond County Housing Authority properties will be “**SMOKE FREE**” per HUD regulations, excluding Bond County Homes, Green Gables Subdivision.

Bring the following documentation with you when you come in for your interview:

1. Completed Application and all applicable forms (attached)
2. **Certified** Birth Certificates and Social Security Cards for each member who will reside in the household. Photo ID for all household members over 18.
3. Please note that you **MUST** provide Names, Addresses & the amounts received from **ALL income sources** from the list below that apply to you! Check all income sources that applies to you from the list below.

- | | | |
|--|--|--|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Overtime Pay | <input type="checkbox"/> Commissions |
| <input type="checkbox"/> Fees | <input type="checkbox"/> Bonuses | <input type="checkbox"/> Tips |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Rental Property | <input type="checkbox"/> Interest Income |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSD | <input type="checkbox"/> Annuities |
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Alimony | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Worker's Comp. | <input type="checkbox"/> Severance Pay |
| <input type="checkbox"/> SSI | <input type="checkbox"/> General Assistance | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Military Pay | <input type="checkbox"/> Relocation Payments | <input type="checkbox"/> SNAP |

4. Assets: Name and Addresses of bank or financial institutions where you have checking accounts, savings accounts, CD's, or any other investments including stocks or bonds, IRA's, etc. Provide a copy of the most recent statement from each.
5. Proof of value for ALL real estate: Provide appraisal and proof of any money owed. If Contract for Deed (contract).
6. Child Care Expenses: Name and address of childcare provider. We can only count if paid by you and any agency or person does not reimburse you.
7. Complete Landlord names and addresses for the **last 5 years**, as well as accurate addresses where you resided during the same time period.
8. Documentation supporting name changes, i.e. marriage certificates, divorce decrees, as well as child custody documentation, death certificate for deceased spouse.

If Handicapped, Disabled or Elderly

1. Medical - Names & Addresses of all Medical providers for proof of out-of-pocket expenses.
2. Medical Insurance - Payment Verification
3. Prescriptions - Name & Address of pharmacy for verification purposes

Please be aware that ALL above documentation, which pertains to your situation, MUST be received at the time of application. If not, your appointment will be rescheduled.



EVERY adult member (anyone over 18) of the household MUST be present at the time of the interview.

Please call for an appointment when you have all your documentation needed to process your application. If you have any questions, please feel free to call.

Bond County Housing Authority
Office Support
618-664-2321
intake@bondcountyhousing.com

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE:

The Bond County Housing Authority may use this authorization, and the information obtained with it, to administer and enforce program rules and policies. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD), in administering and enforcing such program rules and policies.

CONSENT:

I authorize the release of any information (including documentation and other materials) pertinent to the eligibility of my application for participation in and/or to maintain my continued assistance under the Low-Income Public Housing Program. I authorize the Bond County Housing Authority, HUD, to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize the Public Housing Authority (PHA) to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered-Inquiries may be made, but not limited to:

Child Care Expenses	Handicapped Assistance Expenses
Credit History	Identity and Marital Status
Criminal Activity	Medical Expenses
Family Composition	Social Security Numbers
Employment, Income, Pensions, and Assets	Residences and Rental History
Federal, State, Tribal or Local Benefits	

Individuals or Organizations that may release information:

Any individual or organization, including any governmental organization, may be asked to release information. For example: information may be requested from, but not limited to:

Banks and Other Financial Institutions	Schools and Colleges
Courts	U.S. Social Security Administration
Law Enforcement Agencies	U.S. Department of Veteran's Affairs
Credit Bureaus	Utility Companies
Employers - Past & Present	Department of Human Services
Previous Landlords (including Public Housing / Section 8 Agencies)	

Providers of, but not limited to:

Alimony	Handicapped Assistance Expenses
Child Care	Medical Care
Child Support	Pensions/Annuities
	Credit



Computer Matching Notice and Consent:

I agree that Bond County Housing Authority or HUD may conduct computer matching programs with other governmental agencies including Federal, State, tribal, or local agencies.

The governmental agencies include:

U.S. Office of Personnel Management
U.S. Social Security Administration
U.S. Department of Defense

U.S. Postal Service
State Employment Security Agencies
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Public Housing Agency and will stay in effect for one year and one month from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect. If I do not sign this authorization, I understand that my housing assistance eligibility may be denied or terminated.

Applicant Signature: _____ Date: _____

Other Adult Household Member Signature: _____ Date: _____



In the Spring of 1996 Congress passed a bill entitled "One Strike and You're Out" now the "Criminal Activity Policy". One of the purposes of the bill is to help create a safe and peaceful housing environment.

Under the terms of this bill, the PHA may deny eligibility or terminate the lease for the alcohol abuse, drug use or drug related or criminal activity involving the resident, members of the resident's household, guests, or any one under the resident's or the resident's household member's control. Arrest or conviction is not necessary to terminate the lease, and proof of a violation beyond a reasonable doubt is not required. Residents are responsible for the activities of visitors to their households in addition to the household itself.

Drug related activity occurring on or off PHA property is a reason for eviction. Drug related activity is illegal manufacture, sale, distribution, use, possession, storage, service, delivery or cultivation of a controlled substance with the intent to manufacture or sell, distribute, or use a controlled substance (as defined in Section 102 of the Controlled Substances Act). Criminal activity is criminal activity that threatens the health and safety of persons or right to the peaceful enjoyment of the premises and PHA property, which would include crimes of violence (e.g. murder, battery, rape, child abuse, spousal abuse, stalking and assault); crime against property (e.g. burglary, larceny, and robbery); crimes which impose financial cost (e.g. arson, vandalism and graffiti); or crimes that involve disturbing the peace. Alcohol abuse is the abuse of alcohol on PHA property, including in the dwelling unit or within fifty yards of any PHA property. Alcohol abuse can include consumption by minors, aiding or abetting the consumption of alcohol by minors, violation of laws and ordinances related to alcohol consumption or possession, public drunkenness, consumption of alcohol outside of the dwelling unit or on PHA common areas or the violation of other laws, ordinances, PHA rules and regulations or the terms of the lease in which the consumption of alcohol occurred or played a part (such as disturbing the peace or vandalism).

The Applicant/Resident is responsible for compliance under this section and can be found in violation of this section regardless of whether the Applicant/Resident personally engaged in the prohibited activity or had knowledge of the specific instance of the prohibited activity. Applicants/Residents are not entitled to a grievance hearing for violations of this section. If evicted or denied because of any of the above, Applicant/Resident may not reapply for housing for a period of three (3) years.

The above is in relation to the bill "One Strike and You're Out" has been explained to me in full. In signing I am stating that I will abide by this policy or face denial or eviction.

Applicant Signature: _____

Other Household Adult Signature: _____

Witness Signature: _____



Rental Application

PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Applicant's Full Name: _____

Date of Birth: _____ Age: ____ Sex (M or F): ____ SSN#: _____

Alien Registration #: _____ Driver's License/ID #: _____

Current Address: _____

City: _____ State/Zip: _____

Phone #: _____ Email: _____

Are you a citizen of the United States? Yes No

Please provide the following information for all members of your household:

Household Member #	Name	Relationship To Head	Marital Status	Birth Date	Age	Social Security #	Student (Y/N)	Race Code	Ethnicity Code	Disabled (Y/N)
1		Head								

Select as many codes as appropriate to best indicate your race:
 1=White, 2=Black/African American, 3=American Indian/Alaska Native, 4=Asian, 5=Native Hawaiian/Other Pacific Islander

Ethnicity: 1 = Hispanic or Latino 2 = Not Hispanic or Latino

Please indicate any preferences you are claiming. You will be required to provide documentation that you qualify for each preference claimed:

Preference	Points	Claim?
Homeless/Displaced	20	
Domestic Violence	20	
Veteran	20	
Working/Disabled	15	
Resident of Bond County	15	
Education	10	
Prior Education	5	



PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS (continued)

Are there any family members temporarily absent from the home? Yes No

*If yes, state the reason for the absence: _____

Have you or any household member ever used a name other than the one you are using now?

For example: Previous married, maiden or adopted names: Yes No

*If yes, please explain: _____

Have you ever had a social security number other than the one listed above? Yes No

*If yes, what is the other number? _____

Do you or any household members require a wheelchair accessible unit? Yes No

Do you or any household members require a live-in attendant? Yes No

*If you marked **yes** on one of the above questions, please fill out the **Request for Accommodations Form**

Marital Status of Head of Household:

Married: _____ Single: _____ Widow(er): _____ Divorced: _____

Marital Status of other Household adults:

Married: _____ Single: _____ Widow(er): _____ Divorced: _____

Current Spouse's Name: _____

Do you require any reasonable accommodations for a physical disability? Yes No

* If yes, please specify needs: _____

Have you or any household member ever received any type of housing assistance? Yes No

*If yes, provide: Household Member Name: _____

Public/Assisted Housing Agency: _____

Agency Address: _____

What Year(s): _____

Who was Head of Household? _____

Do you currently owe any money to any Public or Assisted Housing Agency? Yes No

*If yes, how much is owed? _____

Name of Public/Assisted Housing Agency: _____

Address of Agency: _____

For all household members that are not current United States citizens, provide the following information:

Name of Household Member:		
Alien Registration #:		
Name of Household Member:		
Alien Registration #:		



PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug related or violent criminal activities.

Are you or any member of your family currently using an illegal substance, including recreational or medical marijuana? Yes No

Have you or any household member ever been arrested and/or convicted of any crime other than traffic violations? Yes No

*If yes, provide the following information:

When: _____ Reason: _____

Have you or any household member ever been evicted from Public or Assisted Housing? Yes No

*If yes, provide the following information:

When: _____ Reason: _____

Name of Household Member: _____

Name of Public/Assisted Housing: _____

Have you or any household member ever been convicted of the manufacture or production methamphetamine (or speed)? Yes No *If yes, provide the following information:

When: _____ Name of Household Member: _____

Are you or any household member subject to lifetime registration as a sex offender? Yes No

*If yes, provide the following information:

Name of Household Member: _____



PART C: INCOME INFORMATION

(This section applies to all household members, including minors)

Have any ADULT household members been employed in the previous twelve (12) months? Yes No

*If Yes, provide the name of the household member, the name of the employer and the dates as to when the employment occurred:

Does any household member work full time, part-time or seasonally – including wages, fees, tips, bonuses, money for services? Yes No

*If Yes, provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone #
a.		
b.		
c.		
d.		

Does any Household Member work for someone who pays cash? Yes No

*If Yes, provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone #
a.		
b.		

Does any Household Member receive Unemployment Benefits, Workers Compensation or severance pay? Yes No *If Yes, please provide the following:

Household Member Name: _____

Type of Benefit: _____ Amount \$: _____

Employer Name/Address: _____

Does any Household Member receive Child Support from the Child Support Recovery Unit? Yes No

*If Yes, please provide the following:

Minor's Name	Name of Absent Parent	Dollar Amt Receiving
a.		
b.		



PART C: INCOME INFORMATION (continued)

Does any Household Member receive Child Support directly from the absent parent? Yes No
 *If Yes, please provide the following:

Minor's Name	Name of Absent Parent	Dollar Amt Receiving
a.		
b.		
c.		

If not currently receiving Child Support, is any Household Member entitled to it? Yes No
 *If yes, provide the amount you are entitled to receive: \$ _____

Is any Household Member entitled to receive or currently receiving alimony payments? Yes No
 *If Yes, please provide the following:

Household Member name: _____ Amount: \$ _____
 Former Spouse name: _____

Does any Household Member receive Public Assistance(TANF), Medical Card or SNAP? Yes No
 *If Yes, please provide Household Member name: _____

Does any Household Member receive Social Security or SSI Benefits? Yes No
 *If Yes, attach a copy of the award letter to this application and provide the following:

Household Member name: _____ Amount: \$ _____
 Social Security number that benefits are received under: _____

Does any Household Member receive Veteran's Benefits? Yes No
 *If Yes, attach a copy of the award letter to this application and provide the following:

Household Member name: _____ Amount: \$ _____
 Claim Number benefits are received under: _____

Does any Household Member receive income from a Pension or Annuity? Yes No
 *If Yes, please provide the following:

Household Member name: _____ Amount: \$ _____
 Type of Pension or Annuity: _____ Claim #: _____
 Address of Pension or Annuity: _____

Does any Household Member receive regular contributions from organizations or from individuals not living in the Unit? Yes No *If Yes, please provide the following:

Household Member Name: _____ Amount: \$ _____
 Name/Address of Contributing Organization or Individual: _____



PART C: INCOME INFORMATION (continued)

Did any Household Member file a Federal Income Tax Return last year? Yes No

*If Yes, please attach a copy of the tax return to this application)

Does any Household Member receive income from assets, including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from any rental property? Yes

No

*If Yes, please provide the following:

Household Member name: _____ Amount: \$ _____

Type of Assets: _____

Does any Household Member own a business or are Self-Employed? Yes No

*If Yes, please provide the following:

Household Member name: _____

Business name/address: _____

Does any Household Member receive any type of Military pay/allotment (including the Coast Guard, National Guard and Reserves Units)? Yes No

*If Yes, please provide the following:

Household Member name: _____ Amount: \$ _____

Source of Pay/Allotment: _____

Does any Household Member receive money to pay bills from someone outside of your Household? Yes No

*If Yes, please provide the following:

Household Member name: _____ Amount: \$ _____

Name/Address of party paying the bills: _____



PART D: ASSETS

Does any Household Member own or have an interest in any property (real estate, mobile home and/or land)?
Yes No *If Yes, please provide the following:

Household Member name: _____
 Real Estate Address: _____
 Value of Real Estate: \$_____ Mortgage/Outstanding loan balance: \$_____

Has any Household Member sold or given away any property (real estate, mobile home and/or land) in the last two (2) years? Yes No

*If Yes, please describe: _____

Has any Household Member disposed of any other assets in the last two (2) years (For example, given money away to relatives, set up Irrevocable Trust Accounts)? Yes No

*If Yes, please describe the asset: _____
 Date of Disposition: _____ Amount disposed: \$ _____

Does any Household Member own any stocks or bonds? Yes No

*If Yes, please describe: _____

Where do all Household Members bank? Please provide all of the information below:

Household Member Name	Name/Address of Bank	Type of Account	Account Number
a.			
b.			

Does any Household Member have any savings certificates, money market funds or trust funds? Yes No

*If Yes, please describe: _____

Does any Household Member have any type of retirement account (Company, IRA, Keogh)?

Yes No *If Yes, please describe: _____

Does any Household Member have any inheritances, lottery winnings or lump sum payments?

Yes No *If Yes, please describe: _____

Does any Household Member have any Life Insurance policies?

Yes No *If Yes, please provide the following:

Household Member Name	Insurance Agency Name/Address	Policy Number	Amount or Cash Value
a.			
b.			



PART E: EXPENSES

Does any Household Member have expenses for childcare for a child aged 12 or younger?

Yes No *If Yes, please provide the following:

Minor's Name	Childcare Provider Name/Address	Provider Phone #	Monthly Cost paid by you for Care
a.			
b.			
c.			
d.			

Is any portion of your childcare expenses reimbursed from an outside agency or person? Yes No

Indicate the monthly dollar amount spent for your household below:

Rent: \$	Phone: \$	Medical: \$	Credit Card: \$
Electric: \$	Car Payment: \$	Cable/Satellite: \$	Credit Card: \$
Gas: \$	Car Insurance: \$	Other Insurance: \$	Loan: \$
Water: \$	Child Care: \$	Rentals: \$	Loan: \$
Other: \$			

Are any of these accounts delinquent or not paid current?

Yes No *If Yes, please explain: _____

Do you pay a care attendant or for any equipment for any Household Member(s) with disabilities that is necessary to permit that person or someone else in the Household to work? Yes No

If you pay a Care Attendant, please provide the following:

Attendant's Name	Attendant's Address	Attendant's Phone #
a.		

What is the monthly cost to you for the care attendant and/or the equipment? \$_____



PART F: ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions in this part **ONLY** if the Head of Household or spouse is 62 years of age or older, or if the Head of Household or spouse is a person with a disability.

Do you have Medicare? Yes No *If Yes, what is your monthly premium? \$_____

Do you pay for any other kind of medical insurance? Yes No *If Yes, please provide the following:

	Policy Number:	Policy Number:
Insurance Agents Name:		
Insurance Company Name:		
Address:		
Phone #:		
Monthly Premium Amt:	\$	\$

Do you have any outstanding medical bills that you are paying? Yes No

*If Yes, please provide the following:

Name of Provider	Provider Address	Provider Phone #
a.		
b.		

Do you expect to incur additional medical expenses in the next twelve (12) months that will not be covered by insurance? Yes No *If Yes, please list anticipated medical expenses not covered below:



PART G: UNIT INFORMATION

Do you rent or *own? _____ Number of bedrooms in current unit: _____

*If owned, do you receive monthly rental income from the property? \$ _____

Name, address, and telephone number of your current landlord: _____

Name, address and telephone number of your prior landlord if you have resided at your current residence less than five years: _____

What is the total monthly rent of your unit? \$ _____

What amount do you pay monthly for rent? \$ _____

Indicate the type of housing you currently occupy: House _____ Apartment _____

Mobile home: _____ Other (specify): _____

In your opinion is your present home decent, safe, and sanitary? Yes No

*If No, why not? _____

PART H: VEHICLE INFORMATION (IF APPLICABLE)

List any cars, trucks or other vehicles owned. Parking permits will be provided for one (1) vehicle per licensed driver in the household. Maximum of two (2) permits allowed unless approved by Management:

Type of Vehicle: _____ License Plate #: _____

Year/Make of Vehicle: _____ Color: _____

Type of Vehicle: _____ License Plate #: _____

Year/Make of Vehicle: _____ Color: _____



APPLICANT CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable under Federal Law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

I certify that the information given to the Bond County Housing Authority (PHA) on household composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that I am required to report in writing all changes in household composition, income, assets and expenses of any household member(s) to the Bond County Housing Authority (PHA) within thirty (30) days of the change. I understand that all changes in household composition due to birth, adoption or court ordered custody must be reported in writing to the Bond County Housing Authority (PHA) within thirty (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Bond County Housing Authority (PHA). I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under: **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.**

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of Other Household Adult: _____ Date: _____

DO NOT WRITE IN THIS SPACE – FOR BOND COUNTY HOUSING AUTHORITY STAFF ONLY:

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated and initialed by the Head of Household/Spouse and myself.

BCHA Representative: _____ Date: _____ Time: _____

