

Alexander County Housing Authority



Preliminary Application For Placement on Public Housing Waiting List

Instructions: Please read carefully. **Incomplete applications will not be processed.**

1. To be qualified to apply for admission to public housing an applicant must:
 - a. Be an adult (18 years of age or older).
 - b. Be a family as defined in PHA's Admission and Continued Occupancy policy.
 - c. Meet the HUD requirements on citizenship or immigration status.
 - d. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD posted in PHA offices.
 - e. Provide documentation of Social Security number for all family members.
 - f. Meet or exceed the Applicant Selection Criteria.
 - g. Meet the screening requirements related to criminal activity.
2. Only completed applications will be accepted. ***INCOMPLETE APPLICATIONS WILL BE REJECTED.***
3. Applications who submit more than (1) application will have all applications rejected. **ONLY 1 APPLICATION PER HOUSEHOLD.** Submitting more than one (1) application will result in **ALL** applications being rejected.
4. Applications will be accepted in person or by mail only, sent to the following address:
**Alexander County Housing Authority
P.O. Box 191
1100 Halliday Ave.
Cairo, IL 62914**
5. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.
6. Be sure to provide your complete address and telephone so we can reach you to schedule an application interview.

1100 Halliday Avenue
P.O. Box 191
Cairo, IL 62914

Phone 618-734-1910 --- Fax 618-734-0816

Alexander County Housing Authority



PRELIMINARY APPLICATION FOR PUBLIC HOUSING

Name of Head of Household: _____

Have you used another name or alias? Yes No If yes, please state: _____

Do you require any accommodation or modification to participate in the program? Yes No

If yes, please provide a brief description of the modification/accommodation required:

Demographic Information (For Statistical Purposes Only)

Please provide the Race and Ethnicity of the Head of Household:

- African American/Black
 Asian/Pacific Islander
 Native American/Alaskan Native
 Caucasian/White
 Hispanic/Latino
 Non-Hispanic/Non-Latino

Contact Information

Current Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number _____ Alternate Number _____

Household Composition: List all members in the household who will living with you if you receive housing assistance.

Last Name	First Name	Date of Birth	Sex (M or F)	Relation to Head of Household	Disabled (Y or N)	Full Time Student (Y or N)	US Citizen (Y or N)

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PRELIMINARY APPLICATION FOR PUBLIC HOUSING

Please list your residence over the last (5) years. List most recent first:

Street	City	State and Zip Code

Family Income Information: Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc.

Family Member Name	Income Source	Amount	Frequency of Payment (Circle One)
			Week Month Year
			Week Month Year

The information listed above is true to the best of my knowledge. **All members of the household over the age of 18 must sign all documents submitted**

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

1100 Halliday Avenue
P.O. Box 191
Cairo, IL 62914

Phone 618-734-1910 --- Fax 618-734-0816

Alexander County Housing Authority



LANDLORD VERIFICATION

TO: Current Landlord's Name/Company _____

Current Landlord Telephone Number _____ Fax _____

RE: Tenant's Current Address _____

_____ has applied for an apartment from us; please fill out the following information regarding his/her tenancy with you. Please fax this back as soon as possible so that we may process the application. Thank you.

Length of stay at above address: _____ to _____

Amount of rent paid per month _____

Was the rent paid on time _____ If late how many times _____

Did the tenant have any NSF checks: _____ If so how many: _____

Did the tenant give proper notice: _____

Would you rent to this person again: _____ If not explain why? _____

Any noise complaints or problems with the tenant, if so, please describe:

Are you in the process of evicting this tenant/did you evict this tenant? _____

Has there been any problems with pests, if so, what kind and was it due to the tenants negligence? Was it resolved? _____

What condition was the apartment left in when the tenant moved out?

Good Fair Poor Deplorable

I certify that:

Information Provided by: _____ Title: _____

X _____ hereby give my permission for you to release the above information.

Date

Signature

1100 Halliday Avenue
P.O. Box 191
Cairo, IL 62914

Phone 618-734-1910 --- Fax 618-734-0816

AUTHORIZATION FOR THE RELEASE OF INFORMATION AND FAIR CREDIT REPORTING DISCLOSURE

PURPOSE AND AUTHORIZATION: The purpose of this form and your signature(s) is to obtain information about you and your family that is pertinent to determining eligibility for participation in the Public Housing Program. All adults' signatures on this form to authorize the Alexander County Housing Authority (ACHA) to request information.

INFORMATION MAY BE REQUESTED FROM PROVIDERS OF:

ALIMONY	CREDIT RECORD	LOCAL/STATE	SCHOOLS AND
ASSETS	DISABLED ASSISTANCE	WELFARE AGENCIES	COLLEGES
BANKS	EMPLOYMENT	MEDICAL CARE	TRIBAL BENEFITS
CHILD CARE	FINANCIAL	PENSIONS	UTILITY STATEMENTS
CHILD SUPPORT	INSTITUTIONS	PREVIOUS	
COURT AWARDS	LAW ENFORCEMENT	LANDLORDS	
	AGENCIES		

In addition to the above, your signature below authorizes ACHA to obtain a consumer credit report, including an investigative consumer report containing information about your character, general reputation, personal characteristics and mode of living may be obtained for verification purposes as part of the resident background investigation required for program participation eligibility.

Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

ACHA will respond to a request for detailed information in a written statement to be mailed or otherwise delivered to you no later than five (5) days after the date it receives your written request for additional information or the date the report was first requested, whichever date is later in time.

Please direct any request for additional information to:

**Alexander County Housing Authority
1100 Halliday Ave.
P.O. Box 191
Cairo, IL 62914**

I consent to allow ACHA to request and obtain 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.

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

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 and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or 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 #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Alexander County Housing Authority



Recurring Gifts and Contributions Verification

Send To: _____

Applicant/Tenant: _____ Unit # _____

Property Name: _____
Address: _____

Please complete the following:

I, (Contributor's Name) _____
Contribute _____ per _____ to the above named household for
the purpose of: _____

Non-Monetary Contributions:

I, (Contributor's Name) _____

Contribute any of the following on a regular basis:

Gas for the car	\$ _____	Car Payments Directly to	\$ _____
Alcohol	\$ _____	Utility Payments:	\$ _____
Cigarettes	\$ _____	Clothing	\$ _____
Diapers	\$ _____	Other	\$ _____
Child Care Payments	\$ _____		

NOTE: Food is excluded

Print Name: _____ Signature: _____
Telephone: _____ Date: _____

Witnessed By: _____ Date: _____
Print Name: _____

Return to main office.

1100 Holiday Avenue
P. O. Box 191
Clifton, IL 62914

Phone 618-754-1910 — Fax 618-754-0810

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)

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.