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**Initial Application**

***For Office Use:***

***Program/Site:\_\_\_\_\_\_\_\_***

***Entered By:\_\_\_\_\_\_\_\_\_***

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

**Central Office:**

**250 South Main Street**

**Canton, IL 61520**

**(309) 647-4120 TTY 1-800-545-1833 ext.831**

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| **HEAD OF HOUSEHOLD** | | | | | | |
| Last Name: | | First Name: | | | | Middle Initial: |
| Physical Address (No P.O. Box): | | | | | | |
| City: | | | | State: | Zip | |
| Mailing Address (If different): | | | | | | |
| City: | | | | State: | Zip | |
| Primary Phone: | Alternate Phone: | | Email: | | | |

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| **CHOOSE PROGRAM/SITE** | |
| **□** Oaklawn Apartments, 1002 East Oak Street, Canton IL  (2, 3 & 4 bedroom family units) | □ Longview High Rise, 414 North 1st Avenue, Canton, IL  (1 & 2 bedroom units for elderly/disabled) |
| **□** Maple Manor High-Rise, 250 South Main Street, Canton, IL  (1 bedroom units for elderly/disabled) | **□** Housing Choice Voucher Program  (Rental Assistance) |
| **□** Sunnyland Apartments, Lewistown, IL  (2 bedroom units for elderly/disabled) | **□** Walters Apartments, Astoria, IL  (2 bedroom units for elderly/disabled) |

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| **HOUSEHOLD COMPOSITION (use additional sheet if necessary)** | | | | | | | |
| First Name | M.I. | Last Name | SSN | Relation  to Head | Date of Birth  mm/dd/yyyy | Gender | Disability  (y/n) |
| 1. |  |  |  | **Head** |  |  |  |
| 2. |  |  |  | **Spouse/Co-Head** |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |

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| **BACKGROUND INFORMATION (use additional sheet if necessary)** |
| Has anyone in your household ever received rental assistance from this or another authority/agency, or lived in public housing? (Yes/No)\_\_\_\_\_ If yes  please list housing authority/agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you or anyone in your household ever been evicted from Public or Assisted Housing (including Section 8/HCV)? (Yes/No)\_\_\_\_\_\_ If yes, please  describe: |
| Have you or anyone in your household been found guilty of anything other than minor traffic violations in the last three (3) years? (Yes/No) \_\_\_\_\_\_  If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you or anyone in your household ever been convicted of a felony? (Yes/No) \_\_\_\_\_ If yes, please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you or is anyone in your household a registered sex offender? (Yes/No) \_\_\_\_\_\_ If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **LOCAL PREFERENCES** |
| Please check the preference(s) that apply to your household. If you cannot prove your eligibility for the preference(s), you will not receive the preference  point(s). |
| **□ Residency Preference:**  Families who qualify for this preference must have a Head, Spouse or Co-Head who lives, works, or has been hired to work in  the PHA jurisdiction (Fulton County, IL). |
| **□ Working Preference:**  Families who qualify for this preference must have a Head, Spouse or Co-Head who works at least 20 (twenty) hours per week  at or above Illinois minimum wage. (At least three (3) current, consecutive pay stubs must be attached to this application.); **OR**  A family with a Head **and** Spouse/Co-Head OR sole member who is elderly (age 62 or older) or disabled (verification must be attached to this  application) also qualifies for this preference. |

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| **SOURCES OF INCOME**  **List all sources of gross income for every household member regardless of age.** | | | | |
| **Income Source** | | | | |
|  | **Family Member** | **Source** | **Amount** | **Frequency (How Often)** |
| Wages or Earnings |  |  |  |  |
| Wages or Earnings |  |  |  |  |
| Social Security/SSI |  |  |  |  |
| Social Security/SSI |  |  |  |  |
| Child Support |  |  |  |  |
| Child Support |  |  |  |  |
| Alimony/Maintenance |  |  |  |  |
| TANF (cash assistance) |  |  |  |  |
| Unemployment |  |  |  |  |
| Pension or other retirement |  |  |  |  |
| Self-Employment |  |  |  |  |
| Cash support from family/  friends |  |  |  |  |
| Military Pay |  |  |  |  |
| Veterans Benefits |  |  |  |  |
| Workman’s Compensation |  |  |  |  |
| SNAP (Food stamps) |  |  |  |  |
| Other |  |  |  |  |

|  |  |  |  |
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| **ASSET INFORMATION**  **Use additional sheet if necessary** | | | |
| **Type of Account** | **Name of Bank or Financial Institution** | **Current Balance or Value** | **Interest Rate** |
| Checking |  |  |  |
| Savings |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

Do you own any stocks and/or bonds, or any other investment accounts? Y/N \_\_\_\_ If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you the owner, co-owner or have interest in any real estate or property? i.e. house, mobile home, land, etc. Y/N \_\_\_\_ If yes,

please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you sold or disposed of any real estate or property within the last two years? Y/N \_\_\_\_ If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you regularly use or own any vehicles? Y/N \_\_\_\_ If yes provide:

Vehicle make/model/color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle make/model/color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or any member of your household enrolled in classes, full or part time, at a college or other institute of higher

education? Y/N \_\_\_\_\_ If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any animals? Y/N \_\_\_\_ If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone in your household require any special housing needs as a result of a handicap or disability? Y/N \_\_\_\_ If yes,

please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any family members who are not listed on this application? Y/N \_\_\_\_\_ If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **WARNING:** Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to  any Department or Agency of the US Government is guilty of a felony. |

**I CERTIFY THAT THE INFORMATION ON THIS PRE-APPLICATION IS ACCURATE AND COMPLETE.**

I certify that the information given to the Fulton County Housing Authority regarding household composition, criminal history/

convictions, income and assets is accurate and complete. I understand that false statements ormisrepresentations are punishable

under Federal Law and grounds for denial of assistance. I understand that it is my responsibility to report in writing all changes in

household composition, income, assets, address, local preference eligibility, and anyother change that will affect this application.

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

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

*For Housing Authority Use Only:*

Application received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographic Data**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order

to assure the Federal Government that the Federal laws prohibiting discrimination against tenant applications

on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with.

You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner/agency is required to note the race, ethnicity, and sex of individual applicants on the basis of visual

observation or surname.

Ethnicity:

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

Race: (Mark one or more)

1. American Indian/Alaska Native \_\_\_\_\_

2. Asian \_\_\_\_\_

3. Black or African American \_\_\_\_\_

4. Native Hawaiian or Other Pacific Islander \_\_\_\_\_

5. White \_\_\_\_\_

Gender:

Male \_\_\_\_\_ Female \_\_\_\_\_

Printed name of Household Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_