



**St. Clair County Housing Authority**  
**Application For**  
**Housing Rental Assistance**

**For Office Use Only**  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Br: 0 1 2 3 4 5  
#: \_\_\_\_\_

**If You Only Need To Make Changes To Your Application, Please Ask For An Update Form**

**Non-Discrimination Statement**

The St. Clair County Housing Authority (SCCHA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation or marital or family status. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact the SCCHA's Administrative Director at 618-277-3290, extension 6980, or for TDD 1-800-545-1833, extension 933. To file a complaint of discrimination, write SCCHA, Administrative Director, 1790 South 74<sup>th</sup> St., Belleville, IL 62223 or call using the numbers provided (voice and TDD).

**Please print all information you enter on this application**

Name (First, Middle, Last):		Current Address:	
City, State and Zip:	Phone Numbers: Home: Cell: Email:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	

**Accommodation Request**

Do you or a family member need any special accommodation to participate in our programs or physical modifications to a dwelling unit based upon a disability? ☐ Yes ☐ No. If yes, please describe requested accommodation.

Describe needed accommodation: \_\_\_\_\_

*Note: If your disability is of a nature that makes it impossible to submit your request in writing, notify the SCCHA staff and assistance in completing the form will be provided or you will be allowed to submit your request in another manner*

**Instructions:** Enter the information for all the people that will be living with you. If there is no spouse, leave the second line empty. List Head of Household first, then the spouse or co-head, then minors (oldest to youngest), then any other adults. Be sure to use the same member number for each person in ALL tables. Also, if anyone in your household does not contend to have eligible immigration status, make this notation in the space provided below for social security number.

Member	Full Legal Name	Date of Birth	Family Relationship	Social Security or Alien Registration No. *	Sex M / F	Race	Citizen Y / N
#1		/ /	Head				
#2		/ /	Spouse				
#3		/ /					
#4		/ /					
#5		/ /					
#6		/ /					
#7		/ /					
#8		/ /					

\*If any household member is age 62 or older and does not have a social security number but was receiving federal rental assistance at another location on 1/31/2010, the applicant qualifies for exemption from disclosing and providing verification of a SSN. If applicable, write "exempt".

UPDATED 07/2025

Part 2 of Member Information.

Member	Place of Birth City, State	Current School or Occupation
#1		
#2		
#3		
#4		
#5		
#6		
#7		
#8		

Do you have any minor children who are in the care and custody of another person: Yes: ☐ No: ☐  
 If yes, please explain: \_\_\_\_\_

**Instructions:** In this next section, indicate who in the family receives income of any type. You must report all income. Use the number from the above table. Use the same number if anyone has more than one source of income. Income includes TANF, SS, SSI, any pension, full-time or part-time employment, child support, self-employment income, etc.

Mbr #	Source of Income	Monthly Amount
#		\$
#		\$
#		\$
#		\$
#		\$
#		\$
#		\$

**Note:** If the head of household or co-head is employed, where is your employer located?

City \_\_\_\_\_ State \_\_\_\_\_

**Expenses:** Disability Assistance, Child Care, Medical.

Mbr #	Expense Description	Amount	Period	Annual Amount
#				
#				
#				
#				

**Asset Information:** Please list any forms of assets that you may own. These include stocks, bonds, certificate of deposits, real estate, etc. You must list an asset that you disposed of within the last 24 months.

Mbr #	Asset Description	Current / Disposed	Market Value	Cash Value	Interest Rate	Annual Income
#		C / D	\$	\$	%	\$
#		C / D	\$	\$	%	\$
#		C / D	\$	\$	%	\$

**Banking Information:** List all checking and savings accounts for the household.

Name of Bank	Account Number	Type C / S	Joint / Ind	Balance	
				Current	6 Month Average
				\$	\$
				\$	\$
				\$	\$

## PREFERENCE REQUEST

The waiting lists are organized first by preference points (if applicable to the program(s) for which you are applying), then by date and time of application. Using the preferences that apply, the applicants with the most preference points are placed at the top of the waiting list(s). When there is a tie in the number of preference points, date of application is used to determine waiting list order. Eligibility for preferences is determined as described in the Summary of Waiting List Preferences page and is verified when an applicant is pulled from a waiting list for screening. Do you believe you qualify for the preference for:

**BEFORE ANSWERING YES OR NO, SEE PAGE 7 FOR DETAILED DESCRIPTION OF ADMISSION PREFERENCES.**

Living or working in our jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Being employed, a senior citizen or person with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Having an unmet housing need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Being a veteran or the survivor of a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Being a law enforcement official or certified teacher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Being displaced by government action or a presidentially declared disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note:** Eligibility for preferences will be verified at time of selection from the waiting list. Applicants who do not qualify for an assigned preference at time of screening will be returned to the waiting list.

**Miscellaneous Information: Answer all questions.**

Place an X or a ✓ under the Yes / No column	Yes	No
Did you file a federal income tax return for the most recent year?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone outside your household pay any of your bills or expenses? If Yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect anyone to move in or out of your household within the next 12 months? If Yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone currently live with you who is not listed on this application?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your household ever been evicted from a federally assisted Housing Development for violent criminal or drug-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your household been convicted for the felonious use, sale, manufacture, or distribution of a controlled substance? If Yes, Who: _____ When: _____ Where: _____ What was the charge: _____	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your household currently use a drug that is illegal under federal law? If Yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your household currently abuse alcohol to the extent that resulting behavior could interfere with other's health, safety and peaceful enjoyment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used a name other than the one you are using now? If Yes, What name?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used a Social Security number other than the one listed above? If Yes, what is it?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in a federally-assisted housing program? If Yes, When? _____ Where? _____ Under what name? _____ Who was Head of Household? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever violated a family obligation in a HUD assisted housing program?	<input type="checkbox"/>	<input type="checkbox"/>
Is any household member currently required to register as a "sex offender" under any State Sex Offender Registration Program? If "Yes", specify the household member(s) involved and the State registration is required. Name(s): _____ State(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
Please list all states where you and members of your household have resided:	<input type="checkbox"/>	<input type="checkbox"/>
Do you owe any money to a public housing agency or other federal housing provider?	<input type="checkbox"/>	<input type="checkbox"/>
Are you and/or your spouse a veteran?	<input type="checkbox"/>	<input type="checkbox"/>
Are you and/or your spouse attending school or vocational training? If Yes, please enter the name of the school _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive any type of financial assistance or scholarship for attending school/training?	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity. Are you or anyone in your household Hispanic?	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following Housing Programs are you applying for?

- A. The Section 8 Housing Choice Voucher Program? (A county-wide, tenant-based assistance program.) ☐ Yes / ☐ No
- B. One or more site-based locations noted below? ☐ Yes / ☐ No

### SITE-BASED APPLICATION PROCESSING

St. Clair County Housing Authority operates federally assisted housing in numerous locations. Please do not indicate sites you will not live in. Each site is a separate waiting list and is not affected by how many sites you sign-up for. Please apply only for locations you will accept a unit, if offered.

					Do you want to be on the waiting list for this location?
<u>Location</u>	<u>Code</u>	<u>Development</u>	<u>Eligible Household Type</u>	<u>Inc</u>	
Belleville	B1	Bel-Plaza 1 (Church St.)	Senior Only	2	Yes / No
Belleville	B2	Bel-Plaza 2 (N. 47 <sup>th</sup> St.)	Senior Only	2	Yes / No
Belleville	BA	Amber Court	Senior Only	2	Yes / No
Belleville	COTT**	Cottages@Cathedral Sq.	Senior Only	1	Yes / No
Belleville	Gwen Ct	Gwendolene Court	Elderly	2	Yes / No
Brooklyn	BR	Thomas Terry Apts.	Family	1	Yes / No
Brooklyn	Town Ct	Townhouse Court	Family	2	Yes / No
Cahokia Heights	AL	Hawthorne	Family	1	Yes / No
Cahokia Heights	CE	Ernest Smith Sr. Apts.	Family	1	Yes / No
Cahokia Heights	CP	Private Mathison Manor	Family	1	Yes / No
Cahokia Heights	VV**	Vivian's Village I	Family	2	Yes / No
Dupo	DU	Bluffside Apts.	Family & Elderly	1	Yes / No
E. St. Louis	TNBV**	The New Broadview	Senior Only	2	Yes / No
E. St. Louis	WP**	Winstanley Park	Family	2	Yes / No
Fairview Heights	NB**	North Bend	Senior Only	2	Yes / No
Lebanon	LE	Scattered Site	Family & Elderly	1	Yes / No
Lebanon	FHAC***	Cedar Ridge	Elderly	2	Yes / No
Lenzburg	LZ	Lakeview Apts.	Family & Elderly	2	Yes / No
Marissa	MA	Clayton Manor	Family & Elderly	1	Yes / No
Millstadt	MI	Scattered Sites	Family & Elderly	2	Yes / No
New Athens	NA	Becker Park	Family & Non-Senior	2	Yes / No
New Athens	NA	Rickert Station	disabled Senior Only	2	Yes / No
O'Fallon	OF	Jefferson Square	Family	1	Yes / No
O'Fallon	LPV**	Lincoln Park Villas	Senior Only	1	Yes / No
Smithton	SM	Smithton Apts.	Family & Elderly	1	Yes / No
Swansea	SW	Fullerton Road Apts.	Senior Only	2	Yes / No
Swansea	ML@S**	Metro Landing	Senior Only	2	Yes / No
Washington Park	WP	Scattered Sites	Family & Non-Senior Disabled	2	Yes / No

\* The following definitions apply to household types:

Family general occupancy

Elderly occupancy limited to persons age 62 or older or under age 62 with a disability

Senior occupancy limited to persons age 62 or older

Near senior persons aged 55 to 61

\*\* These Developments are privately owned and managed

\*\*\* A separate application is required for this location

1. Properties that can be occupied by families with annual income at or below the low income limit. (80% of County Median)

2. Properties that can be occupied by families with annual income at or below the Very Low Income limit. (50% of County Median)

Additional information regarding specific location, unit distribution, waiting list, amenities and directions for the housing locations is located on page 8 & 9 of this application.

## INCOME LIMITS – ALL PROGRAMS – EFFECTIVE APRIL 1, 2025

I certify that the total annual income for my household is:

Extremely Low      Very Low      Low  
☐                      ☐                      ☐

Persons in Household	Extremely Low Income	Very Low Income	Low Income
1	\$0 - \$23,400	\$23,401 - \$39,000	\$39,001 - \$62,400
2	\$0 - \$26,750	\$26,751 - \$44,600	\$44,601 - \$71,300
3	\$0 - \$30,100	\$30,101 - \$50,150	\$50,151 - \$80,200
4	\$0 - \$33,400	\$33,401 - \$55,700	\$55,701 - \$89,100
5	\$0 - \$37,650	\$37,651 - \$60,200	\$60,201 - \$96,250
6	\$0 - \$43,150	\$43,151 - \$64,650	\$64,651 - \$103,400
7	\$0 - \$48,650	\$48,651 - \$69,100	\$69,101 - \$110,500
8	\$0 - \$54,150	\$54,151 - \$73,550	\$73,551 - \$117,650

### Admission Requirements

**Public Housing – A minimum of 40% of annual admissions must be households with annual incomes within the 30% of median income range. (Extremely low income)**

**Section 8 Housing Choice Voucher Program - A minimum of 75% of annual admissions must be households with annual incomes within the 30% of median income range. (Extremely low income)**

### Authorizations, Representations and Certifications

I do hereby authorize **ST. CLAIR COUNTY HOUSING AUTHORITY** to obtain a “consumer report” as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose any information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

#### **WARNING**

**TITLE 18, SECTION 1001 OF THE U. S. 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 U.S. OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.**

**Applicant’s Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse / Co-Tenant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I was referred by:** \_\_\_\_\_

**If you want to mail this application to us, please use this address:**

St. Clair County Housing Authority  
 Leasing Department  
 1790 South 74<sup>th</sup> Street  
 Belleville, IL 62223

### **Please Do Not Write in this Box**

Jurisdictional Preference	2 pts.	
Employment/ Disability/ Senior Citizen Preference	2 pts.	
Unmet Housing Need	1 pt.	
Veteran Preference	1 pt.	
Law Enforcement / Teacher Preference	6 pts.	
Recognized Disaster Preference	5 pts.	
PH _____ S8 _____		
		S8NC _____ FHA _____
Housing Authority Representative’s Initials: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>		

## **SUMMARY OF WAITING LIST PREFERENCES**

### **JURISDICTIONAL PREFERENCE (2 Points):**

This preference is for any family that qualifies for a Jurisdictional Preference because the family resides, is employed or has a written offer for employment in St. Clair County. If the applicant is currently in a shelter located outside of St. Clair County or declare himself/herself to be homeless but can document eligibility for the jurisdiction preference based upon immediate prior residency, the applicant is entitled to the jurisdiction preference for up to 12 months from the end of residency in the jurisdiction.

Note: This preference applies to Section 8 HCVP and Public Housing

### **EMPLOYMENT PREFERENCE (2 Points)**

This preference is given to any family for Employment Preference. Preference is granted if the head of household, spouse or co-head is employed, has a disability, or is a senior citizen age sixty-two (62) or older. To be eligible for employment preference the qualifying member must have worked an average of 10 hours per week for at least the last 90 days. To qualify on the basis of disability the definition/criteria used by HUD to determine if a household is considered "disabled" is used (Chapter 3).

Note: This preference applies to Section 8 HCVP and Public Housing

### **UNMET HOUSING NEED (1 Point)**

This preference is available to any family that has an Unmet Housing Need. This preference is available to applicants who have an unmet housing need. To qualify for this preference the applicant must demonstrate an unmet housing need related to: a) rent burden (paying more than 50% of household income toward housing cost); b) overcrowded living conditions; c) substandard living conditions; d) displacement due to government action, natural disaster, foreclosure, and other verifiable circumstances; e) inability to afford independent housing resulting in the need to remain in the parent's home or the home of another family; f) homelessness or near homelessness (as defined by federal guidelines); g) residing in a shelter or transitional housing arrangement; h) families that include victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking who have been referred by a partnering service agency; i) other verifiable/ documentable condition that substantiates an unmet housing need.

Note: This preference applies to Section 8 HCVP and Public Housing

### **VETERAN PREFERENCE (1 Point)**

This preference is awarded to any family that qualifies as a Veteran. Preference is awarded only to applicants who are a veteran or survivor of a veteran who actively served in a branch of the United States Armed Services. The term survivor includes the spouse or widow (unless remarried) of a veteran. To receive this preference the veteran's military service must not have concluded on a negative basis (i.e. dishonorable discharge, bad conduct discharge, etc.).

Note: This preference applies to Section 8 HCVP and Public Housing.

### **LAW ENFORCEMENT / TEACHER PREFERENCE (6 Points)**

This preference is given to full-time law enforcement personnel and/or teachers to encourage residency in public housing. Must be actively employed in one of these two professions to receive preference.

Note: This preference applies only to the Public Housing Program

### **RECOGNIZED DISASTER PREFERENCE (5 Points)**

This preference is granted when a recognized disaster occurs within SCCHA's jurisdictional boundaries as designated by SCCHA's Executive Director.

Note: This preference applies only to Public Housing Program

It should be noted again that all assistance is granted through the Waiting list process.

Emergency housing is not available through this office by regulation.

# PUBLIC HOUSING DEVELOPMENT DESCRIPTION

UPDATED: March 18, 2024

LOCATION	ELIGIBLE HOUSEHOLDS	UNIT COUNT BY BEDROOM SIZE						AVERAGE ANNUAL TURNOVER	CURRENT WAITLIST					TOTALS	ESTIMATED WAITING PERIODS	PUBLIC TRANSPORTATION	EXTENT OF AMENITIES**
		0	1	2	3	4	5		1	2	3	4	5				
BROOKLYN - 1,9,12	Family/Elderly		28	64	48	12	4	15-20%	828	328	19	8	3	1186	2 years +	ACCESSIBLE	VERY LIMITED
BELLEVILLE																	
Amber Court - 27	Senior Only		60	4				15-20%	321	17				338	Less than 12 Months	ACCESSIBLE	FULL RANGE
Bel-Plaza I (Church Street) - 61	Senior Only		48					15-20%	230					230	Less than 12 Months	ACCESSIBLE	FULL RANGE
Bel-Plaza II (N. 47 <sup>th</sup> Street) - 16	Senior Only		38					15-20%	306					306	Less than 12 Months	ACCESSIBLE	FULL RANGE
CAHOKIA HEIGHTS																	
Ernest Smith Sr. - 6,20	Family/Elderly		10	18	23	8		15-20%	1180	395	30	31		1643	1 year +	ACCESSIBLE	VERY LIMITED
Hawthorne - 11	Family/Elderly		6	16	11	11		15-20%	1200	698	293	30		2221	2 years +	ACCESSIBLE	VERY LIMITED
Private Mathison - 10,60,80	Family/Elderly		17	111	74	10		15-20%	1230	543	74	28		1875	1 year +	ACCESSIBLE	VERY LIMITED
DUPO - 3	Family/Elderly	2	3	6	6	2		15-20%	359	169	96	26		650	2 years +	NONE	LIMITED RANGE
LEBANON - 14	Family/Elderly		4	12	8			15-20%	905	613	432			1950	2 years +	ACCESSIBLE	LIMITED RANGE
LENZBURG - 19,28																	
Lake Dr - 103-109	Family/Elderly		4					15-20%	34					34	1 year +	NONE	NONE
Lake Dr - 131-133	Family			8	4			15-20%		335	203			538	1 year +	NONE	NONE
MARISSA - 2,7																	
Leslie Dr - 2	Family			12	4	2		15-20%		169	64	26		259	1 year +	NONE	LIMITED RANGE
8 <sup>th</sup> St - 7	Elderly		14					15-20%	169					169	1 year +	NONE	LIMITED RANGE
MILLSTADT																	
Scattered Sites - 22	Elderly Only		12					15-20%	271					271	1 year +	NONE	LIMITED
Pine Street - 22	Family			4	2			15-20%		703	431			1134	3 year +	NONE	LIMITED
NEW ATHENS																	
Phillips Street - 13	Family/Disabled		4	12				15-20%	342	236				578	Less than 12 Months	NONE	LIMITED
South Clinton - 21	Senior Only		16					15-20%	9					9	Less than 12 Months	NONE	LIMITED
O'FALLON - 24	Family			20				15-20%		1407				1407	2 year +	ACCESSIBLE	FULL RANGE
SMITHTON - 5																	
203-205 & 221-225	Elderly only		6					15-20%	214					214	2 year +	NONE	LIMITED RANGE
211-217	Family				2	2		15-20%			354	29		383	2 year +	NONE	LIMITED RANGE
SWANSEA - 18	Senior Only		16					15-20%	434					434	2 year +	VERY ACCESSIBLE	FULL RANGE
WASHINGTON PARK - 17	Family/Elderly		20	12				15-20%	604	451				1055	1 year +	ACCESSIBLE	LIMITED RANGE
									8963	6064	1996	178	10	17211			

NOTES: SENIORS = PERSONS AGE 62 OR OVER; ELDERLY = PERSONS AGE 62 OR OVER OR DISABLED

\*BASED ON APPLICANTS WITH 13 PREFERENCE POINTS OR MORE

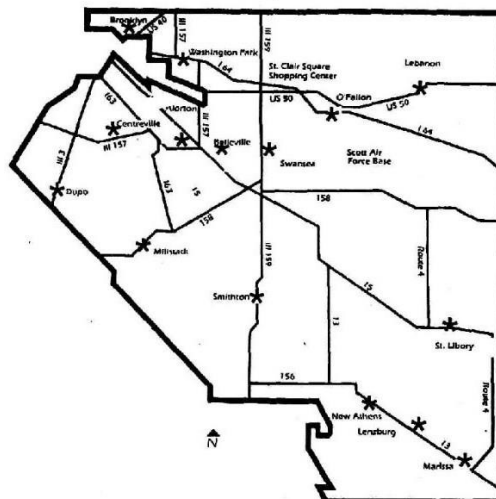
\*\*AMENITIES DESCRIBE THE AVAILABILITY OF FULL-SERVICE GROCERY STORE, CONVENIENT STORE, GAS STATION, PHARMACY, FAST FOOD, VIDEO RENTAL, MEDICAL SERVICES, ETC.

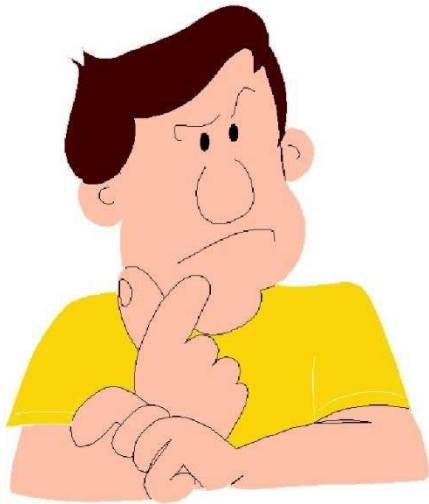


## SITE BASED APPLICATION PROCESSING

St. Clair County Housing Authority operates Public Housing in numerous locations

Location	Directions from Central Office
Alorton (Hawthorne Terrace)	Rt 15 to Pocket Rd. to Old Missouri Ave. Right on Old Missouri. ½ mile to Mousette (50 <sup>th</sup> St) Complex is on the left.
Brooklyn	Route 2 North past the old Stockyards. Right on Canal St. Four blocks to 6 <sup>th</sup> St. Make a right. You will drive into the Thomas/Terry Complex.
Belleville – Amber Court	Royal Heights Rd to South Park Dr. Follow to N 41 <sup>st</sup> St. Turn left. Go 2 blocks. Amber Ct is on the right hand side.
Belleville – Bel-Plaza I (Church St)	Rt. 159 into downtown Belleville. East onto E. Washington. Intersection of S. Church & E. Washington.
Belleville – Bel-Plaza II (47 <sup>th</sup> St.)	West Main at North Belt West. North on 47 <sup>th</sup> . 2 blocks – on left.
Centreville – Ernest Smith Sr.	From Bond Ave. turn on S. 47 <sup>th</sup> St. 2 <sup>nd</sup> block on the left. Go straight on 47 <sup>th</sup> St.
Centreville – Pvt. Mathison Manor	Rt. 13,163 & 157 intersection, go west on Rt. 163 for ½ block. Turn left on Clarita Ave. One block & you will drive into the Pvt. Mathison Manor complex.
Dupo	Rt. 3 & turn on Godin St. 1 block to 2 <sup>nd</sup> St. Family units on 2 <sup>nd</sup> St. between Godin & Dryoff. Elderly units on the corner of Godin and 2 <sup>nd</sup> St.
Lebanon	From Rt. 50. Make right on Union St. Go to 3 <sup>rd</sup> St. Make a right. Go down 4 blocks to Plum. Make a right, road dead-ends- apts to the right.
Lenzburg	South on Rt. 13. Once in Lenzberg, make a right on Main St. Go over railroad tracks, continue for 3 blocks, turn left onto Lake Dr.
Marissa	South on Rt. 13. Once in town make a left on 8 <sup>th</sup> St, go down 2 blocks east. See sign Clayton Manor Complex.
Millstadt	(Eld) Route 158 West into town. At 4 way stop (158 & 163) turn left on S. Jefferson. Go 4 blocks and turn right on W. Oak. Apts on right. (Family) Urbana Rd. to Pine.
New Athens	FAMILY UNITS: South on Rt. 13 over Kaskaskia River Bridge. Turn left off Rt. 13 onto New Baldwin Rd. Go 2 blocks- turn left on Phillips St. Complex 1 block on the right hand side. SENIOR UNITS: Rt. 13 –make a right on Van Buren St. Go 1 block- turn right onto Spotsylvania St. Turn right on South Clinton. Rickert Station is 1 block down on the right.
O'Fallon	Rt. 50 into O'Fallon. Turn right on North Smiley. At the intersection of Smiley & State– make a right on State St. Go 2 blocks- turn left on Lee St. Follow Lee. At intersection of Jefferson- turn right. Complex on the right.
Smithton	Rt. 159 into Smithton. Once in town make a right on Melinda. Turn left on Lincoln. Continue on Lincoln for ½ block.
Swansea	Rt. 159 to Fullerton Rd.(next to Schnucks Plaza). Turn onto Fullerton Rd. & turn left onto Fullerton Ct. Complex on the right hand side.
Washington Park	Apartments located in different areas - ask a staff person for details.





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- ☐ Evicted from your apartment or house.
- ☐ Required to repay all overpaid rental assistance you received.
- ☐ Fined up to \$10,000.
- ☐ Imprisoned for up to five years.
- ☐ Prohibited from receiving future assistance.
- ☐ Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- ☐ Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- ☐ Don't pay money to move up on a waiting list.
- ☐ Don't pay for anything that is not covered by your lease.
- ☐ Get a receipt for any money you pay.
- ☐ Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

December 2005  
form **HUD-1141**  
(12/2005)

## 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.

Signature of Applicant	Date
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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.

Form HUD- 92006 (05/09)