



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 74th 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:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	

Accommodations 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 check the following as appropriate.

Special accommodation needed based upon the following type of impairment: ___Preferred ___Mandatory
 ___ Wheelchair User ___ Other Mobility ___ Vision ___ Hearing ___ Other

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. Also, if anyone in your household has an ALIEN STATUS, please inform the interviewer. 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.

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		/ /					

UPDATED 07/10/2018

Part 2 of Member Information.

Member	Place of Birth City, State	Current School or Occupation	Handicap or Disability (Indicate with an 'X') Providing this information is optional. It assists SCCHA in making appropriate unit assignments in its Public Housing program.					Is SPECIAL Accommodation Needed?
			Hearing	Mobility	Vision	Wheel- chair	Other	
#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	\$	\$	%	\$

List all checking and savings accounts for the household.

Banking Information:

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?		
Does anyone outside your household pay any of your bills or expenses? If Yes, explain:		
Do you expect anyone to move in or out of your household within the next 12 months? If yes, please explain: _____		
Does anyone currently live with you who is not listed on this application?		
Have you or anyone in your household been evicted from a federally assisted Housing Development for Drug-Related Activity within the past three (3) years?		
Have you or anyone in your household ever been evicted from a federally assisted Housing Development for violent criminal or drug related activity?		
Has anyone in your household been arrested or convicted for the felonious use, sale, manufacture, or distribution of a controlled substance? If Yes, Who: _____ When: _____ What: _____		
Does anyone in your household currently use a controlled or illegal drug? If Yes, Explain:		
Does anyone in your household currently abuse alcohol to the extent that resulting behavior could interfere with other's health, safety and peaceful enjoyment?		
Have you ever used a name other than the one you are using now? If Yes, What name?		
Have you ever used a Social Security number other than the one listed above? If Yes, what is it?		
Have you ever participated in a federally-assisted housing program? If Yes, When? _____ Where? _____ Under what name? _____ Who was Head of Household? _____		
Have you ever violated a family obligation in a HUD assisted housing program?		
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): _____		
Do you owe any money to a public housing agency or other federal housing provider?		
Are you and/or your spouse a veteran?		
Are you and/or your spouse attending school or vocational training? If Yes, please enter the name of the school _____		
Do you receive any type of financial assistance or scholarship for attending school/training?		
Ethnicity. Are you or anyone in your household Hispanic?		
Please list states where the applicant and members of the applicant's household have resided: _____		

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.

<u>Location</u>	<u>Code</u>	<u>Development</u>	<u>Eligible Household Type</u> *	<u>Inc</u>	<u>Do you want to be on the waiting list for this location?</u>
Alorton	AL	Hawthorne	Family	1	Yes / No
Belleville	B1	Bel-Plaza 1 (Church St.)	Senior Only	2	Yes / No
Belleville	B2	Bel-Plaza 2 (N. 47 th 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
Centreville	CA	Adeline James Building	Senior Only	1	Yes / No
Centreville	CE	Ernest Smith Sr. Apts.	Family	1	Yes / No
Centreville	CP	Private Mathison Manor	Family	1	Yes / No
Dupo	DU	Bluffside Apts.	Family & Elderly	1	Yes / No
E. St. Louis	JAZZ**	Jazz@Walter Circle	Senior Only	1	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 disabled	2	Yes / No
New Athens	NA	Rickert Station	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

- Properties that can be occupied by families with annual income at or below the low income limit. (80% of County Median)
- 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, 2018

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 - \$16,150	\$16,151 - \$26,900	\$26,901 - \$43,050
2	\$0 - \$18,450	\$18,451 - \$30,750	\$30,751 - \$49,200
3	\$0 - \$20,780	\$20,781 - \$34,600	\$34,601 - \$55,350
4	\$0 - \$25,100	\$25,101 - \$38,400	\$38,401 - \$61,450
5	\$0 - \$29,420	\$29,421 - \$41,500	\$41,501 - \$66,400
6	\$0 - \$33,740	\$33,741 - \$44,550	\$44,551 - \$71,300
7	\$0 - \$38,060	\$38,061 - \$47,650	\$47,651 - \$76,200
8	\$0 - \$42,380	\$42,381 - \$50,700	\$50,701 - \$81,150

Admission Requirements

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

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.

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 74th Street
 Belleville, IL 62223**

Please Do Not Write in this Box

Jurisdictional Preference	10 pts.	_____
Employment / Education Preference	2 pts.	_____
Excessive Rent Burden / Foreclosure	1 pts.	_____
Veteran Preference	1 pts	_____
Law Enforcement / Teacher Preference	6 pts	_____
Displacement / Disaster Preference	5 pts	_____
PH _____ S8 _____	S8NC _____	FHA _____

Housing Authority Representative’s Initials:

SUMMARY OF WAITING LIST PREFERENCES

JURISDICTIONAL PREFERENCE (10 Points):

This preference is available to applicants who reside, are employed, or have a written offer for employment in SCCHA's legal jurisdiction, which is St. Clair County, excluding the City of East St. Louis for the public housing program. The Section 8 HCVP is administered county-wide, therefore, the City of East St. Louis is considered "in jurisdiction." If an applicant is currently in a shelter located outside of SCCHA's jurisdiction, but can document eligibility for the jurisdictional preference based upon immediate prior residency, the applicant is entitled to jurisdiction preference for up to 12 months from the end of residency in SCCHA's jurisdiction.

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

EMPLOYMENT PREFERENCE (2 Points)

This preference is available to applicants where the head of household, spouse or co-head is employed. This preference is also available to households where the head of household is a senior citizen or a person with a disability (as defined by HUD) . To be eligible for this preference on the basis of employment the qualifying member must have worked a minimum average of 10 hours per week for a minimum period of three months.

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

UNMET HOUSING NEED (1 Point)

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) 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)

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 available to applicants where the head of household, spouse or co-head is an active member of law enforcement or is working as certified teacher.

Note: This preference applies only to the Public Housing Program

DISPLACEMENT / DISASTER PREFERENCE (5 Points)

This preference is available to applicants:

- A) Displaced by government action or a presidentially declared disaster.
Note: This preference applies to Townhouse Court and Gwendolene Court
- B) Impacted by a recognized disaster that occurs within SCCHA's jurisdictional boundaries as designated by SCCHA's Executive Director.
Note: This preference applies only to the 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: April 12, 2016

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
ALORTON - 11	Family/Elderly		6	16	11	11		15-20%	1102	934	372	32		2440	2 years +	ACCESSIBLE	VERY LIMITED
BROOKLYN - 1,9,12	Family/Elderly		28	66	48	12	4	15-20%	681	548	144	16		1389	2 years +	ACCESSIBLE	VERY LIMITED
BELLEVILLE																	
Amber Court - 27	Senior Only		60	4				15-20%	285	8				293	Less than 12 Months	ACCESSIBLE	FULL RANGE
Bel-Plaza I (Church Street) - 16	Senior Only		48					15-20%	193	3				196	Less than 12 Months	ACCESSIBLE	FULL RANGE
Bel-Plaza II (N. 47 th Street) - 61	Senior Only		38					15-20%	275	3				278	Less than 12 Months	ACCESSIBLE	FULL RANGE
CENTREVILLE																	
Adeline James - 6	Senior Only		31	1				15-20%	58	5				63	Less than 6 Months	ACCESSIBLE	VERY LIMITED
Ernest Smith Sr. - 6,8,20	Family/Elderly		28	46	95	8	8	15-20%	1052	679	118	42	4	1895	1 year +	ACCESSIBLE	VERY LIMITED
Private Mathison - 10,60,80	Family/Elderly		17	111	74	11		15-20%	1173	786	169	33		2161	1 year +	ACCESSIBLE	VERY LIMITED
DUPO - 3	Family/Elderly	4	2	6	6	2		15-20%	288	916	492	74		1770	2 years +	NONE	LIMITED RANGE
LEBANON - 14	Family/Elderly		4	12	8			15-20%	874	766	575			2215	2 years +	ACCESSIBLE	LIMITED RANGE
LENZBURG - 19,28	Family/Elderly		4	8	4			15-20%	291	501	237			1029	1 year +	NONE	NONE
MARISSA - 2,7	Family/Elderly		14	10	4	2		15-20%	371	387	221	9		988	1 year +	NONE	LIMITED RANGE
MILLSTADT									168	898	664			1730			
Scattered Sites - 22	Senior Only		12					15-20%							1 year +	NONE	LIMITED
Pine Street - 22	Family			4	2			15-20%							3 years +	NONE	LIMITED
NEW ATHENS									171	373				544			
Phillips Street - 13	Family/Disabled		4	12	16			15-20%							Less than 12 Months	NONE	LIMITED
South Clinton - 21	Senior Only		16					15-20%							Less than 12 Months	NONE	LIMITED
O'FALLON - 24	Family			20				15-20%		1973				1973	2 years +	ACCESSIBLE	FULL RANGE
SMITHTON - 5	Family/Elderly		6		2	2		15-20%	133		434	25		592	2 years +	NONE	LIMITED RANGE
SWANSEA - 18	Senior Only		16					15-20%	270					270	2 years +	VERY ACCESSIBLE	FULL RANGE
WASHINGTON PARK - 17	Family/Elderly		20	12				15-20%	478	610				1088	1 year +	ACCESSIBLE	LIMITED RANGE
									7863	9390	3426	231	4	20914			

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

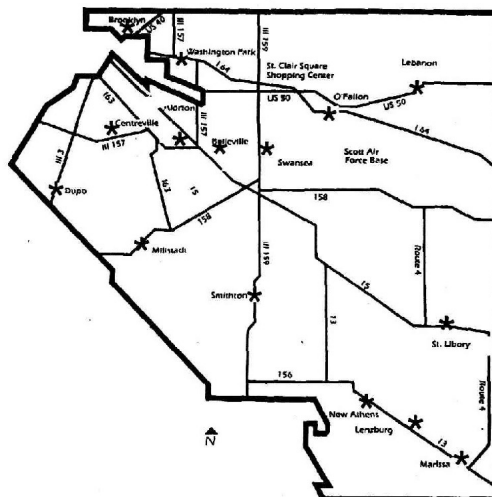
*BASED ON APPLICANTS WITH 13 PREFERENCE POINTS OR MORE

**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 th St.) Complex is on the left.
Brooklyn	Route 3 North past the old Stockyards. Right on Canal St.- Four blocks to 6 th 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 st 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 th St.)	West Main at North Belt West - North on 47 th 2 blocks - on left
Centreville – Adeline James Bldg.	From Bond Ave. turn on S. 47 th St., 2 nd Block on the left.
Centreville – Ernest Smith Sr.	Same as above for Adeline James Building- go straight on 47 th 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 nd St. Family units on 2 nd St. between Godin & Dryoff. Elderly units on the corner of Godin and 2 nd St.
Lebanon	From Rt. 50. Make right on Union St. Go to 3 rd 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 block, turn left onto Lake Dr.
Marissa	South on Rt. 13. Once in town make a left on 8 th 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. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

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

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.