



ST. CLAIR COUNTY HOUSING AUTHORITY
Application for Initial and Continued Occupancy
Of Public Housing/Section 8 Participation



Section 1: Head of Household: _____ Primary Phone: _____

Address: _____

Email Address: _____ Alternate Phone: _____

Section 2 - Household Composition: Provide the information requested for ALL members that will live in the unit. If there is no spouse, leave the 2nd line blank. You must provide SSN or Alien Registration numbers for everyone that will be living in the premises. See page 4 for additional space if there are more members that can be listed here.

| Mbr # | First Name | MI | Last Name | Relationship | Birth-Date | SSN or Alien Reg. Number |
|----------|------------|----|-----------|--------------|------------|--------------------------|
| Head 1 | | | | | | |
| Spouse 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

Is any household member married to a person not listed above? Circle One: Yes / No If yes, member # _____

Do you anticipate any changes to the family composition within the next 12 months? Circle One: Yes / No

If yes, please explain: _____

Do you or any household member have a minor child that does not live in the household? Circle One: Yes / No

If yes, please explain: _____

Section 3 - Education: List the highest education level completed by each family member, indicating if the member is currently enrolled in or attending school. Include Elementary, Junior High, High School, College or any other Training Program. Only one entry per member.

| Mbr # | Name of School | Location | Last Grade or Level Completed | Currently Enrolled | | Diploma/Degree | |
|-------|----------------|----------|-------------------------------|--------------------|----|----------------|----|
| | | | | Yes | No | Yes | No |
| | | | | | | | |
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| | | | | | | | |

Section 4 - Income Sources: Complete the sub-sections that apply to any of the household members.

Part 4A - Employment: Is any member of the household employed? Circle One: Yes / No

If yes, complete the following section. If no, skip to Part 4B.

| | | | | | |
|-----------|----------------|----------|------------------------------|----------------|---------|
| Mbr # | Employers Name | | Address, City, State and Zip | | Phone # |
| Job Title | Date of Hire | Per Hour | Hours Per Week | How Often Paid | |

| | | | | | |
|-----------|----------------|----------|------------------------------|----------------|---------|
| Mbr # | Employers Name | | Address, City, State and Zip | | Phone # |
| Job Title | Date of Hire | Per Hour | Hours Per Week | How Often Paid | |

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| | | | | |
|-----------|----------------|------------------------------|----------------|----------------|
| Mbr # | Employers Name | Address, City, State and Zip | | Phone # |
| Job Title | Date of Hire | Per Hour | Hours Per Week | How Often Paid |

Do you believe that any of the employment listed should be excluded from rent calculations (e.g. Federal College Work Study, Federally funded Senior Employment, Full-time Student, etc)? Circle One: Yes / No

If Yes, Explain below. If no, proceed to Part 4B.

Part 4B - Public Benefits: Includes Social Security, SSI, TANF, Unemployment, General Assistance, EarnFare, Veteran's, Food Stamps, etc. Does any member in the household receive any form of Public Benefit? Circle One: Yes / No

If yes, complete this section. If no, go to 4C

| Mbr# | Monthly Amount | Benefit Type | Administration Office Address (for verification) |
|------|----------------|--------------|--|
| | \$ | | |
| | \$ | | |
| | \$ | | |

Part 4C - Private Pensions: Railroad Retirement, IMRF, etc. Does any member of the household receive any form of Private Pension Benefits? Circle One: Yes / No If yes, complete this part. If no, skip to Part 4D

| Mbr# | Monthly Amount | Pension Plan | Account # | Administration Office Address (for verification) |
|------|----------------|--------------|-----------|--|
| | \$ | | | |
| | \$ | | | |

Part 4D - Banking: Does any member of the household have a checking, debit or savings account, certificate of deposit, etc., including Joint Accounts? Circle One: Yes / No If yes, complete this part. If no, skip to Part 4E.

| Mbr# | Debit Account/Card Account (Stand Alone – Not tied to a Checking or Savings Account) | Avg. Daily Bal. | Name and Address of Financial Institution |
|------|---|-----------------|---|
| | | | |
| | | | |
| Mbr# | Checking Account # | Avg. Daily Bal. | Name and Address of Financial Institution |
| | | | |
| | | | |
| Mbr# | Savings Account # | Current Bal. | Name and Address of Financial Institution |
| | | | |
| | | | |
| Mbr# | Certificate of Deposit # | Face Amount | Name and Address of Financial Institution |
| | | | |
| | | | |

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Part 4E - Other Income: Does any member of the household receive any other type of income (alimony, child support, self-employment, other business income, cash received from family/friends etc.) not listed in any of the above parts?

Circle One: Yes / No If yes, complete this part. If no, skip to Part 4F

| Mbr# | Monthly Amount | Source |
|------|----------------|--------|
| | \$ | |
| | \$ | |

Part 4F - Anticipated Changes: Do you or any member of the household anticipate any changes to the amounts or sources of income to occur within the next 12 months? Circle One: Yes / No If yes, please explain. If no, skip to Section 5.

Section 5 - Assets: Does any member of the household currently possess any asset(s) or has any member of the household disposed of any asset(s) within the last two (2) years? Assets include Stocks, Bonds, Real Estate (Land and Property), Cash Value of Life Insurance Policies, etc. Circle One: Yes / No If yes, complete this section. If no, skip to Section 6.

| Mbr# | Asset Description | Fair Market Value | Outstanding Debt On Asset | Net Value of Asset | Disposal Date | Disposal Proceeds |
|------|-------------------|-------------------|---------------------------|--------------------|---------------|-------------------|
| | | | | | | |
| | | | | | | |

Section 6 - Child Care: Is there any adult person in the household (18 or over) who works, who is actively seeking work after losing a job, or is attending vocational/academic school? Circle One: Yes / No

Does this person(s) incur out of pocket child care costs for minor child(ren) age 13 or under? Circle One: Yes / No

If you answered **YES** to **BOTH** of these questions, complete this section. If you answered **NO** to **EITHER** of these questions, skip to Section 7.

| Child Care Provider | Address | City, State, Zip | Phone # |
|---------------------|---------|------------------|---------|
| | | | |
| | | | |

Do you receive childcare assistance through CHASI, or any other Agency? Circle One: Yes / No

Actual Amount of childcare you pay (out-of-pocket)? \$ _____ Weekly / Every 2 Weeks / Monthly (circle one)

Amount paid by others on your behalf. \$ _____ Weekly / Every 2 weeks / Monthly (circle one)

Section 7 - Other information:

| Emergency Contact | Relationship | Address, City, State, Zip | Phone # |
|-------------------|--------------|---------------------------|---------|
| | | | |

Vehicle Information: Cars or trucks driven by household members that will be parked on Federally-Assisted-Property

| Year | Make | Model | Color | License Plate # |
|------|------|-------|-------|-----------------|
| | | | | |
| | | | | |

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THIS ADDENDUM IS FOR ELDERLY AND/OR DISABLED RESIDENTS

Is the Head of Household, Spouse or Co-head age 62 or older or disabled? Circle One: Yes / No

If yes, please complete this form and sign.

If No, please initial here and **DO NOT** complete this form. Initials _____ Date: _____

ADDENDUM
ELDERLY/DISABLED RESIDENTS

Notice

Monthly rent amounts may be lowered for ELDERLY/DISABLED residents **IF** they pay eligible out-of-pocket Medical Expenses that exceed 3% of their annual income.

Eligible medical costs include, but are not necessarily limited to Physicians Fees, Drugs and Medication and Prescriptions, Dental Expenses, Eyeglasses, Hearing Aids, Health Care Services, Health Insurance Premiums (including Medicare and Private Insurance).

If you are 62 years of age or older or you are disabled, do you believe you have medical expenses that exceed 3% of your annual income? Circle One: Yes / No If yes, complete the rest of this form and sign at the bottom. If No, just sign at the bottom and return.

Pharmacies

| Name | Address | City, State, Zip | Phone # |
|------|---------|------------------|---------|
| | | | |
| | | | |
| | | | |

Physicians

| Name | Address | City, State, Zip |
|------|---------|------------------|
| | | |
| | | |
| | | |
| | | |

Other Medical Costs

If you have other medical costs (e.g. Health Insurance Premiums), list them below and attach documentation of these costs and unpaid invoices and return with this form.

Submitted by: _____ Date: _____

Signature of Head of Household

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.

REQUEST FOR REASONABLE ACCOMMODATION DUE TO DISABILITY

Applicability: ____ Yes, I have a disability and am requesting accommodation (complete entire form)

____ No, I am not requesting accommodation of a disability (Initial and date and stop here)

Initials: ____ Date: ____

| | | | |
|---|--------------------------|--|--|
| Your Name: | | | |
| Your Current Address: | | | |
| Your Phone Number: | | | |
| Current Status (Check One): | <input type="checkbox"/> | Applicant | |
| | <input type="checkbox"/> | Section 8 Participant | |
| | <input type="checkbox"/> | Resident of Housing Authority Property | |
| Describe Requested Accommodation: | | | |
| | | | |
| | | | |
| | | | |
| Describe how accommodation requested relates to the disability of the person making the request or on whose behalf the request is made. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Submitted by: (Your signature) | | Date: | |
| SCCHA Acknowledgement: | | Date: | |

Note: If your disability is of a manner that makes it impossible to submit your request in writing, notify the St. Clair County Housing Authority Staff and assistance in completing the form will be provided or you will be allowed to submit your request in another manner. If the disability of the person making the request (or on whose benefit the request is made) is not obvious, documentation of a disability as defined by the "Americans with Disabilities Act" may be required.

ASSET CERTIFICATION FORM

1. Does any family member own or have interest in any property (real estate, mobile home, and/or land)? (Yes/No) _____. If yes, provide:
Family Member Name(s): _____
Real Estate Address: _____
Market Value \$ _____ Comments: _____
2. Has any family member sold or given away any property (real estate, mobile home, and/or land) in the last two years? (Yes/No) _____. If yes, describe below:

3. Has any family member disposed of, transferred ownership of, and/or given away any other assets (such as cash, stocks, bonds, etc.) with a value of \$600 or more within the last two years? (Yes/No) _____. If yes, describe below:

4. Does any family member own any stocks or bonds? (Yes/No) _____. If yes, describe below:

5. List all financial institutions (i.e. banks, credit unions, etc.) where any family member has an account of any type (checking, savings, debit card account, etc.). Provide the information requested below:

| Name of Family Member | Bank Name/Address (Includes Debit Card Accounts) | Type of Account | Account Number |
|-----------------------|--|-----------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

6. Does any family member have any savings certificates, money market funds, or trust funds? (Yes/No) _____. If yes, please describe: _____
7. Does any family member have any type of retirement account (Company-administered, IRA, Keogh, etc.)? (Yes/No) _____. If yes, please describe: _____
8. Has any family member had any inheritances, lottery or other gaming winnings, or other lump sum payments of any kind in an amount of \$600 or more within the last twelve months? (Yes/No) _____. If yes, describe below:

9. Does any family member have any life insurance policies with a "cash value"? (Yes/No) _____. If yes, provide:

| Name of Family Member | Insurance Agency Name/Address | Policy Number | Amount/Value |
|-----------------------|-------------------------------|---------------|--------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | |

CERTIFICATION

I hereby certify that the above information is current and complete to the best of my knowledge. I also authorize St. Clair County Housing Authority (SCCHA) to verify the information given above.

I acknowledge my full and complete understanding that failure to provide fully accurate and complete information will be considered misrepresentation and/or fraud and is valid grounds for my being determined ineligible for the housing assistance program(s) administered by SCCHA.

Signatures:

Head of Household: _____ Date: _____

Co-Head/Spouse: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

FOR STAFF USE ONLY

Head of Household: _____

Certification Type: _____ Initial (Third party verification of all family assets is required)

 _____ Interim (Family self-certification of net family assets of less than \$5000 is acceptable)

 _____ Annual

Effective date of this certification? _____

Effective date of last certification (New admission, interim or annual when third party verification of all family assets was completed)? _____

If less than 3 years from effective date of this annual certification, then Family self-certification of net family assets of less than \$5000 is acceptable.

If more than 3 years from effective date of this certification, then third-party verification of all family assets is required.

If net family assets equals and exceeds \$5000, third party verification is required.

_____ I accepted Family Certification of net family assets of less than \$5000

_____ I completed third-party verification of all family assets because:

_____ last third-party verification was three years ago

_____ net family assets equal \$5000 or more

Staff Signature: _____ Date: _____

ST. CLAIR COUNTY HOUSING INFORMATION

AUTHORIZATION TO RELEASE INFORMATION FOR A CRIMINAL BACKGROUND CHECK

I, _____, do hereby authorize local law enforcement Agencies (i.e. police departments), the St. Clair County Sheriff's Department, the Federal Bureau of Investigations, or any other public/private law enforcement/investigative firm to release to the St. Clair County Housing Authority information about my prior criminal record.

I understand that my application for housing assistance may be denied if I or any person that would be on the lease had a history of drug-related, violent physical crimes, or other criminal acts which would have an adverse effect on the health, safety, and welfare of other residents.

Signature

Date

**ST. CLAIR COUNTY HOUSING AUTHORITY
SEX OFFENDER SCREENING COMPLIANCE DOCUMENTATION FORM**

HEAD OF HOUSEHOLD NAME: _____

SS# XXX - XX - _____ DATE OF BIRTH: ____/____/____

QUESTION #1 IS ANY HOUSEHOLD MEMBER CURRENTLY REQUIRED TO REGISTER AS A SEX OFFENDER UNDER ANY STATE SEX OFFENDER REGISTRATION PROGRAM?

___ YES ___ NO IF YES, SPECIFY THE HOUSEHOLD MEMBER AND THE STATE WHERE REGISTRATION IS REQUIRED:

QUESTION #2 Part A HAS ANY HOUSEHOLD MEMBER LIVED IN A STATE OTHER THAN ILLINOIS?
___ YES ___ NO IF YES, COMPLETE PART B. IF NO SKIP TO SIGNATURE BLOCK

Part B OTHER THAN ILLINOIS, LIST ANY OTHER STATE IN WHICH ANY HOUSEHOLD MEMBER HAS LIVED:

| STATE | MEMBER (USE "ALL" IF APPLICABLE) |
|-------|-------------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Certification: I hereby certify that the information provided above is accurate and complete. I understand that any misrepresentation of information or failure to disclose any information requested on this form may disqualify me (and my household) from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

Signature of Head of Household

Date

Signature of Other Adult Member

Date

STAFF CERTIFICATION:

I CHECKED THE ILLINOIS SEX OFFENDER REGISTRATION WEB-SITE, ALONG WITH THE WEB-SITE(S) FOR ANY OTHER STATE(S) LISTED ABOVE TO CHECK IF ANY HOUSEHOLD MEMBER AGE 17 OR OLDER IS A REGISTERED SEX OFFENDER. THE RESULTS OF MY SEARCH ARE:

___ NO HOUSEHOLD MEMBERS IDENTIFIED AS SEX OFFENDER BASED UPON BACKGROUND CHECK RECEIVED AS PART OF CREDIT REPORT

___ NO HOUSEHOLD MEMBERS LISTED ON THE ILLINOIS SEX OFFENDER REGISTRY

___ NO HOUSEHOLD MEMBERS ARE LISTED ON THE SEX OFFENDER REGISTRIES OF ANY OTHER STATE LISTED ABOVE

___ A HOUSEHOLD MEMBER WAS LISTED ON THE SEX OFFENDER REGISTRY OF ILLINOIS OR OTHER STATE, AS NOTED BELOW

MEMBER(S): _____

STATE(S): _____

SIGNATURE OF STAFF MEMBER

DATE



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 Carefull

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

Signature _____ Date _____

form HUD-1141
(12/2005)



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

| | | | | |
|--|---|-------------|---------------------|-------------|
| THIS NOTICE WAS PROVIDED BY THE BELOW-LISTED PHA: ST. CLAIR COUNTY HOUSING AUTHORITY 1750 S. 74TH STREET BELLEVILLE, IL 62223 | I hereby acknowledge that the PHA provided me with | | Signature: _____ | Date: _____ |
| | The Debts Owed to PHAs & Termination Notice: | | Printed Name: _____ | |
| | Signature: _____ | Date: _____ | Signature: _____ | Date: _____ |
| | Printed Name: _____ | | Printed Name: _____ | |
| | Signature: _____ | Date: _____ | Signature: _____ | Date: _____ |
| | Printed Name: _____ | | Printed Name: _____ | |
| | Signature: _____ | Date: _____ | Signature: _____ | Date: _____ |
| | Printed Name: _____ | | Printed Name: _____ | |

AUTHORIZATION FOR RELEASE OF INFORMATION

Organization requesting release of information:

St. Clair County Housing Authority
1790 South 74th Street
Belleville, IL 62223
(618) 277-3290

Purpose

The St. Clair County Housing Authority (SCCHA) may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization

I authorize SCCHA to obtain and you and/or your organization to release of any information (including documentation and other materials) pertinent to determining my eligibility for or participation in the Public Housing and/or Section 8 Assistance Program.

Information Covered

Inquiries may be made about:

Child Care Expenses
Credit History
Criminal Activity
Family Composition

Federal, State, Tribal, Local Benefits
Identity and Marital Status
Medical Expenses
Employment, Income, Pensions, and Assets

Individuals Or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and Other Financial Institutions
Law Enforcement Agencies
Employers, Past and Present

Courts
Credit Bureaus
Landlords

Providers Of:

Alimony
Child Support
Handicapped Assistance
Pensions/Annuities
U.S. Social Security Administration
Utility Companies

Child Care
Credit
Medical Care
Schools and Colleges
U.S. Department of Veteran Affairs
Welfare Agencies

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Printed Name of Head of Household

Printed Name of Spouse/Other Adult Member

Signature

Signature

Date

Date

Printed Name of Other Adult Member

Printed Name of Other Adult Member

Signature

Signature

Date

Date

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

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

ST. CLAIR COUNTY HOUSING AUTHORITY
1790 South 74th Street
Belleville, IL 62223

Prepared By: _____ 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.

This consent form expires 15 months after signed.

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 _____

Penalties for Misusing this Consent:

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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

Race and Ethnic Data Reporting Form

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 10/31/2009)

| | | |
|------------------------------|-------------------------------------|---------------------|
| Name of Property | Project No. | Address of Property |
| Name of Owner/Managing Agent | Type of Assistance or Program Title | |
| Name of Head of Household | Date (mm/dd/yyyy) | |

| Household Members | Ethnic Categories* *Select One | | Racial Categories * Select All that Apply | | | | | |
|--------------------|-----------------------------------|------------------------|--|-------|---------------------------|---|-------|-------|
| | Hispanic or Latino | Not-Hispanic or Latino | American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White | Other |
| Head of House | | | | | | | | |
| Spouse/Co-Tenant | | | | | | | | |
| Child/Other Member | | | | | | | | |
| Child/Other Member | | | | | | | | |
| Child/Other Member | | | | | | | | |
| Child/Other Member | | | | | | | | |

***Definitions of these categories may be found on the reverse side.
Signatures of all Family Members 18 or over is required.**

There is no penalty for persons who do not complete the form.

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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 participant of a federal housing assistance program, must be lawfully within the U. S. Please read this Declaration Statement carefully, sign and submit to the St. Clair County Housing Authority. Please feel free to consult with an Immigration Lawyer or other immigration expert of your choosing.

CERTIFICATION

By signing below, I/We certify, under penalty of perjury, that to the best of my knowledge, I/We am/are lawfully within the United States because of the status specified below.

CONSENT

I/We consent to allow the St. Clair County Housing Authority (HA) to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my/our eligibility and level of benefits under HUD's assisted housing programs. I/We understand that the HA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I/We understand I/We must be given an opportunity to contest the determination with the INS or the HA, or both.

CITIZENSHIP / IMMIGRATION STATUS

- #1 I am a citizen by birth, a naturalized citizen or a national of the United States; or
- #2 I have eligible immigration status and I am 62 years or age or older. Attach evidence of proof of age; or
- #3 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.
- 3-a Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
 - 3-b Permanent residence under §249 of INA 4/; or
 - 3-c Refugee, asylum, or conditional entry status under §§207,208 or 203 of the INA 5/; or
 - 3-d Parole status under §212(d)(5) of the INA 6/; or
 - 3-e Threat to life or freedom under §243(h) of the INA 7/; or
 - 3-f Amnesty under §245A of the INA 8/.

DECLARATION

| Family Member Printed Name | Citizen Status From Above | Family Members Signature | Signature Date | SSN or Alien Number |
|----------------------------|---------------------------|--------------------------|----------------|---------------------|
| | | | | |
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* If member age is less than 18, obtain signature of responsible adult.

THIS CONSENT FORM EXPIRES 15 MONTHS AFTER SIGNED

**St. Clair County Housing Authority
Section 8 Housing Choice Voucher Program (HCVP)
Household Information Change Reporting Requirements**

General: At time of admission and at each annual and interim recertification interview, Section 8 HCVP participants are required to fully, completely and accurately report all household income and family members. Failure to do so is a material violation of Family Obligations under the Section 8 HCVP and may result in termination of federal housing benefits.

Reporting Changes Between Annual Recertifications:

a) Assisted Household Composition

The following changes must be reported within thirty (30) days of occurrence:

- A member has been added to the household through birth, adoption or court awarded custody;
- A household member is leaving or has left the unit;
- A family break-up (separation, divorce, etc.).

Notes: Other potential new members may only be added to the assisted household with the prior approval / consent of SCCHA and the Owner. The participant must submit a written request to add family members on forms designated for this purpose by SCCHA.

Specific documentation requirements exist for removing a household member and designated criteria has been established for approving additional household members.

b) Household Income Changes

Participants who receive a Utility Allowance Payment (UAP – SCCHA sends a check to the participant to assist with utilities) are required to report any increase in gross monthly income or decrease in allowable expense deductions (e.g. out-of-pocket child care costs and/or medical expenses) of \$200 or more between annual recertifications.

Participants with a positive Tenant Rent (i.e. have a rent portion that they pay to the landlord) are required to report an increase in monthly household income of \$200 or more when:

- 1) The increase is from a source other than employment earnings (such as child support, Social Security, SSI, unemployment, TANF, General Assistance, Veteran's, etc.);
- 2) The increase in income could have been reasonably anticipated by the participant at the time of the recertification interview (i.e. seasonal / temporary employment assignments, pending application);
- 3) If the participant previously requested an interim recertification due to a decrease in income.

When an increase in income (or decrease in deductions) is required to be reported, it must be reported within 30 days of the effective date of the change.

The only acceptable method for reporting household information changes is on forms designated for this purpose, which are available at the SCCHA Office. The form must be completed, signed and dated by the Head of Household and receipt must be acknowledged by an SCCHA staff member's signature and date.

Signed: _____ Date: _____

Signed: _____ Date: _____