

Housing Authority of the County of Jo Daviess

347 Franklin Street * Galena, Illinois 61036

Telephone (815) 777-0782 * Fax (815) 777-0858

Email - housing@jdcha.org

INFORMATION & INSTRUCTIONS FOR APPLICANTS PRE-APPLICATIONS

The pre-application must be filled out **in full** and signed by all adult household members. **If not complete, WE WILL NOT INTERVIEW YOU.** If all information required on the pre-application and listed below is not received by the Housing Authority, the pre-application will be considered incomplete and returned to you. **YOU DETERMINE HOW QUICKLY YOUR PRE-APPLICATION WILL BE PROCESSED.**

This PHA operates the following programs: Public Housing

Housing Choice Voucher

Public Housing provides rental assistance to individuals and families who meet income guideline limits. Individuals or families reside in a development owned and managed by the Housing Authority of the County of Jo Daviess.

One Bedroom Units:

Franklin McCoy Manor – Galena, IL

Flint Hills Manor – Elizabeth, IL

Hanover Estates – Hanover, IL

Meridian Manor – Warren, IL

Family Units – 2, 3 and 4 Bedroom Units:

Gear View Heights – Galena, IL (2, 3 and 4 Bedroom)

Hanover Estates- Hanover, IL (2 and 3 Bedroom)

Housing Choice Voucher is a HUD-subsidized rental assistance program for individuals and families who meet the income guideline limits. This program enables the recipient to secure housing in the private market pending qualifications, requirements, policies and regulations are met. Individuals and families must reside in Jo Daviess County.

You may apply for one program or both programs on the same application by marking the appropriate line.

A criminal history check will be run on all household members over age seventeen (17). The PHA is screening for specific criminal backgrounds. An application will not be denied if criminal history check reveals a single minor or petty activity. ***In the event that an applicant is offered an apartment before the background check is received back by the PHA and the results of the check reveal drug-related or violent criminal activity, any lease agreement executed will be terminated.***

In addition to completion of the written pre-application, the applicant must provide:

Social Security Numbers for all members of the household. A copy of each Social Security card **must** be submitted with the pre-application packet.

A copy of a current driver's license or other state issued photo identification for each adult household member **must** be submitted with the pre-application packet.

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Immigration cards, papers, or other supporting information on any person listed on the application who not does certify that he/she is a citizen of the United States **must** be included with the pre-application packet.

Birth Certificates for any person listed on this application.

A completed pre-application will be reviewed within thirty (30) days following receipt to determine **INITIAL** (apparent) eligibility based on the information provided. **If it is determined during the FINAL eligibility interview process that the applicant failed to disclose relevant information or provided false information on the pre-application or at the interview, the application will be denied.**

The applicant will be mailed a letter of initial eligibility or denial to the address provided on the pre-application after the review period. If the pre-application is denied, the applicant may, within fourteen (14) calendar days of the date of the denial, request a hearing at which time he/she could provide documentation that would disprove the validity of the information relied upon in denying the pre-application.

All applicants determined eligible initially will be interviewed when approaching the top of the waiting list to determine **FINAL** eligibility and suitability for admission. At the time of the interview, current verifications of income, assets, and deductible expenses will be obtained for use in calculating rent.

The applicant must notify the PHA in writing of any changes in income, household members, assets, address, or telephone number within 10 business days while on the waiting list. This information is used in determining eligibility, unit size for which the family is eligible, and for contacting the applicant. If the PHA is unable to contact the applicant due to a change in address or telephone number that has not been reported in writing, the pre-application will be removed from the waiting list.

The pre-application, if approved, is good for six (6) months. **If not notified by the applicant of continued interest within six (6) months from the date of the completed pre-application, the pre-application will be removed from the waiting list.** The pre-application will also be removed from the waiting list if the applicant fails to respond to an offer of assistance or to a purge/update letter.

For Office Use Only. Applicants should not write in this section.

PUBLIC HOUSING Eligibility Determination

Date/Time: _____ Bedroom Size: _____ Initial Eligibility Y N

Received by: _____ Interview Date: _____ Final Eligibility Y N

List any special assistance required by this applicant: _____ Denied: Date _____

M

PRE-APPLICATION FOR PUBLIC HOUSING PROGRAM ADMISSION

Housing Authority of the County of Jo Daviess

Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the apartment as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. **Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.** Any required information not received by the Housing Authority within ten calendar days of the date of this application will result in denial of the application.

Name: _____ Home Phone #: _____ Work Phone # _____

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address Where You Currently Live: _____

Provide an Alternate Contact: Name: _____ Phone # _____

I. HOUSEHOLD COMPOSITION (list all persons who will stay in the apartment)

***Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless applicant discloses being disabled.**

Adults (age 18 and older)			Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	Student Yes/No	List most recent date	
											Employed	Received TANF
Last	First	MI										
				HEAD								

Minors (Under Age 18)			Social Security #	Relation to Head	Sex	Race/ Ethnicity	Birth Date	Age	Disabled* Y/N	Name/Address of Absent Parent (if applicable)
Last	First	MI								

1. Is any household member over age 18 a full time student (*other than head of household or spouse of head of household*)? If yes, list name and the school they attend: _____
2. Is the *Spouse of the Head of Household* temporarily absent from the home? _____
If yes, where? _____
3. Does anyone in your household require special accommodations due to a handicap or disability? _____
If yes, specify requirements: _____
4. Have you or any other adult member ever used any name (s) or Social Security number (s) other than the one you are currently using? Yes/No _____ If yes explain _____

II. INCOME AVAILABLE TO HOUSEHOLD

List **all** income earned or received by everyone living in the household regardless of age. List gross amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Self-employment					\$
					\$
Wages or Earnings					\$
					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
					\$
Military Income					\$

Regular Contributions or Gifts					\$
					\$
Other/Scholarships					\$
Department of Human Services					\$
					\$
					\$

Previous Year's Tax Return. Indicate the amount of the gross income shown by each family member (other than minors) residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income

- Does anyone outside the household help with bills on a regular basis? _____ If yes, list name of each person or agency that assists with bills: _____
- Is any household member age 18 or older employed in a job training program? _____ If yes, list his/her name and the specific job training program: _____
- Has anyone in your household applied for any benefits which are in the process of being approved? _____ If yes, explain: _____
- Are you entitled to: Child Support [] yes \$ _____ [] no or Alimony [] yes \$ _____ [] no
- Do you receive: Child Support [] yes \$ _____ [] no or Alimony [] yes \$ _____ [] no

III. ASSETS

1. Does any household member listed have assets or receive income from assets? If yes, values and income derived from each asset:

Type Asset	Value	Annual Income	Type Asset	Value	Annual Income
Real Estate			Checking Account		
Stocks			Savings Account		
Bonds			Certificate(s) of Deposit		
Company Retirement or Pension Fund			Trusts		
Insurance Settlements			Other		

2. Has any asset been given away or sold for less than its fair market value in the past 2 years? _____
 If yes, what? _____ What was its market value? _____

How much did you receive? _____

IV. MEDICAL AND DISABILITY ASSISTANCE

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<i>medical insurance(s)</i> _____	\$ _____	<i>Doctor's Visits</i> _____	\$ _____
<i>prescription medicine(s)</i> _____	\$ _____	<i>Dentist</i> _____	\$ _____
<i>Eye Doctor</i> _____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? _____ If yes, Itemize: _____

V. CHILD CARE

1. Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment? _____ If yes, to whom are expenses paid? _____ How much per month? _____

2. Address of Child Care provider: _____

3. What amount is reimbursed? _____ Source: _____

VI. CRIMINAL HISTORY

1. Has any household member (regardless of age) been convicted for any of the following: (use back of form to provide details or attach additional sheets to application)

Felony of any kind [] yes [] no *If yes, give details* _____

Violent criminal activity? [] yes [] no *If yes, give details* _____

Domestic Violence, dating violence, or stalking? [] yes [] no

If yes, name of victim: _____ Name of perpetrator: _____

Alcohol related activity? [] yes [] no *If yes, give details* _____

Manufacture of methamphetamines? [] yes [] no *If yes, give details* _____

Possession, sale, or distribution of illegal drugs? [] yes [] no *If yes, list name/date/disposition of case* _____

List name of any household member who is required to register as a sex offender: _____

If required to report, list name and telephone number of probation/parole officer: _____

2. Has any household member participated in drug rehabilitation during the past 12 months? yes no
If yes, explain _____
3. Has any household member been evicted from federally assisted housing in the past 3 years? _____
 If yes, who? _____ Where? _____

VII. RENTAL HISTORY

1. Current Landlord: _____ Landlord's Address/Phone: _____
 From _____ To _____ Address of Rental Property: _____
 Were you ever late in paying rent? yes no Were you evicted or asked to move? yes no
2. Previous Landlord: _____ Landlord's Address/Phone: _____
 From _____ To _____ Address of Rental Property: _____
 Were you ever late in paying rent? yes no Were you evicted or asked to move? yes no
3. Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18? _____ If yes, under what name: _____
 Housing Agency/City _____ From _____ To _____ Lease in Name of: _____
 Were you ever late in paying rent? yes no Were you evicted or asked to move? yes no
 Do you owe money to the agency? yes no Comments: _____
 Were any wages disregarded in calculating your rent? yes no

VIII. CREDIT HISTORY/PERSONAL REFERENCES

1. List two business where you have had credit or made payments on a regular basis in the past 24 months.
- Business _____ Address/Phone _____
 Business _____ Address/Phone _____
2. List two references (who you are not related to by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.
- Name _____ Phone _____ How long have you know him/her? _____
 Name _____ Phone _____ How long have you know him/her? _____

IX. MISCELLANEOUS INFORMATION

1. List all vehicles that household members will park on PHA property:

Make _____ Model _____ Color _____ License Plate # _____

Make _____ Model _____ Color _____ License Plate # _____

2. Do you have a pet? _____ Describe: _____

3. How did you learn about our program? _____

A criminal history check will be run on all household members over age 17 through the local police department, state, and NCIC. All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

I understand that this application is valid for only six months unless renewed/updated by me, the applicant.

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Other Adult

Date

Signature of Other Adult

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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 UNITED STATES.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.



Have you completed all sections of the pre-application? Have you enclosed the needed copies as requested on the Pre-Application Instructions? Have you signed and dated the pre-application? Remember, you determine how quickly your pre-application will be processed.

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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.	

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.



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BLANKET AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct any Federal, State, or local agency, organization, business, or individual to furnish information concerning myself, and/or my household to THE HOUSING AUTHORITY OF THE COUNTY OF JO DAVIESS and/or a duly authorized representative of THE HOUSING AUTHORITY OF THE COUNTY OF JO DAVIESS. This information will be used to determine occupancy eligibility and the rent amount of federally subsidized housing.

I am aware that this form may be used to collect sensitive information, which is protected by the Privacy Act. This information will not be disclosed or released outside of The Housing Authority of the County of Jo Daviess except to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors.

The groups or individuals that may be asked to release information include but are not limited to:

- Law Enforcement Agencies / Criminal History
- Credit Providers & Credit Bureau
- Previous Landlords (Including Public Housing Agencies)
- Past and Present Employers
- State Unemployment Agencies
- Medical Professionals & Facilities
- Child Care Providers
- Retirement & Investment Services
- Banks and Other Financial Institutions
- Courts and Post Offices
- School and Colleges
- Child Support & Alimony Providers
- Welfare Agencies
- Social Security Administration
- Veterans Administration
- Utility Companies

I agree that a photographic or FAX copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original. The original of this authorization is on file with The Housing Authority of the County of Jo Daviess and will stay in effect for fifteen months from the date signed.

If I, or any adult members of my household fails to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or tenancy, or both. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

APPLICANT/ TENANT

PRINT NAME

DATE

SPOUSE/CO-TENANT

PRINT NAME

DATE



The Jo Daviess County Housing Authority does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities.

