Application

PIKE COUNTY HOUSING AUTHORITY

838 Mason Street Barry, Illinois 62312

P.O. Box 123

Phone: 217-407-0707 Fax: 217-407-0708

The PCHA is a progressive Housing Authority committed to the customers we serve. In addition to our ongoing modernization program and activities, the PCHA is always looking for additional opportunities to serve our clientele.

Our Mission

The mission of Pike County Housing Authority is to be the leader in making available safe, affordable housing for low and moderate income persons through effective management and the wise stewardship of public funds. We are dedicated to provide these communities with quality housing that is decent, well-maintained, and free of drugs and violent crimes. We shall do all of these things while serving our residents and communities with the highest degree of professional courtesy, empathy and respect.

Authority Profile

The Pike County Housing Authority built its first public housing units in the 1960s and completed its last development construction work in the 1990s. Today the Authority owns 228 public housing units in Pittsfield, Pleasant Hill, New Canton, Barry, Baylis, Griggsville and Perry.

Pike County Housing Authority

Chris Bruns
Executive Director

EQUAL HOUSING OPPORTUNITY

Pike County Housing Authority

P.O. Box 123 * 838 Mason Street Barry, Illinois 62312

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Important Documents

A complete application requires the following documents:

- ✓ **Birth Certificate for all household members**
- ✓ **Social Security Card for all household members**
- ✓ **State issued photo ID/Driver's License for all Household members 18 years or older**

These items must be brought to the office to be copied.

When your application is complete, you will be contacted to schedule an appointment. All adults must be present for the interview.

Thank You.

Amber Nelson
Property Manager

IF YOU DO NOT REPORT ALL INCOME, YOU MUST REPAY ....IT'S THE LAW!

INSTRUCTIONS:

- ✓ Complete each section of this application as completely as possible.
- ✓ Be sure you sign each page where it says "Applicant's Signature."
- ✓ If there is more than one person in the household 18 or older, request an additional adult packet for each of them to complete and sign.
- ✓ For all person(s) under the age of 18, request a citizenship form which must be signed by the person legally responsible for the minor child.

REGARDING CRIMINAL BACKGROUND RECORD VERIFICATIONS:

NCIC Check- This form authorizes the Pike County Housing Authority to check the criminal background of the person(s) on this application. We use Judici.com, Tenant PI (Nationwide) and if further warrants, we will check with necessary Law Enforcement Officials.

Each person 18 and over in your household must sign all forms where required.

Complete the Current/Previous Residence Page in its entirety. (Please remember to provide name(s) of landlord(s) and complete addresses. Also, make sure you have stated the address of which you rented and the dates of tenancy.

The following items must be returned with your application:

- ✓ Photo ID for each person 18 and over (Driver's License or State ID).
- ✓ Proof of ALL INCOME including Child Support, Employment, SSI, SS, General Assistance, TANF, etc.
- ✓ Birth Certificates for all household members.
- ✓ Social Security Cards for all household members.

All applicants 18 and over must be able to obtain utilities in their name. Any outstanding bill, regardless of which household member's name it is in, must be eliminated before the application can be processed.

You must notify the Housing Authority in writing any change of address, family composition or income within 10 calendar days of the change.

If you need assistance filling these forms out, please direct your request to the Property Manager or Receptionist and someone will assist you. **You will be notified by mail when your application is complete and your name is added to the waiting list.**

Note: Each household's situation is individual and will affect the status of those already on the waiting list. Therefore, every time someone is added to the list, your position on the list could change. Please keep your address current so you may be contacted when the waiting list is updated.

ADMISSIONS/SCREENING POLICY

- Screening and Eviction for Drug Abuse and Other Criminal Activity Policy Applies
- All applications are reviewed on an individual basis, after completion of application criteria.
- APPLICANT MAY BE DENIED DUE TO:
    - ✓ Criminal Activities
    - ✓ Previous Eviction from Public Housing
    - ✓ Previous Eviction/Termination from any Section 8 Program
    - ✓ Outstanding debt to any Housing Authority
    - ✓ Over income limits
    - ✓ Failure for applicants age 18 and over to be able to obtain utilities in their name
    - ✓ Poor Credit History
    - ✓ Poor Previous Rental History
    - ✓ Incomplete Application

Applicants with continuous criminal activities which would endanger the health, safety and peaceful enjoyment of surroundings of residents are not allowed to reside in public housing. (Screening and Eviction for Drug Abuse and Other Criminal Activity Policy)

After the application process is completed and the applicant is approved, applications are added to the appropriate waiting list.

- Public Housing applicants are offered a unit based on the following Local Preferences:

- ✓ Residency Preference: Families who live, work, have been hired to work or who are attending school or who are participating in training programs in the jurisdiction.
- ✓ Working Preference: Families where the head, spouse or sole member is employed at least 20 hours per week. This preference is extended equally to applicants(s) whose head, spouse, or sole member is a person age 62 or older, or. Who meet the HUD/Social Security definition of disability.
- ✓ Date and Time Preference: Among applicants with equal preference status, date and time of complete application will be the deciding factor.·

LEGAL PRIMER ON HOUSING LEASE AND PERSONAL RESPONSIBILITY

Overview- On March 28, 1996 President Clinton issued an Executive Order, The Housing Opportunities Act of 1996, which required immediate eviction from Federally Funded Public Housing of persons who engage in drug use or violence. The main concept of the act is known as the "Screening and Eviction for Drug and Abuse and Other Criminal Activity" Policy, formerly known as the "One Strike and You're Out" Policy. The President directed HUD to issue national guidelines to enforce this policy through tenant screening and lease agreements. Although the Extension Act expanded on existing Code of Federal Regulations (CFR) screening and eviction regulations, expedited evictions have been authorized by HUD since .1988.

PHA's face penalties for ignoring "Screening and Eviction for Drug Abuse and Other Criminal Activity". PHA's that implement this initiative can benefit from' improved funding and greater local autonomy. PHA's that ignore this initiative expect increased HUD supervision and the loss of additional financial assistance.

NOTICE TO PUBLIC HOUSING APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)

A federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, sexual assault, or stalking. The name of the law is the Violence against Women Act, or "VAWA." This notice explains your rights under VAWA.

Protections for Victims

If you are eligible for public housing, the housing authority cannot refuse to admit you to the public housing program solely because you are a victim of domestic violence, dating violence, sexual assault, or stalking.

If you are the victim of domestic violence, dating violence, sexual assault, or stalking, the housing authority cannot evict you based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, sexual assault, or stalking that are caused by a member of your household or a guest can't be the reason for evicting you if you were the victim of the abuse.

Reasons You Can Be Evicted

The housing authority can still evict you if the housing authority can show there is an *actual and imminent* (immediate) threat to other tenants or housing authority staff if you are not evicted. Also, the housing authority can evict you for serious or repeated lease violations that are not related to the domestic violence, dating violence, sexual assault, or stalking against you. The housing authority cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

Removing the Abuser from the Household

The housing authority may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the public housing unit. If the housing authority chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, the housing authority must follow federal, state, and local eviction procedures.

Proving That You Are a Victim of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

The housing authority can ask you to prove or "certify" that you are a victim of domestic violence, dating violence, sexual assault, or stalking. It must give you at least 14 business days (i.e., Saturdays, Sundays, and holidays do not count) to provide this proof. The housing authority is free to extend the deadline. There are three ways you can prove that you are a victim:

- Complete the certification form given to you by the housing authority. The form will ask for your name, the name of your abuser, the abuser's relationship to you, the date, time, and location of the incident of violence, and a description of the violence. You are only required to provide the name of the abuser if it is safe to provide and you know their name.
- Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, sexual assault, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under penalty of perjury."
- Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, the housing authority may evict you.

Confidentiality

The housing authority must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority to release the information.
- The housing authority needs to use the information in an eviction proceeding, such as to evict your abuser.
- A law requires the housing authority to release the information.

If release of the information would put your safety at risk, you should inform the housing authority.

VAWA and Other Laws

VAWA does not limit the housing authority's duty to honor court orders about access to or control of a public housing unit. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking.

For Additional Information

If you have any questions regarding VAWA, please contact Pike County Housing Authority at 217-335-2616.

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

Definitions

For purposes of determining whether a public housing applicant or tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines ***domestic violence*** to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim
- A person with whom the victim shares a child in common
- A person who is cohabitating with or has cohabitated with the victim as a spouse
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction

VAWA defines ***dating violence*** as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines ***sexual assault*** as "any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent" (42 U.S.C. 13925(a)).

VAWA defines ***stalking*** as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.

Pike County Housing Authority (PCHA)

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Barry, IL 62312

Phone : 217-407-0707 Fax: 217-407-0708

APPLICATION for PUBLIC HOUSING

This is not a Section 8 application and cannot be used for the Housing Voucher program.

Instructions: Please read carefully. Incomplete applications will not be processed.

1. This application is valid for all public housing properties operated by the Pike County Housing Authority

2. To be qualified for admission to public housing an applicant must:
   (a) Be a family as defined in PCHA's Admissions and Continued Occupancy policy.
   (b) Meet the HUD requirements on citizenship or immigration status;
   (c) Have an annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PCHA offices
   (d) Provide documentation of Social Security numbers for all family members, age 6 or Older, or certify that they do not have Social Security numbers.
   (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PCHA-approved pre-occupancy orientation session, if requested to do so;
   (f) Pay any money owed to PCHA or any other housing authority;
   (g) Not have had a lease terminated by PCHA in the past 12 months;
   (h) Be able and willing to comply with the Housing Authority lease;
   (i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.

3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.

4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.

5. Applicants with disabilities may seek assistance with the completion of the application at PCHA's office at the address above.

6. PCHA will conduct a criminal record check on all applicants age 15 years and older.

The Pike County Housing Authority is an Equal Housing Provider

1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Current address, Street, Apt. # _____
   Current City, State and Zip _____
   Current Area Code, Home & Work Phone #s _____

For Statistical Purpose Only

4. Race of Head: Caucasian/White African American/Black Asian or Pacific Islander
   Native American /Alaskan Native
5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the PHA unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation To Head	Disabled Person?	Birthplace: Country	Full-Time Student

4. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? ☐Yes ☐No. If yes, who can verify this? Please give name, address and phone#:

_____

5. Is the applicant family displaced by governmental action through no fault of their own? ☐Yes ☐ No
If yes, who can verify this? Please give name, address & phone#:

_____

6. Is the applicant family displaced by domestic violence? Yes No If yes, who can verify this?

Please give name, address, and phone number _____

_____

7. Is any adult family member employed? Yes No If yes, name, address & phone# of employer:_

_____

8. Is any adult family member enrolled in a job training program, including one required under the Welfare program? Yes No If yes, who can verity this? Please give name, address & phone#:

_____

9. Is any adult family member enrolled in an education program full-time? Yes No If yes, who Can verify this? Please give name, address and phone#:_____

_____

10. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, $150/week, SSI, $421/month

Family Member Name	**Income Source**	Amount$	Frequency- Per
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

11. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc. Yes No If yes, describe the type of asset(s) please: _____

What is the market value of all assets? _____

12. Do you own any real estate? Yes No If yes, what is the address?_____

_____

13. Have you sold any real estate in the past two years? Yes No If yes, what was the address

_____

14. Current Landlord's name and phone# _____

Date Family Moved to this location _____

15. Most recent former address, Street, Apt. #_____

Most recent former City, State and Zip. _____

Most recent former Area Code and Phone#_____

16. Most recent prior landlord's name, phone#_____

Date Family Moved to this location _____

17. Have you ever been evicted from housing? Yes No If yes, why?_____

18. Have you ever lived in public housing before? Yes No If yes, where? _____
Dates: From _____ To _____ Name of Lessee: _____
Do you owe any money to the housing authority? Yes No

19. Do you have any past due utility bills? Yes No If yes, please describe and give amount owed:

20. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the nature of the problem and who was involved: _____

21. Is anyone in your household currently on parole or probation? Yes No If yes, please explain:

Qualifying for Deductions in Calculating Rent:

22. Is the head of household or spouse age 62 or older or a person with a disability? Yes No
If yes, please answer the following questions. If no, please skip down to question # 22.

23. Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic cost, medicine, therapy, supplies, medical transportation, etc.)? Yes No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all expenses: Type of expense: _____

Monthly medical expense: $_ Please give us the name, address & phone# of someone who can Verify the expense: _____

24. Do you have any expenses on behalf of a household member with disabilities so an adult in the Family can work? Yes No If yes, describe the nature of the expense and monthly amount ____
_____ Please give us the name, address & phone # of someone
Who can verify the expenses: _____

25. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes No If yes, please lists the name, address and phone # of your child care provider: _____
Monthly unreimbursed child care cost: $ _____

26. Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with disability? Yes No If yes, please give us the name of the family member and the name and address of someone who can verify this information:
Name of family member: _____ Please give us the name, address & phone # of someone who can verify this information: _____

27. Driver's License or State ID #: Applicant: _____

Automobile: Year:_____ Make:_____ Model:_____ License:_____

Pike County Housing Authority

ASSET DIVESTITURE DATA-GATHERING SHEET

PART I. LAND

a) Date divested _____

b) Amount received $_____

c) Location of land _____

d) Size of parcel _____

e) Purchaser/recipient _____

f) Best source of Market Value _____

g) Reasonable costs absorbed during divestiture $_____

PART II. HOUSES OR OTHER REAL ESTATE

a) Date divested _____

b) Amount received _____

c) Address of divested property _____

d) Purchaser/recipient _____

e) Best source of Market Value _____

f) Reasonable $ absorbed by tenant during divestiture _____

PART III. STOCKS OR BONDS

a) Date divested _____

b) Amount received $_____

c) Issuer of Stock/Bond _____

d) Purchaser/recipient _____

e) Best source of Market Value _____

f) Reasonable costs absorbed by tenant during divestiture $_____

PART IV. CASH, CERTIFICATES OF DEPOSIT

a) Date divested _____

b) Recipient _____

c) Amount of Cash, CD $_____

d) Reasonable costs of divestiture (penalty) $_____

PART V. PERSONAL PROPERTY HELD AS AN INVESTMENT

a) Date divested _____

b) Amount received $_____

c) Issuer of Stock/Bond _____

d) Purchaser/recipient _____

e) Best source of Market Value _____

f) Reasonable costs absorbed by tenant during divestiture $_____

PART VI. BUSINESS EQUIPMENT

a) Date divested _____

b) Amount received $_____

c) Issuer of Stock/Bond _____

d) Purchaser/recipient _____

e) Best source of Market Value _____

f) Reasonable costs absorbed by tenant during divestiture $_____

Pike County Housing Authority

ANNUAL INCOME CHECKLIST

INSTRUCTIONS: At the certification and recertification interviews, head of household should answer the questions below about Annual Income and sign the certification statement.

Family Member Name	Income Amount	Date Verified
1) a. Will any household members be receiving any type of income from employment? ☐Yes☐No		
b. If yes, list names of such family members who will receive employment income.		
_____	$_____	___/___/___
_____	$_____	___/___/___
_____	$_____	___/___/___
2) a. Will any household members be receiving income from a family-operated business or be otherwise self-employed? ☐Yes☐No		
b. If yes, list names of such family members who will receive income from self employment.		
_____	$_____	___/___/___
_____	$_____	___/___/___
_____	$_____	___/___/___
3) Will anyone in the household receive Social Security or SSI Benefits? ☐Yes☐No		
If yes, list names of such recipients.		
_____	$_____	___/___/___
_____	$_____	___/___/___
_____	$_____	___/___/___
4) Will anyone in the household receive periodic payments from Annuities, Insurance policies, retirement funds, pensions, disability or death benefits, or other similar amounts? ☐Yes☐No		
If yes, list first names of recipients.		
_____	$_____	___/___/___
_____	$_____	___/___/___
_____	$_____	___/___/___

Family Member Name	Income Amount	Date Verified

5) Will anyone in the household receive unemployment compensation, disability compensation, workers' compensation or severance pay? ☐Yes☐No

If yes, list family members who are recipients.

_____	$_____	___/___/___
_____	$_____	___/___/___
_____	$_____	___/___/___

6) Will anyone in the household be receiving public assistance benefits? ☐Yes☐No

If yes, list recipients.

_____	$_____	___/___/___
_____	$_____	___/___/___
_____	$_____	___/___/___

7) Will anyone in the household be receiving alimony or child support payments? ☐Yes☐No

If yes, list first names of such family members who are recipients.

_____	$_____	___/___/___
_____	$_____	___/___/___
_____	$_____	___/___/___

8) Will anyone in the household be receiving income from assets? ☐Yes☐No

If yes, list first names of such family members who are recipients.

_____	$_____	___/___/___
_____	$_____	___/___/___
_____	$_____	___/___/___

9) Is any household member, 18 or older, receiving pay as a member of the Armed Services? ☐Yes☐No If yes, list family members who are recipients.

_____	$_____	___/___/___
_____	$_____	___/___/___
_____	$_____	___/___/___

Family Member Name	Income Amount	Date Verified
10) Is any household member receiving lottery winnings, paid periodically? ☐Yes☐No If yes, list family members who are recipients.		
_____	$_____	___/___/___
_____	$_____	___/___/___
_____	$_____	___/___/___
11) Is any household member receiving recurring monetary contributions or other gifts or payments from a non-household member? ☐Yes☐No If yes, list family members who are recipients.		
_____	$_____	___/___/___
_____	$_____	___/___/___
_____	$_____	___/___/___

Resident's Certification

I hereby certify that I have answered the questions on this checklist truthfully and that the income listed on this form represents all the income available to my household.

_____ Head of Household's name

_____ Head of Household's signature

_____ PHA witness

Pike County Housing Authority

ALLOWANCE CHECKLIST

INSTRUCTIONS: At the certification and recertification interviews, the head of household should answer the questions below about Allowances and sign the certification statement.

Family Member Name	**Date Verified**

1) **Dependent Deduction**

a) Do you have any household members, **other than head, spouse, foster children, and live-in attendants** who are under age 18? ☐Yes☐No ___/___/___

b) 18 or older **and** either a full-time student or disabled? ☐Yes☐No ___/___/___

c) If yes, list names of such family members

_____ ___/___/___
_____ ___/___/___
_____ ___/___/___
_____ ___/___/___
_____ ___/___/___

2. **Child care Allowance**

a) Is the family paying for care of children under age 13 so:
an adult can work? ☐Yes☐No
a family member can go to school? ☐Yes☐No

b) List the names of children for whom care is provided.

_____ ___/___/___
_____ ___/___/___
_____ ___/___/___
_____ ___/___/___
_____ ___/___/___

3. **Disability Expense Allowance**

a) Is the family paying for care or apparatus for a disabled family member so that an adult family member can work? ☐Yes☐No

If yes, list family member for whom care/apparatus is being provided.

_____ ___/___/___

Family Member Name	Date Verified
	/ /
	/ /

4. **Elderly/Disabled Household Allowance**
Is the head, spouse or sole member of the household 62 or older or disabled? ☐Yes☐No

If yes, list any members who are elderly or disabled.

5. **Medical Expenses Allowance**
Is the head, spouse or sole member of the household at least 62 or disabled? ☐Yes☐No

Does the household expect unreimbursed medical expenses for the 12 months to be covered by the certification?☐Yes☐No

If Yes, list the household member(s) with unreimbursed medical expenses:

Note: List any optional PHA deductions here

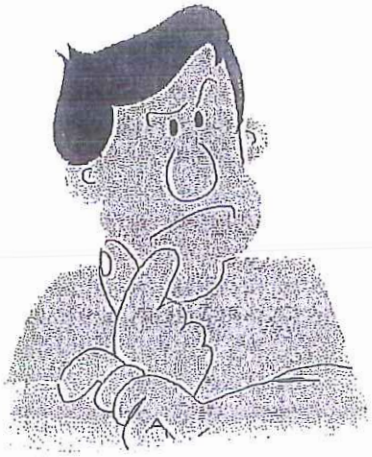
Tenant's Certification

I hereby certify that I have answered the questions on this checklist truthfully and that I qualify for the allowances claimed on this form.

Head of Household's name

Head of Household's signature

PHA witness



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

REQUEST FOR REASONABLE ACCOMODATION

A. Right to Reasonable Accommodation

A reasonable accommodation is a change, exception, or adjustment to a housing program, service, or swelling unit that allows a qualified person with a disability to: (1) participate fully in PCHA housing programs: (2) take advantage of services offered by the PCHA: or (3) live in a dwelling unit. You may request a reasonable accommodation at any time you find it necessary.

To show that a reasonable accommodation is necessary, the person requesting the accommodation must demonstrate that there is a relationship between the requested accommodation and the individual's disability.

B. Accommodations PCHA Cannot Make

Modifications that Result in an Undue Financial or Administration Burden: PCHA cannot provide an accommodation if it results in a fundamental alteration in the way PCHA administers its housing programs. For example: (1) an action that substantially modifies or eliminates an essential lease provision; (2) an action that requires PCHA to provide a supportive service not otherwise offered to other tenants or program participants; (3) an action that requires PCHA to offer housing that is fundamentally different in nature than that offered to other tenants; or (4) an action that would result in an undue financial or administrative burden.

C. Contact Information

PCHA will answer questions for reasonable accommodation within ten (10) business days. Under Fair Housing Law, PCHA has the right to negotiate alternative means to address a request for reasonable accommodation. PCHA will contact the request or if additional information is needed. If you need additional information or wish to discuss the outcome of a request for a reasonable for accommodation, please call 217-335-2616 or toll free 800-201-2616.

If you believe you are a victim of unlawful discrimination due to Race, Religion, Sex, Disability, Familial Status, or National Origin, please contact the U.S. Department of Housing & Urban Development, Office of Fair Housing and Equal Opportunity, 1-800-765-9372 (Chicago).

REASONABLE ACCOMMODATION REQUEST APPLICANTS AND TENANTS OF PCHA OWNED RENTAL HOUSING

I am an applicant of PCHA rental unit or a current resident. I am requesting a reasonable accommodation to address the following:

_____

_____

The accommodation I request is needed because (please state your reasons):

_____

_____

_____

You can verify the need for the accommodation requested by contacting:

Name _____ Phone _____

Agency _____

Address _____

_____ _____ _____

Applicant/Tenant Signature Date Phone

.....

OFFICIAL USE ONLY
PCHA DECISION

( ) APPROVED _____

( ) DENIED _____

_____ _____

PCHA COORDINATOR SIGNATURE DATE

Pike County Housing Authority
P.O. Box 123 * 838 Mason Street
Barry, Illinois 62312

Phone: (217) 407-0707 Fax: (217)407-0708

CONSENT

I/We, the undersigned are living in or applying for public housing. In order that the Pike County Housing Authority may establish/re-establish, my/our eligibility for assistance, I/We hereby authorize and direct any Individual, Business, Organization, Federal, State of Local Agency to release to and/or verify for the Pike County Housing Authority, all information deemed necessary to verify employment, and income, assets, credit history, medical expenses, personal references, residences and rental activity and verification of disability or handicap.

INFORMATION COVERED

I/We further understand that verifications and inquiries that may be requested include, but are not limited to the following:

Identity and Marital Status
Residences and Rental History
Credit Activity
Law Enforcement Agencies

GROUPS OR INDIVIDUALS from which information may be requested include, but are not limited to:

Courts and Post Offices
Retirement Systems
Credit Providers and Credit Bureaus
Welfare Agencies
Social Security Administration
Banks and Other Financial Institutions
Educational Institutions
Medical Providers
Utility Companies
Past and Present Employers
State Unemployment Agencies
Veterans Administration
Child Support

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the office of the Pike County Housing Authority. I/We understand that any information obtained with this release is confidential and may not be released without my/our permission except to other government entities such as housing authorities, police officials, public assistance, etc. I/We do also understand that information obtained by this release is used to determine my/our eligibility for housing assistance and refusal to consent to the release of this information can result in denial of assistance.

Signatures

_____ _____
Resident Date

_____ _____
Other Adult Date

REQUEST FOR CRIMINAL HISTORY NCIC CHECK FOR PIKE COUNTY HOUSING AUTHORITY

In accordance with the Agreement between the U.S. Department of Housing and Urban Development and the U.S. Department of Justice, a copy of which is on file with this Housing Authority and this Law Enforcement Agency, relating to Access to National Crime Information Center Data, (NCIC), the Pike County Housing Authority hereby requests that this law enforcement agency( ) conduct a name test to determine whether:

Name: _____ Date of Birth: _____
(First, Middle Initial, Last) (Month/Day/Year)

Male _____ Female _____

Social Security Number: _____ has a criminal history record indexed in the Interstate Identification Index (III).

_____ _____ _____
APPLICANT/TENANT DATE PHA REPRESENTATIVE

DATE SENT TO LAW ENFORCEMENT: _____

****

TO BE COMPLETED BY LAW ENFORCEMENT AND RETURNED TO THE HOUSING AUTHORITY

_____ NONEXISTENCE OF A CRIMINAL HISTORY RECORD IN NCIC FOR THE ABOVE NAMED PERSON

_____ PROBABLE EXISTENCE OF A CRIMINAL HISTORY RECORD IN NCIC FOR THE ABOVE NAMED PERSON

_____ _____
LAW ENFORCEMENT REPRESENTATIVE LAW ENFORCEMENT AGENCY

DATE: _____

NOTICE

The Pike County Housing Authority has cooperative agreements with numerous social service agencies including, but not limited to:

- Illinois Department of Human Services
- Pike County Sheriff's Department
- Department of Children and Family Services
- Judici.com
- West Central Mass Transit
- Department of Aging
- Pike County Unmet Needs
- Pleasant Hill Police Department
- Pittsfield Police Department
- Illinois State Police Department
- Mental Health Centers of Western Illinois
- Pike County Health Department
- Two Rivers Regional Council of Public Officials
- Pike County General Assistance Office
- Department of Public Aid

Under the terms of these agreements the Pike County Housing Authority may exchange information on applicants/tenant(s) and their household members in order to determine eligibility for admission or continuing occupancy.

My/Our signature(s) signify that I/we understand and accept the agreements described above.

_____ _____

Head of Household Date

_____ _____

Other Adult Date

_____ _____

Other Adult Date

Pike County Housing Authority
P.O. Box 123 * 838 Mason Street
Barry, Illinois 62312

Phone: 217-407-0707 Fax: 217-407-0708

POLICE RECORD CONSENT

_____ Date: _____
_____ Applicant/Tenant: _____
_____ Address: _____

To Whom It May Concern:

It is a policy of the Pike County Housing Authority to verify certain information about all members of families applying for admission to this Authority's Public Housing Program. This Housing Authority is required to verify any past criminal activity prior to final eligibility that may adversely affect the health, safety and welfare of other residents. In order to comply with this requirement, we ask your cooperation in supplying information on the Criminal Records (if any) of the person listed below.

Pike County Housing Authority

_____ _____
PCHA Representative Title

Using the numbers listed below, please indicate whether the person(s) below have been arrested/convicted of any crimes relating to the following:

Homicide/Murder	Assault/Fighting	Public Intox/Drunk Disorder
Sex Offences	Burglary/Robbery/Larceny	Child Abuse
Domestic Violence	Disturbances	Fraud
Harassment	Prostitution	Disorderly Conduct
Destroy Property/Vandalism	Theft/Receiving Stolen Articles	No History of File

Drugs/Trafficking/Possession/Use/Manufacturing/Sale/Delivery

Name of Applicant/Tenant: _____ Social Security#: _____

Date of Birth: _____ Male _____ Female _____

Crime Number: _____ Date of Offense: _____ Disposition: _____

Crime Number: _____ Date of Offense: _____ Disposition: _____

_____ _____ _____
Authorized Signature/Police Dept. Title Date

Consent to Release Information
I/We, the undersigned, authorize the release of the information requested above to the PCHA:

_____ _____
Applicant/Tenant Signature Date

PCHA will be contacting all former landlords for the period three years from the date of application

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. 1/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature Date

Co-applicant Signature Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than $10,000 or imprisoned for not more than five years or both.

PIKE COUNTY HOUSING AUTHORITY

P.O. BOX 123
338 MASON STREET - BARRY, ILLINOIS 62312-0123
PhOne: 217-407-0707

APPLICANT/TENANT CERTIFICATION

I/We certify that the information* given to the PIKE COUNTY HOUSING AGENCY on household composition, income, net family assets, and allowances and deduction is accurate and complete to the best of my/our knowledge and belief . I/We understand that false statements or information are punishable under Federal Law. I/We also understood that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household Date

Signature of Spouse Date

* After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape.

PIKE COUNTY HOUSING AUTHORITY

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize _____(employer or other source) to release without liability, information regarding my/our employment, income and/or assets to _____ (owner or agent), for purposes of verifying information provided as part of my/our apartment rental application/renewal.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment; income and assets; medical or child care allowances, rental history and/or payment history. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

- Past and Present Employers
- Previous Landlords (including Public Housing Agencies)
- Support and Alimony Providers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Law Enforcement Agencies
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/we have a right to review this file and correct any information that I/we can prove is incorrect.

SIGNATURES

_____ _____
Head of Household Date

_____ _____
Other Adult Member Date

_____ _____
Other Adult Member Date

_____ _____
Other Adult Member Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Vehicle Registration Form

Vehicle License Number_____

Occupant_____

Unit_____Phone_____

Make of Vehicle_____

Year_____Color_____

Operator's Licencse Number_____

State of Vehicle Registry_____

Occupant's Signature_____

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

OMB CONTROL NUMBER: 2501-0014
exp. 1/31/2014

PHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)
Pike County Housing Authority 838 Mason Street P.O. Box 123 Barry, IL. 62312	

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.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

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

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

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.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, agains the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

OMB Control # 2502-0581
Exp. (07/31/2012)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.