



FOR OFFICIAL USE
DATE: _____
TIME: _____

Return to:
216 W. Simmons St
Galesburg, IL 61401
309-342-8129 Ext. 210

PRE-APPLICATION FOR:

MOON TOWERS
Galesburg, IL

(please circle the building you are applying for)

BLUEBELL TOWER
Abingdon, IL

Notice: We do not have emergency housing.

We only accept applications that are mailed or delivered to us in person. Faxed applications will not be accepted.

Please print

Do you require oral and/or written information in any language other than English? _____

If yes, which language: _____. Please contact the Knox County Housing Authority Central Office at the number above for assistance. If no, continue.

Date: _____ Home phone # _____

Applicant Name: _____

Current Address: _____ Apt. # _____

City/State/Zip: _____ Email: _____

Beginning with the Head of Household (H.O.H), list all persons who will be living in the assisted unit.
If expecting a baby, please list due date below. **Social Security numbers are required for all members.**

Full name	Social Security Number	Relation to Head	Sex	Birthdate	Age	Race
1		HOH				
2						
3						
4						
5						
6						
7						

List all other names that you and any adult members have ever used or been known by (**Maiden, Married etc...**)

1) _____ 2) _____ 3) _____

Have you or any other adult member of your household ever been arrested for, or convicted of, a crime other than a traffic violation? _____ If yes, explain _____

Are you or anyone else who is listed on the application a veteran or a surviving spouse of a veteran of the U.S. Military Service? _____ If yes, what type of discharge was issued? _____

Are you or anyone else who is listed on the application a currently serving in any branch of the United States Armed Forces? _____

HOUSEHOLD COMPOSITION (cont.)

Full Name	Disabled* Yes/No	FT Student Yes/No	Date Employed	Avg. Hours Employed	County Employed
1					
2					
3					
4					
5					
6					
7					

**Applicants are not required to disclose being disabled. However, preference points for which persons with disabilities are entitled cannot be provided unless the Applicant discloses this information.*

If any family member is handicapped or disabled, please list any special housing needs required as a result of the handicap: _____

INCOME AVAILABLE TO HOUSEHOLD (List all gross income earned or received by everyone in the household regardless of age.)

Income Source	Yes	No	Family Member	Source	Frequency	Amount
Wages or Earnings						
TANF (cash assistance)						
SSI and/or Social Security						
Child Support and/or Alimony						
Unemployment						
Regular Contributions						
Other						

ASSET INFORMATION

Do you own a home or real estate? _____

Have you sold or given away real property or other assets in the past two years? _____ If yes, please explain.

CURRENT RESIDENTIAL INFORMATION

How many people live in your home now? _____ How many bedrooms do you have? _____

Are you a victim of domestic violence? _____

Are you being involuntarily displaced, living in substandard housing, or currently homeless? _____ If yes, please explain _____

Are you being evicted from your current home? _____ If yes, please explain _____

How much do you pay for rent? \$ _____ How much do you pay for utilities? (electricity, gas, water) \$ _____

CURRENT RESIDENTIAL INFORMATION (cont.)

Current Landlord _____ Their address _____

Landlord Phone # _____

How long have you lived at your present address? _____ Years _____ Months

If less than 1 year, list previous address _____

Are you now living or have you ever lived in a government subsidized unit (e.g. Section 8, Section 236, or Section 221(d)(3), or other subsidized housing project)? _____ If yes, give the complete name and address of the agency.

Approximately when? _____ Was it Public Housing? _____ Sec. 8? _____ Other? _____

RESIDENTIAL HISTORY (starting with current)

	Complete Address	Landlord Name & address if applicable	Phone Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

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 or The Department Of Housing And Urban Development (HUD).

APPLICANT CERTIFICATION (To be signed by all family members 18 and over)

I _____, do hereby swear and attest that all of the information above is true and correct. I also understand that I am required to report all changes in the income of any member of the household, as well as any changes in household composition or address, to the Knox County Housing Authority IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE OR OTHER ADULT

DATE

SIGNATURE OF OTHER ADULT

DATE

You may attach an additional page if you wish to include other information.

KNOX COUNTY HOUSING AUTHORITY

APPLICANTS FOR HOUSING CHOICE VOUCHER PROGRAM WITH PUBLIC HOUSING OBLIGATIONS

This policy will apply to applicants for the Housing Choice Voucher program who are current or former residents of KCHA or any other public housing authority and are not fully compliant with the terms of their public housing leases. It does not apply to applicants who have been evicted from a public housing authority dwelling unit. They are automatically denied admission to the HCV program.

Past residents of KCHA and current or past residents of any other housing authority with unmet obligations will have their applications denied until all obligations are met.

Current KCHA tenants must fulfill any unmet leasehold obligations for either money amounts and/or community service hours owed to KCHA before their applications will be assigned a position on the waiting list for the Section 8 program. If any member of the applicant's household has unmet obligation, that household's application will be placed on "inactive" status until the obligation(s) are met, or for twelve (12) months, whichever comes first. When the applicant can present suitable documentation to the HCV Program verifying that his/her household no longer has any outstanding leasehold obligations, and submits an application update form, that applicant's application will be assigned a new submission date corresponding to the date the documentation and update were received. Should the applicant fail to document that all members of his or her household have fulfilled all outstanding leasehold obligations within twelve (12) months from the date of submission of their most recent application, their application will be denied, and no further applications from members of that household will be accepted until those outstanding obligations are met.

The Knox County Housing Authority staff will determine the type and extent of the documentation required to establish that the leasehold obligations of each current or former tenant have been met. If an applicant has unmet obligations with another housing authority, that housing authority must document to the Knox County Housing Authority that the unmet obligations have been fulfilled by the applicant.

I have read the above document and fully understand and agree to the terms of the above statement. Please sign and date this agreement below:

Head of Household Date

Other adult Date

Other adult Date

Other adult Date

You may attach an additional page if you wish to include other information.

SCHEDULE B

UTILITY ADDENDUM TO LANDLORD APARTMENT LEASE

Resident _____ hereby authorizes

Knox County Housing Authority (Landlord) to make application in Resident's name to Ameren IP for gas and/or electric service to start on the first day of the lease term and to end on the last day of the lease term. Resident acknowledges that Resident shall be responsible for paying all utility charges billed by Ameren IP during this term.

Ameren IP may assess a deposit on your account based on information in credit reports as allowed under 83 Ill. Adm. Code 280.50 and the Company's Rules, Regulations, and Conditions applying to its utility service on file with the Illinois Commerce Commission ("Rules"). In the event your utility account is assessed a deposit, Ameren IP will notify you directly in writing. The deposit will be billed over a period of time as allowed under the company's rules.

Resident hereby acknowledges that Knox County Housing Authority (Landlord) may obtain the consumption history for electricity and/or gas from Ameren IP for their premise, and Knox County Housing Authority (Landlord) may provide this information to future prospective residents.

Resident hereby acknowledges that Knox County Housing Authority (Landlord) will be notified by Ameren IP if the Resident should become delinquent in paying utility bills(s). Knox County Housing Authority (Landlord) will receive a copy of the disconnect notice at the same time that the Customer/Resident receives one.

Resident

Knox County Housing Authority
Landlord

Date

Date

Resident

Knox County Housing Authority
Landlord

Date

Date

KNOX COUNTY HOUSING AUTHORITY
AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I/we authorize and direct any Federal, State, or local agency, organization, business, or individual to release and verify my application for participation and/or to maintain my continued assistance under the Section 8/Existing, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization, or the information obtained with its use, may be given to and used by HUD in administering and enforcing program rules and policies. I also consent for HUD or the Public Housing Authority (PHA) to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease or PHA policies.

INFORMATION COVERED

I/we understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity	Employment, Income, and Assets
Medical or Child Care Allowances	Credit History
Criminal Activity	Residences and Rental Activity

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:

Previous Landlords	Past and Present Employers
Public Housing Agencies	Welfare Agencies
Courts and Post Offices	State Unemployment Agencies
Schools and Colleges	Social Security Administration
Law Enforcement Agencies	Support and Alimony Providers
Medical and Child Care Providers	Veterans Administration
Retirement Systems	Banks and other Lending Institutions
Utility Companies	Credit Providers and Credit Bureaus

COMPUTER MATCHING AND CONSENT

I/we understand and agree that HUD or the PHA may conduct computer-matching programs to verify the information supplied for my certification or re-certification. If a computer match is done, I/we understand that I have the right to notification of any adverse information found and have a chance to disprove incorrect information. HUD or the PHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, The U.S. Postal Service, the Social Security Administration, and State Welfare and Food Stamp Agencies.

CERTIFICATIONS

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 with the PHA. I/we understand that I have the right to review my file and correct any information that I can prove is incorrect.

Head of Household Date

Spouse Date

Adult Member Date

Adult Member Date

Knox County Housing Authority Date

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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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.

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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.

KNOX COUNTY HOUSING AUTHORITY
216 W. Simmons St.
Galesburg, IL 61401

NOTICE TO ALL PERSONS APPLYING FOR HOUSING

On June 19, 1995, amendments to Section 214 of the Housing and Community Development Act of 1980 were made effective which prohibit the Department of Housing and Urban Development and all entities that operate their programs from making financial assistance available to persons who are not citizens of the United States, Nationals, or Non-Citizens who have eligible immigration status.

Every family member, regardless of age, is required to submit the following evidence:

For Citizens: A signed declaration of U.S. Citizenship, which the Housing Authority will provide at the initial interview for housing.

For Non-Citizens who are or will be 62 years of age or older: A signed declaration of eligible immigration status and proof of age.

All other Non-Citizens: Evidence consisting of the following:

1. A signed declaration eligible immigration status.
2. The Immigration and Naturalization Service (INS) documents listed below and signed verification consent form.

Acceptable INS documents are as follows:

1. Form I-151 Alien Registration Receipt Card
2. Form I-155 Alien Registration Receipt Card (for permanent resident aliens)
3. Form I-94 Arrival – Departure Record with one of the following:
 - A. Admitted as refugee pursuant to Section 207 form
 - B. Section 208 or Asylum form
 - C. Section 243(h) or deportation stayed by Attorney General form
 - D. Paroled pursuant to Section 212(d)(5) of the INA form
4. Form I-688 Temporary Resident Card, which must be annotated Section 245A or Section 210.
5. Form I-688B Employment Authorization Card, which must be annotated Provision of Law 274A.12(11) or (12).
6. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

Note: Original documents must be brought to the Housing Authority in order to be acceptable evidence. The Housing Authority will copy them, allowing you to retain the original document.

Special circumstances exist in the law for families where one or more members of the family do not qualify as citizens.

The Knox County Housing Authority continues to accept applications from all individuals, regardless of race, color, sex, religion, creed, national or ethnic origin, age, family or martial status, sexual preference, handicap, or disability.



Knox County Housing Authority

By signing below I indicate that I have received and read the above information regarding restrictions on assistance to Non-Citizens (to be signed by all household members 18 years of age or over.)

Signature of Applicant

Date

Signature of Applicant

Date