



Vermilion Housing Authority
 1607 Clyman Lane
 Danville, IL 61832
 P: (217) 444-3115 F: (217) 444-3172

7. **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, Retirement, etc. Example: Wages, \$150/week, SSI, \$421/month

Family Members Name	Income Source	Amount \$	Frequency - Per		
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year

8. Do you have a checking account Yes No. Savings account Yes No.
9. Current Landlord's name and phone # _____
 Date family moved to this location _____
10. Most recent prior landlord's name, address, phone# _____
11. 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 any housing authority? Yes No.
 Have you or anyone in your household been evicted from Public or Assisted Housing for drug-related activity within the past FIVE years? Yes No.
12. Do you have any past due utility bills? Yes No. If yes, please describe and give amount owed: _____

PHA will be contacting all former landlords for the period of 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. I/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



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PHA Local Preference Qualification

Families will be selected from the waiting list based on the selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable.

Based on verified information, the PHA must make a final determination of eligibility and must confirm that the family qualified for any special admission, targeted funding admission, or selection preference that affected the order in which the family was selected from the waiting list.

If changes occur after the submission of this application, you must inform the Housing Authority in writing within 10 business days of the change.

Preference	Definition of Preference	Preference Present? Y or N
Vermilion County Resident	Has a legal domicile in Vermilion County	
Veteran	Head of household has served in the United States Armed Forces and who was discharged or released from such service under conditions other than dishonorable	
Working	Head/Spouse/Co-head work a minimum of twenty (20) hours per week	
Elderly	Head/Spouse/Co-head is 62 years or older	
Disabled	Head/Spouse/Co-head is disabled	
Displaced by Natural Disaster	Fire, flood, earthquake or other federally declared disaster that has caused the unit to be uninhabitable	
Displaced by Domestic Violence	Displaced by domestic violence, dating violence, sexual assault and stalking	

I 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. I 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 placement on the waiting list or admission.

Applicant Signature

Date



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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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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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.