Vermilion Housing Authority
1607 Clyman Lane
Danville, IL 61832
P: (217) 443-0621 F: (217) 431-7059

LOW-INCOME PUBLIC HOUSING APPLICATION

IMPORTANT INFORMATION

Please read the following carefully before completing the application form

- Incomplete applications will not be processed or retained in our files.
- **Please print all answers**.
- Answer all questions on the application form. **Do not leave any questions blank**. If a question does not apply to you write N/A or NONE.
- The head of household must sign and date the application form.
- Where indicated on this form, the questions apply to **all** members of the family listed on the application.
- If you do not understand a question, please ask your housing representative.
- If changes occur after the submission of this application, you must inform the Housing Authority in writing within 10 business days of the change.
- PHA will be contacting all former landlords for the period of three years from the date of application.
- Be advised that the PHA will conduct criminal background checks, and sex-offender registration checks on all adult household members.
- **COMPLETING AN APPLICATION DOES NOT ENTITLE ANY PERSON TO A POSITION ON THE WAITLIST**

EQUAL HOUSING OPPORTUNITY

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

WARNING!

Title 18, Section 1001 of the U.S. Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony and subject to jail, fees, and fines.

Vermilion Housing Authority Public Housing Application

1. Name of Head of household:_____
Last First Middle Initial Maiden

Name of adult co-head/spouse of household:_____
Last First Middle Initial Maiden

Mailing Address _____
City/State/Zip

Telephone Number _____-_____-_____Alternative Telephone Number _____-_____-_____

E-mail Address _____

For Statistical Purposes Only

2. Race of Head: ☐ Caucasian / White ☐ African American / Black ☐ Asian or Pacific Islander ☐ Native American / Alaskan Native

3. Ethnicity of Head: ☐ Hispanic / Latino ☐ Non-Hispanic / Non- Latino

FAMILY INFORMATION

4. Beginning with yourself, list all persons who will live in the PHA unit, including foster children and 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	Marital Status	Full-time Student?
H					Head		
2							
3							
4							
5							
6							
7							
8							

5. Is anyone in the household currently pregnant? ☐ **YES or** ☐ **NO**

6. **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 TANF, VA, Social Security, SSI, Unemployment, Worker's Compensation, Child Support, Retirement, etc. Example: Wages- $150/week; SSI- $421/month

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

7. Are you or any other member of the household subject to a State lifetime sex offender registration program in any state? ☐ **YES or** ☐ **NO**

8. Have you been evicted from federally assisted housing in the last five (5) years? ☐ **YES or** ☐ **NO**

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

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

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, IL Resident	Head/spouse/co-head live, work, have been hired to work, or attend school in Vermilion County, IL	
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	Disabled persons or families with a disabled members	
Displaced by Natural Disaster	Currently being displaced by fire, flood, earthquake or other federally declared disaster that has caused the unit to be uninhabitable	
Displaced by Domestic Violence	Currently being displaced by domestic violence, dating violence, sexual assault, and stalking	
Homeless	Lack of fixed and regular nighttime residence *Verification from partnering agency will be required	

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

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.