



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.

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- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
 - The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to:
HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



Edwards County Housing Authority
125 W. Cherry Street, Albion, Illinois 62806

Pho: (618) 445-2715



Fax: (618) 445-3603



edwardscohousing.org

APPLICANT INFORMATION SHEET

Hours: Open 8 am-4 pm Monday through Friday, closed weekends and holidays, but you may return your application at any time by folding and putting it into the slot near the front door to the office. Applications can also be printed at the above website and mailed to the above address. **Applications cannot be accepted unless they are accompanied by birth certificates, Social Security cards, and driver's licenses (if any) of all household members, or clear, readable copies of each of those documents.**

Website: Pictures, apartment floor plans, our latest newsletter, a housing application, and much more information about public housing is available to you online at edwardscohousing.org.

Rent: Rents for all apartments, regardless of size, are based on the total gross annual income of all members of the applying household. \$400 is deducted from gross income if at least one household member is 62 or older, or handicapped. Out-of-pocket (only) medical expenses (with proper receipts or cancelled checks as proof) for handicapped or elderly (age 62 or older) may also be a deduction from income. A \$480 deduction is also given for each child under age 18 in the household. Childcare costs for children 12 and under are also deducted, but only if childcare is necessary to allow the parent to go to school or to work at a paying job, and if childcare costs do not exceed income earned. Upon move-out, rent charges continue until the day your keys have been turned in to the office. The Housing Authority can rent to persons of all income levels as long as a designated percentage of units are occupied by low-income residents. A \$50 'minimum rent' exists for qualified very low income households, and a 'flat rent' schedule has been adopted to cap rents for those with higher incomes.

Security deposit: The security deposits are \$100 for the efficiency and 1-bedroom units, \$125 for the 2,3, and 4-bedroom units, and must be paid when the lease is signed. Tenant automatically forfeits the security deposit by moving before the 1-year lease is up. Tenant also forfeits security deposit after the initial 1-year leasing period has been completed, if he/she fails to provide 15 days advance notice before moving out by signing a '15-Day Notice of Intent to Vacate'. Any rent that may be owed at move-out is deducted from the security deposit, and any damage or excess cleaning charges are deducted, as well. If the security deposit is insufficient to cover all owed rent, damage, or cleaning charges, tenant must pay the additional charges.

Utilities: At Albion, water, sewer, trash disposal and gas are included in the rent amount. The cost of electricity is also included in the rent up to a pre-set kilowatt allowance, based on square footage and season. If the tenant does exceed the set allowance for any month, he/she is billed for the extra kilowatts used. In the elderly/handicapped section, electricity is included in the rent, but a \$10 per month charge is added for June through September for each air conditioner installed in the apartment. The West Salem development is total electric. Charges are the same for the elderly/handicapped section for air conditioning, and the kilowatt allowances work the same way in West Salem for the family section. Just as at Albion, water, sewer, and trash disposal are included in the rent payment.

Laundry facilities are provided for the elderly section only. Cost is 50¢ per load to wash and 25¢ to dry. There are washer and dryer hookups in the pantry of family area apartments, and a \$5 per month additional charge is made if you install a washer. If you have a dishwasher, an additional \$5 per month is charged also. No charge for a clothes dryer.

Stove and refrigerator: These are provided in each apartment.

(over)

TV antennas: Each development has an antenna system, which will pick up local channels 7, 9, 25, and 44 free of charge. No other antennas of any kind are allowed. Cable TV, if wanted, is the tenant's responsibility to arrange and pay for.

Telephone: Telephone service, if wanted, is also the responsibility of the tenant to arrange and pay for.

Air conditioners: The apartments are not air conditioned, so tenants must provide window air conditioners at their own expense if they wish to have air conditioning. Elderly tenants pay a \$10 charge for the months of June, July, August and September if they have an air conditioner.

Lawn mowing: Maintenance personnel mow the elderly sections. Mowing and trimming the family area lawns is the responsibility of each tenant. Grass has to be kept short and neat. If the housing authority is forced to mow the family-area grass, it will cost the tenant \$30. Maintenance personnel also trim trees and shrubs in all areas.

Pet Policy: The ECHA's Pet Policy limits residents to 1 pet (dog or cat) per household, which cannot exceed 20 pounds in weight or 12 inches in height at the shoulder when grown. Several dog breeds are not allowed due to size and temperament, and no vicious or dangerous animals of any size are allowed. A pet deposit of \$375 for dogs, or \$200 for cats, must be paid before a pet can be brought on the property. In addition, the household must submit to the office proof of neutering or spaying (females by 6 months and males by 9 months of age), vaccinations, and names, addresses, and phone numbers of the animal's current veterinarian, and of the alternate custodian for the pet. Fish, and birds (which must be kept caged) do not require approval. All other animals are prohibited. The Pet Policy contains a number of other rules and penalties. For details, applicants may request a copy of the Pet Policy to read, but cannot take it out of the office.

Community Service Rule: Per a 1998 law, all residents of public housing ages 18 to 61, who are not working at a paying job, blind, disabled, or the full-time caretaker of a disabled household member must perform 8 hours per month of volunteer community service work in order to remain in public housing.

Steps to be Followed in the Application Process: **Step 1)** Pick up an application, complete it as directed, and turn it in. At this point, the applying household is added to the tentative waiting list. **Step 2)** Credit and landlord references and the Police Background Check are checked, (which usually takes a week to 10 days, sometimes more and sometimes less). If serious problems are found, the applicant is notified of his/her rejection from the waiting list. If the reference checks and the interview do not disclose any disqualifying problems, the application is then added to the Housing Authority's waiting list. **Step 3)** When an application has been approved, a suitable apartment may not be immediately available. When an apartment becomes vacant, it is inspected, cleaned, & repaired. This process can take from 2 days to 3 weeks or more, depending on the circumstances, which can vary greatly. **Step 4)** The waiting list is reviewed to determine which group of applicant households is qualified for that size apartment. Of that group, the one who has been on the waiting list the longest is contacted first and offered the unit. If the first contact refuses the unit, the 2nd household in that group is contacted and offered the unit, etc., until a household accepts the unit. **Step 5)** a leasing appointment is scheduled. Please be on time, and call ahead if you can't be there at the appointed time. Set aside 35-45 minutes for this appointment, and leave any small children with a babysitter, as there will be a lot of paperwork to be handled during this time. Bring enough money to pay the first month's (prorated) rent, the security deposit, (& the pet deposit, if applicable), and proof of income for all household members. Those who are 62 or over or disabled, by Social Security standards, should bring proof of their out-of-pocket only medical expenses for the year.

11. The last page is a Police Background Check. All applicants must fill out the bottom section of the front below the dotted line, and sign it. Do not leave out any requested information. It must contain birth dates, Social Security numbers, driver's license numbers, and middle initials. Information about the head of household goes in the 1st set of blanks and the rest of the household and their information should be listed in the bottom set of blanks. Leave the back of the page BLANK, because the Sheriff's office will answer those questions.

12. Return the application to the Housing Authority office.

ALL INFORMATION IN SECTIONS II, III, IV, V, VI & VII MUST BE VERIFIED

II. WAGE INFORMATION

LIST BELOW ALL JOBS YOU & MEMBER OF YOUR HOUSEHOLD (18+) **HOLD NOW OR HELD IN THE LAST 12 MONTHS**

Member #	Employer	Employer's address	Employer's pho. #	Part-time/full-time	Start date	End date

LIST PAY INFORMATION FOR ALL FAMILY MEMBERS BELOW

Member #	Hourly pay rate	Av. hrs. worked/pay period	Overtime rate	O.T. hrs. per/pay ck.	How often do you get paid
	\$		\$		Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/>
	\$		\$		Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/>
	\$		\$		Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/>
	\$		\$		Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/>

III. DO YOU OWN YOUR OWN BUSINESS SELLING GOODS OR SERVICES? Yes No If 'Yes', what kind? _____

Name of business	Street address	City	State	Zip Code	Phone #	gross income/month
						\$
						\$

IV. OTHER HOUSEHOLD INCOME List all other household income received by every person living in your household. This includes unemployment compensation, child support, Social Security, SSI, disability payments, workman's compensation, retirement benefits (pensions, etc.), veteran's benefits, rental property income, alimony or separate maintenance, interest payments, contributions or gifts from friends or relatives to help with living expenses, and all other income from any source.

Member #	Type of income received (other than wages or business)	Income amount	How often is the income received?
		\$	Weekly <input type="checkbox"/> monthly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually <input type="checkbox"/>
		\$	Weekly <input type="checkbox"/> monthly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually <input type="checkbox"/>
		\$	Weekly <input type="checkbox"/> monthly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually <input type="checkbox"/>
		\$	Weekly <input type="checkbox"/> monthly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually <input type="checkbox"/>

TANF (TEMPORARY AID TO NEEDY FAMILIES) If you receive TANF benefits, please complete the information below. (Note: Neither food stamps nor medical cards are counted as income in figuring your rent, but must be reported. Cash asst. is counted.)

Member who receives TANF	Type of assistance received	Monthly amount	Starting date
#	Food Stamps <input type="checkbox"/> Medical card <input type="checkbox"/> Cash assistance <input type="checkbox"/> Other <input type="checkbox"/>	\$	
#	Food Stamps <input type="checkbox"/> Medical card <input type="checkbox"/> Cash assistance <input type="checkbox"/> Other <input type="checkbox"/>	\$	
#	Food Stamps <input type="checkbox"/> Medical card <input type="checkbox"/> Cash assistance <input type="checkbox"/> Other <input type="checkbox"/>	\$	

V. FAMILY ASSETS List all assets owned by household members, including bank savings accounts, checking accounts, certificates of deposit, IRA's, Keough accounts, retirement accounts, stocks, bonds, real estate, businesses, etc.

Member Number	Type of asset owned	Name of bank or other source of verification	Account number	Value of asset	Current rate of interest
				\$	%
				\$	%
				\$	%
				\$	%

List your monthly household expenses (& amounts): _____

VI. LANDLORD REFERENCES DO NOT LIST A FAMILY MEMBER OR A FRIEND AS A LANDLORD UNLESS YOU CAN PROVE YOUR RENT PAYMENTS WITH CANCELLED CHECKS OR MONEY ORDER RECEIPTS.

MY CURRENT LANDLORD OR MOST RECENT LANDLORD IS:

Name	Address	Phone	Mo./years I rented

MY PREVIOUS LANDLORDS WERE:

Name	Address	Phone	Mo./years I rented

VII. CREDIT REFERENCES DO NOT LIST A FAMILY MEMBER OR A FRIEND AS A CREDIT REFERENCE UNLESS YOU CAN SHOW CANCELLED CHECKS OR MONEY ORDER RECEIPTS TO PROVE YOU MADE PAYMENTS FOR GOODS OR SERVICES TO THE FRIEND OR FAMILY MEMBER, OR REPAID MONEY TO THEM THAT THEY LOANED TO YOU.

Name	Address	Phone	Account #
Bank loans:			
Other:			
Other:			

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE

The U. S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce rules and policies.

AUTHORIZATION

I authorize the release of any information about me or my family/household (including documentation and other materials) pertinent to eligibility for, or participation in, the Low-Income Public Housing Program and/or any assisted housing program to the above-named organization and HUD by any means available, including mail, facsimile, telephone, Internet, personal interview, etc., to verify information supplied by the family, or to obtain information I may have failed to supply.

I authorize the above-named organization and HUD to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

INFORMATION COVERED

Inquiries may be made about but not limited to:

- | | |
|---|---------------------------------|
| Childcare Expenses | Handicapped Assistance Expenses |
| Credit History | Identity and Marital Status |
| Criminal Activity | Medical Expenses |
| Family Composition | Social Security Numbers |
| Employment, Income, Pensions, & Assets | Residences and Rental History |
| Federal, State, Tribal, or Local Benefits | |

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts and Law Enforcement agencies
- Credit Reporting Companies
- Employers, Past and Present
- Landlords
- Providers of Alimony, Childcare, Child Support, Credit, Handicap Assistance, Medical Care, and Pensions/Annuities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I agree that a public housing agency or HUD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The governmental agencies include, but are not limited to:

- | | |
|-------------------------------------|---------------------------------------|
| U.S. Office of Personnel Management | U.S. Postal Service |
| U.S. Social Security Administration | State Employment Security Agencies |
| U.S. Department of Defense | State Welfare and Food Stamp Agencies |

The match will be used to verify information supplied by the family or to obtain information the family may have failed to supply.

CONDITIONS

I agree that photocopies of this authorization may be used for the purposes stated above. This consent form expires 15 months after signing.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signatures:

_____	_____	_____
Head of Household	Date	Social Security number of Head of Household
_____	_____	
Spouse	Date	
_____	_____	
Other family member over age 18	Date	
_____	_____	
Other family member over age 18	Date	



ECHA



EDWARDS COUNTY HOUSING AUTHORITY
Deborah L. Smith, Executive Director

125 W. Cherry Street, Albion, Illinois 62806

Pho: 618-445-2715

Fax: 618-445-3603

edwardscohousing.org

POLICE BACKGROUND CHECK

APPLICANT'S HOUSEHOLD INFORMATION

Applicant's **full name** _____ Maiden name _____

List all other names applicant has ever used _____

SS# _____ Date of Birth _____ Sex _____

Driver's license # _____ State where license was issued _____ Race _____

My current address [] _____

My most recent address [] is:

(street) _____

(city) _____ (state) _____ (zip) _____

List the other members of your household who will be living with you in public housing below:

Name _____ SS# _____ D.O.B. _____

Name _____ SS# _____ D.O.B. _____

Name _____ SS# _____ D.O.B. _____

Name _____ SS# _____ D.O.B. _____

Name _____ SS# _____ D.O.B. _____

Name _____ SS# _____ D.O.B. _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Edwards County Housing Authority to request a police background check. I understand that failure to authorize the Police Background Check will result in immediate denial of my application.

Note: If the Police Background Check registers positive for prior charges, the Housing Authority will contact you, and you will have 10 days from the date of contact to come to the Housing Authority office. You must pick up a fingerprint card, take it to the Albion police station to be fingerprinted, and return it to the Housing Authority office the same day.

Failure to comply within the 10-day limit will invalidate your application. Results of the fingerprint report will help determine whether your application will be accepted or denied.

All members of the applicant household 18 years of age or older must sign below.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____