

ATTENTION APPLICANT:

**IN ORDER TO HAVE YOUR APPLICATION PROCESSED,
YOU MUST HAVE THE FOLLOWING ITEMS WITH YOU:**

- **CERTIFIED BIRTH CERTIFICATES - FOR EVERYONE IN THE HOUSEHOLD (COPIES WILL NOT BE ACCEPTED)**
- **SOCIAL SECURITY CARD - FOR EVERYONE IN THE HOUSEHOLD (COPIES WILL NOT BE ACCEPTED)**
- **PHOTO IDENTIFICATION - FOR EVERYONE 18 YEARS OF AGE AND OLDER (COPIES WILL NOT BE ACCEPTED)**

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.

IN ADDITION TO THE ITEMS ABOVE YOU WILL NEED:

- **LANDLORD NAMES & CONTACT INFORMATION FOR THE PAST 24 MONTHS**
- **Verification of ALL Income (Social Security Award Letter, Child Support, Public Aid, Pension/Retirement, Check Stubs, ect.)**
- **6 months of checking bank statements and 1 month of savings bank statements.**





**SPRINGFIELD
HOUSING
AUTHORITY**



200 North 11th Street, Springfield, IL 62703
Phone: 217.753.5757 | TTY: 217.753.5757 | Fax: 217.753.5799
www.springfieldhousingauthority.org

Changing lives one key at a time

Thank you for applying with the Springfield Housing Authority Public Housing Department. In order to process your application, you will need to furnish all of the information and/or documentation listed below as it pertains to your household. All applicants must submit a completed application packet and be interviewed by the Occupancy Specialist to be considered for housing.

BIRTH RECORD for all members of the household. **Original/Certified Documents.**

SOCIAL SECURITY CARD for all members of the household. **Originals Only.**

PICTURE ID for all members of the household over 18 years of age. **Originals Only.**

PROOF OF ASSETS

- Stocks, bonds, savings, real estate, checking, etc.
- Documentation as applicable to verify assets.

LANDLORD INFORMATION on **all** residences for the last **24 months**.

- Landlord(s) name and address to mail verification form.
- Dates of residency.
- Address(s) of all residences within 24 months.

PROOF OF INCOME for **all** members of the household.

- Employment information for all employed members of household.
- Employer(s) name and address to mail verification form.
- Current award letter and/or documentation of Pension, Social Security, SSI, Public Aid etc.
- Child support Verification/ copy of the most recent court order indicating amounts received.

OTHER DOCUMENTATION as applicable.

- Marriage license, divorce decree, custody papers, etc.

PRIVACY ACT/RELEASE OF INFORMATION AUTHORIZATION FORM

- Each family member over the age of 18 must sign a Privacy Act form.

CRIMINAL HISTORY BACKGROUND CHECK for all family members over 18 years of age.

- The analysis must be conducted through our office.
- Each family member 18 years of age or older must sign a release form.
- All adult family members must have **NO CRIMINAL CONVICTIONS** within the last 6 months.

NOTE: YOU MUST HAVE ALL OF THE ABOVE INFORMATION IN ORDER FOR YOUR APPLICATION TO BE ACCEPTED.

Applications are accepted on a walk-in basis Monday and Tuesday, 8:30 a.m. to 11:30 a.m. and 1:00pm-4:00pm. **No applications will be taken between 11:30-1:00 daily.** Please allow at least 30-45 minutes for the initial application interview. If you have any questions, please call the Affordable Housing Department at (217) 753-5757.

Assets:

Name of Bank: _____ Address: _____

Account Number: _____ Account Type: _____

Value of Account: \$ _____

Name of Bank: _____ Address: _____

Account Number: _____ Account Type: _____

Value of Account: _____

Net Family Assets:

Have you or your spouse disposed of "New Family Assets" for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding today's date? Yes No If yes specify: _____

Landlord Information – 24 Months:

	Address	Started - Ended	Utilities	Name & Address/Phone number of Landlord
Present				
Previous				
Previous				

Military Personnel Only:

Student Regular Retired Reserve TDY TDY Orders Attached National Guard

References:

Resident Number	Name	Address	Relationship	Phone Number

Warning – Section 1001 of title 18 of the United States code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I have read the above statement. The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the facts herein stated. I understand that this is not a contract and does not bind either party.

Applicant Signature

Date

SHA Representative Signature

Date

Do you claim any of the following preferences?

1. **Local Residency Preference:** Applicant households with a physical residence in Sangamon County Illinois, or in which the head or co-head is employed in Sangamon County at the time their application is submitted. Eligibility for Local Residency Preference must be demonstrated by having a physical residence within the jurisdictional area. This preference will be awarded to any applicant who can demonstrate that they are employed and working within Sangamon County at the time of their application. Physical residence shall be defined as a domicile with a mailing address, other than a post office box, for which the applicant can produce one or more of the following: a lease or a purchase agreement, utility bills showing the claimed residence address, or two pieces of first class mail addressed to a member of the applicant household at the claimed address. (25 points)

2. **Working Family Preference:** Applicant household where an adult member is currently, and has continuously been, gainfully employed for at least 12 months prior to the date of the household's application and has worked an average of at least 20 hours per week during that period. Eligibility for this preference will be re-assessed at the time that a housing offer is made as well as on an on-going basis to ensure that preference points are being awarded correctly. Proof of employment must be documented in writing by the employer in order to receive preference. (50 points)

3. **Elderly Household Preference:** Applicants where the head of household, spouse or sole member is age 62 or older at the time of application. (50 points)

4. **Disabled Family Preference:** Applicants where the head of household, spouse or sole member is a person with disabilities at the time of application. It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides. Proof of disability will be verified by receipt of either Social Security Insurance (SSI) or Social Security Disability (SSD) payments. (50 Points)

5. I do **NOT** qualify for any of the above preference points.

Signature of Applicant

____/____/____
Date

Signature of SHA Representative

____/____/____
Date

Landlord Information

Must include the last 24 months (dates must be consecutive)

Present Landlord:

Address	Dates you lived at the address		Name, Address and Phone number of landlord
	Month	Year	
	To		
	Month	Year	

Previous Landlord:

Address	Dates you lived at the address		Name, Address and Phone number of landlord
	Month	Year	
	To		
	Month	Year	

Previous Landlord:

Address	Dates you lived at the address		Name, Address and Phone number of landlord
	Month	Year	
	To		
	Month	Year	

Previous Landlord:

Address	Dates you lived at the address		Name, Address and Phone number of landlord
	Month	Year	
	To		
	Month	Year	

Previous Landlord:

Address	Dates you lived at the address		Name, Address and Phone number of landlord
	Month	Year	
	To		
	Month	Year	

ASSETS: If yes to any, list below:

- Do you or any household member own or have an interest in any rental an/or mobile home? _____ (yes/no)
- Have you sold any real estate in the last two years? _____ (yes/no)
- Do you have a savings account? _____ (yes/no) If yes, list bank name, account numbers and amounts. Bank Name _____ Bank Address _____
Account Number _____ Balance Amount \$ _____
- Do you own a car? _____ (yes/no)
Model/year _____ License Number _____
Do you own a second car? _____ (yes/no)
Model/year _____ License Number _____
- Does anyone outside your household pay for any of your bills or give you money? _____ (yes/no)
If yes, amount received \$ _____
How often received? _____
- Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? _____ (yes/no). If yes explain below:

- Have you or any member lived in Public Housing and/or Section 8? _____ (yes/no).
If yes, list where and when below:
Where: _____
When: _____
- Have you or anyone in your household ever been convicted of any crime other than traffic violations? _____ (yes/no) If yes, explain below and list the year below:

- Have you ever committed fraud in a Federally assisted housing program or been requested to repay knowingly misrepresented information for such housing program? _____ (yes/no)
If yes, Explain _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand changes in income of any member of the household as well as **ANY CHANGES** in the household members must be reported to the Housing Authority in writing **IMMEDIATELY!!!**

Signature of Head of Household Date Signature of Spouse Date

Signature of Other Adult Date Signature of Other Adult Date

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.



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



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i></p>	
	<p>Signature</p> <p>Printed Name</p>	<p>Date</p>

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.

DECLARATION OF CITIZENSHIP

PLEASE PROVIDE ALL INFORMATION REQUESTED AND RETURN TO:

SPRINGFIELD HOUSING AUTHORITY
200 N. 11TH STREET
SPRINGFIELD, IL 62703

PART 1: Applies to all family members

Each person who will benefit under the Public Housing Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Services.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

Consent to Verify Eligible Immigration Status
Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	I am a citizen or national of the U.S.	I am a noncitizen with eligible immigration status	Signature of Adult Listed to the Left or signature of Guardian for Minors	I am 62 years of age. You must provide proof of age.
_____	_____	OR	_____	X _____	_____
_____	_____	OR	_____	X _____	_____
_____	_____	OR	_____	X _____	_____
_____	_____	OR	_____	X _____	_____
_____	_____	OR	_____	X _____	_____
_____	_____	OR	_____	X _____	_____

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be 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. **NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.**

Part 2: Applies to Noncitizen Family Members Only

All Family Members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-688, temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document is one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

Please call INS at (312) 353-7334 to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, you family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigrations status.

Signature _____	Date _____		
First Name _____	Last Name _____	DOB _____	Alien Number _____
_____	_____	_____	_____
_____	_____	_____	_____

Evidence supplied with this form may be released by the housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Services for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

THINGS YOU SHOULD KNOW

Don't risk your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification 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

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:

- 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.

Your state and local governments may have other laws and penalties as well.

ASKING QUESTIONS

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something – SAY SO!!! That person can answer your questions or find out what the answer is.

COMPLETING THE APPLICATION

When you give your answer(s) to application questions, you must include the following information:

INCOME:

- All sources of money you and any family member receives (wages, TANF, 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, certificate of deposit, dividends from stocks, etc.)
- Earning from second job or part-time job
- Any anticipated income (such as a bonus or pay raise you expect to receive)

ASSETS:

- All bank accounts, savings bonds, certificates of deposit, stock, etc. that are owned by you and any adult member of your family who will be living with you.
- Any business or asset you sold in the last two years for less than its full value, such as your home to your children.

FAMILY HOUSEHOLD MEMBERS:

- The names of all of the people (adults and children) who will reside 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 everything is complete and accurate.
- When you sign 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 a private agency to verify that it is correct.

RECERTIFICATION

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 re-certify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last two (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 anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money 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 or your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD HOTLINE on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Rm 8254, 451 Seventh St SW; Washington, DC 20410

I hereby acknowledge that I have read this document.

Signature

____/____/____
Date



TO: Purchasers and Tenants of Housing Constructed Before 1978

If this building was constructed before 1978 there is a possibility that it may contain lead based paint!!!!

PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD PAINT POISONING!!!

The interior of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills and door frames. Lead based paint and primers may have also been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children.

Children may eat chips or chew on painted railings, window sills or other items when parents are not around. Children may also ingest lead even though they do not specifically eat paint chips. For example, when children play in an area where there are loose paint or dust particles containing lead, they may get these particles on their hands, put them in their mouths and ingest a dangerous amount of lead.

Has your child been especially cranky or irritable? Is he/she eating normally? Does your child have stomach aches and vomiting? Does he/she complain about headaches? Is your child unwilling to play? This may be signs of lead poisoning, although many times there are no symptoms at all. Lead poisoning can eventually cause mental retardation, blindness and even death.

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid program for those who are eligible.

Inform other family members and babysitters of the dangers of lead poisoning. You can safeguard your child from lead poisoning by preventing him or her from eating paint that contains lead.

Look at your walls, ceilings, door frames and windowsills. Are there places where the paint is peeling, flaking or chipping? If so, there are some things you can do immediately to protect your child:

1. Cover all furniture and appliances.
2. Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork and ceilings.
3. Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspapers. Put those packages in the trash can. **NO NOT BURN THEM.**
4. Do not leave paint chips on the floor. Damp mop the floors in and around the work area to remove all dust and paint particles. Keeping the floor clean of paint chips, dust and dirt is easy and very important.
5. Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

AS A RENTER: You should notify the management office immediately if the unit in which you live has flaking, chipping or peeling paint, water leaks from faulty plumbing or defective roofs. You should cooperate with the management office's efforts to repair any deficiencies and keep your unit in good shape. When lead-based paint is removed by scraping or sanding a hazardous dust is created which can enter the body either by breathing or swallowing the dust. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premise.

Remember that you as a parent play an important role in the prevention of lead poisoning. Your actions and awareness about the lead problem can make a big difference!

I have read and understand the above regarding Lead-Based Paint Poisoning.

Signature

Date



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RELEASE OF INFORMATION FOR CRIMINAL HISTORY BACKGROUND CHECK

Please furnish a criminal record check covering the last Six (6) months for any criminal convictions for the following person:

Last Name	First Name	Middle Initial
-----------	------------	----------------

List Any Alias/Maiden names: _____

Current Address:	Previous Address:
_____	_____
_____	_____
_____	_____

Date of birth: _____ SS#: _____

Gender: Male Female (circle one)

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

_____ Signature of Applicant	_____ Date
---------------------------------	---------------

Information released to the Springfield Housing Authority will be used for the program purpose only and should be returned to us in a sealed envelope.

_____ SHA Representative	_____ 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. 07/31/2021

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)

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(1)(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, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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PHA OFFICIAL'S STATEMENT AND CERTIFICATION

I/We certify that the information given to the Springfield Housing Authority by the household of _____ (applicant/tenant) on household composition, income, net family assets and allowances and deductions has been verified as required by Federal Law and as applicable with the Springfield Housing Authority's Admission and Continued Occupancy Plan and all other Housing Authority rules and regulations;

The family was eligible and/or ineligible at admission;

The family has certified that it has given our agency accurate and complete information.

I/We understand that false statements or information are punishable under Federal Law. I/We also understand that the false statements or information are grounds for termination of housing and termination of tenancy.

Applicant Signature

Date

SHA Representative

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national Toll-Free Hot Line at 800-424-8590. Within the Washington, D.C. Metropolitan Area, call 426-3500.

After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Family Report). See the Federal Privacy Act Statement for more information about this use.



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ADDITIONAL ADULT LIVING IN UNIT

The Springfield Housing Authority's Admissions and Continued Occupancy Plan (ACOP) states that no adult person(s) other than those listed on the lease and application shall live/stay in the unit other than on a temporary basis and/or not exceeding **ten (10) days** per 6 months or 20 days annually. This is to ensure that the Gross Family Contribution is accurate based on the total monthly income of that household unit.

If this situation should arise during the term of the lease, I agree to contact the Springfield Housing Authority with the additional information. I realize that failure to do this could result in an eviction, lifetime loss of the Public program, repayment of the rent and possible theft and fraud charges under State and Federal Law.

I understand the above statement. There is no adult living/staying in the unit now other than those whose name is on the application and lease. I agree to notify the Springfield Housing Authority if this should change.

Signature of Tenant

Date

SHA Staff Representative

Date



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Site Based Application Processing

Please print neatly in black or blue ink

Please read carefully

The Springfield Housing Authority maintains a site-based waiting list for each of its Asset Management Properties (AMP'S) and for its Homeownership Development's. Please indicate below what site-based waiting lists you would like to apply for so that we may offer you a unit that better meets your needs. Every applicant must still meet SHA's admissions screening criteria before being offered a unit. Site-based waiting lists will not have the purpose of effect of delaying or otherwise denying admissions to the program based on race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant's family.

Please read each item in its entirety to ensure you are being placed on the waiting list(s) of your choice. You may choose more than one waiting list.

I, _____ wish to be placed on the following list(s):

- AMP 1: All scattered site housing located North of South Grand Avenue.**
- AMP 2: All scattered site housing located South of South Grand Avenue.**
- AMP 3: The Hi Rises consist of two buildings throughout the city primarily serving elderly, near elderly and young disabled.**
- AMP 4: North Park Place: Located near and around Madison Park Place with a minimum income requirement of 32,000.00 – 68,000.00.**
- AMP 7: Genesis Place: Scattered Sites near and around Madison Park Place.**
- AMP 9: The Villas at Vinegar Hill is a mid-rise 92-unit development primarily serving the elderly, 62 years of age and older.**
- Homeownership: The homeownership units are located at Madison Park Place and Genesis Place and require income to qualify. A minimum income of \$24,000 for Madison Park Place, and a minimum income of \$29,600 at Genesis Place is required for the lease to purchase program.**



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CERTIFICATION OF INCOME

INSTRUCTIONS:

Any sources of income identified in this interview must be promptly verified and an interim reexamination must be processed according to SHA procedures. The Occupancy Specialist must also initiate action against the household for any violation of program rules revealed during this interview. When completed, the applicant/participant and the Housing Specialist must sign this certification in the spaces provided.

INTERVIEW QUESTIONS:

<u>INTERVIEW QUESTIONS:</u>	<u>YES</u>	<u>NO</u>
1. Is any member of your household employed full time, part-time, seasonally?	_____	_____
2. Does any member of your household expect to work for any period during the next twelve months?	_____	_____
3. Does any member of your household work for someone who pays them in cash?	_____	_____
4. Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?	_____	_____
5. Does any member of your household now receive, or expect to receive, unemployment benefits?	_____	_____
6. Does any member of your household now receive, or expect to receive, child support?	_____	_____
7. Is any member of your household entitled to child support that he/she is not now receiving?	_____	_____
8. Does any member of your household now receive, or expect to receive, alimony payments?	_____	_____
9. Is any member of your household entitled to alimony payments that he/she is not now receiving?	_____	_____
10. Does any member of your household receive, or expect to receive, welfare/public aid assistance?	_____	_____
11. Does any member of your household receive, or expect to receive, Social Security/ Supplemental Security Income (SSI) Benefits?	_____	_____

- | | <u>YES</u> | <u>NO</u> |
|--|-------------------|------------------|
| 12. Does any member of your household receive, or expect to receive, income from a pension, annuity, or retirement? | _____ | _____ |
| 13. Does any member of your household receive regular contributions or gifts from individuals not living in the unit or from any agencies? | _____ | _____ |
| 14. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property? | _____ | _____ |
| 15. Have you applied for all benefits you may be entitled to including general assistance? | _____ | _____ |
| 16. Do you need assistance in applying for or obtaining benefits? | _____ | _____ |
| 17. Is there anyone staying with you in your unit without approval? | _____ | _____ |
| 18. Who pays for your utilities?
_____ | | |
| 19. What funds do you use to pay for food and clothing?
_____ | | |
| 20. What funds do you use to pay for personal items (e.g., toiletries, cigarettes, school supplies, etc.)?
_____ | | |
| 21. What form of transportation do you use and how is it paid for?
_____ | | |

CERTIFICATIONS:

I certify that I have answered all the above questions fully and truthfully to the best of my knowledge. I understand my reporting requirements and I understand that failure to report all household income is a Federal Offense punishable by fines and imprisonment.

Head of Household Signature

Date

Spouse Signature

Date

Other Adult over 18 years of age

Date

Other Adult over 18 years of age

Date

I certify that I have asked any questions desirable to any answers the applicant/participant gave regarding this questionnaire and will promptly take action as described above.

Occupancy Specialist Signature

Date



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Landlord: _____ Applicant: _____

Address: _____ Address: _____

To the landlord:

The individual named above has applied with the Springfield Housing Authority and has authorized you to provide information regarding their tenancy at the following address:

What were the dates in which you rented to them? From: _____ To: _____

Number of delinquent payments: _____. There were _____ person(s) living in the dwelling.

Yes No

_____ Were their payments generally on time? If no, please give details: _____

_____ Is the applicant required to remain under a current lease agreement? If yes, please give expiration date: _____

_____ To the best of your knowledge, were their housekeeping practices acceptable? If no, please give details: _____

_____ Did they, in your opinion, create problems due to noise violent or disruptive behavior, etc? If yes please give details: _____

_____ Did they damage or abuse their apartment or other facilities? If yes, please give details: _____

_____ Did you, as an owner or agent, ever initiate legal action to terminate their tenancy or to collect rent? If yes, please explain: _____

Completed by: _____ Date: _____

Title: _____ Telephone Number: _____

I authorize the above information to be released to the Springfield Housing Authority for their exclusive use.

Applicant: _____ Date: _____

SHA Rep: _____ Date: _____



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PENSION VERIFICATION FORM

Attention: _____

From: _____
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
(217) 753- 5757 Ext. _____
Fax: (217) 753-5799

The applicant/tenant listed below has indicated to our office that they are receiving a pension from your company or firm.

Name: _____ Address: _____

S. S. Number: _____

Please verify the following information:

- Total gross pension amount received: \$ _____ per: _____
- Date began receiving pension: _____
- Medical/Medicare premium, if any, deducted from total amount listed above:
\$ _____
- Other: _____

Completed by: _____ Date: _____

Title: _____ Phone: _____

I hereby give authorization to release the information requested above,

Signature: _____ Date: _____

SHA Representative: _____ Date: _____



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ASSET VERIFICATION FORM

Attention: _____

From: _____
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
(217) 753-5757 Ext. _____
Fax: (217) 753-5799

The individual named above is a resident with the Springfield Housing Authority, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, assets, expenses and other information related to eligibility for the program and/or the amount of rent they would pay. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office at 753-5757.

Name: _____

Address: _____

S.S. Number: _____

Please supply the following information regarding the Market Value of the above individual's Funds and Certificates of Deposit. We also need the balance of his/her checking and savings accounts:

- Value of Fund portfolio: \$ _____
- Anticipated Yearly Dividends: \$ _____
- Checking Account Balance (Average 6 month balance): \$ _____ Interest Rate: _____
- Savings Account Balance (Current Balance): \$ _____ Interest Rate: _____
- Other: _____

Completed By: _____
Title: _____

Date: _____
Phone: _____

I hereby give authorization to release the information requested above.

Signature: _____
SHA Representative: _____

Date: _____
Date: _____

CHILD SUPPORT VERIFICATION

Attention: MRU
IDPA Child Support Enforcement
509 South 6th Street
Springfield, Illinois 62701
Phone: (217) 785-2952
Fax: (217) 558-4508 - Springfield, IL
(630) 221-2312 - Carol Stream, IL

From: _____
Springfield Housing Authority
200 North Eleventh
Springfield, Illinois 62703
Phone: (217) 753-5757 ext. _____
Fax: (217) 753-5799

The individual named below is an applicant/tenant with the Springfield Housing Authority, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. Thank you for your cooperation.

PLEASE PRINT

MUST BE COMPLETED BY ALL PERSONS WITH CHILDREN IN THE HOUSEHOLD

Name: _____ Address: _____

SS#: _____ DOB: _____

PLEASE FORWARD CHILD SUPPORT AMOUNTS RECEIVED BY THE ABOVE NAMED INDIVIDUAL.

I hereby give authorization to release the information requested above.

Client Signature

Date

SHA Representative Signature

Date

SPRINGFIELD HOUSING AUTHORITY
CERTIFICATION OF CHILD SUPPORT

The Springfield Housing Authority is required to verify the amount(s) of child support received and/or any amount(s) you are entitled to receive by order of the court. This applies to all individuals applying for and/or a tenant of Public Housing. Please complete the Section that applies to you:

SECTION I

I, the undersigned, do hereby certify that I receive and/or have an entitlement to receive child support by order of the court: (Please use separate form for each order/payee.)

From: _____ Address: _____
Name of Payer

Court Ordered in the amount of: \$ _____ weekly, biweekly, monthly (circle one).

For: _____
Name of Child

Signature of Applicant/Tenant

Date

SHA Representative

Date

SECTION II

I, the undersigned, do hereby certify that I do not receive child support and/or no court order(s) exist identifying entitlement to receive child support for the care of my dependent child(ren). Should I begin to receive, or if a court order is established, for child support at any time in the future, I understand that I am required to report this in writing to the Housing Authority.

Failure to report child support income will result in rent charged retroactively and could result in eviction from Public Housing.

Signature of Applicant/Tenant

Date

SHA Representative

Date

Warning: It is a criminal offense to make an intentionally false statement or misrepresentation to a United States Department or Agency.



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CHILDCARE EXPENSE VERIFICATION AND CERTIFICATION

From: _____

Childcare Provider's Name _____

Springfield Housing Authority

Provider's Address _____

200 North Eleventh Street

Springfield, Illinois 62703

(217) 753-5757 ext. _____

City _____ State _____ Zip _____

Fax: (217) 753-5799

Applicant/Tenant:

Name: _____

Address: _____

SS #: _____

Date of Birth: _____

_____ **I HAVE childcare expenses to report at this time.**

_____ **I DO NOT HAVE childcare expenses to report at this time.**

I hereby give authorization for the above named provider to release the information requested below.

Signature: _____ Date: _____

CHILDCARE PROVIDER PLEASE COMPLETE BELOW THIS LINE

The individual named is an applicant/tenant with the Springfield Housing Authority, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Please indicate how much and how often paid. Also, please exclude any amount(s) paid by another source.

- Amount applicant/tenant paid over previous 12-month period:
\$ _____ per _____ (week, month, year).
- Amount applicant/tenant is anticipated to pay over next 12-month period:
\$ _____ per _____ (week, month, year).
- Amount of co-pay applicant/tenant is anticipated to pay over the next 12-month period:
\$ _____ per _____ (week, month, year).

Completed by: _____ Date: _____

Title: _____ Phone: _____



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EMPLOYMENT VERIFICATION

Employer: _____

From: _____

Employer Address: _____

Springfield Housing Authority
200 North Eleventh Street
Springfield, IL 62703
(217) 753-5757 ext. _____
(217) 753-5799 Fax

Employer Phone: _____

Employer Fax: _____

Employee Name: _____

SS#: _____

Are you currently working? _____ yes _____ no

I hereby give authorization to release the information requested below.

Signature: _____

Date: _____

SHA Representative: _____

Date: _____

EMPLOYER, PLEASE COMPLETE BELOW THIS LINE

The applicant/tenant listed below has indicated to our office that they are or have been employed by your company or firm.

Please verify the following information:

- Current or last base pay rate: \$ _____ per _____ Overtime rate: \$ _____ per _____
- Average work hours each week straight time _____ Overtime _____
- Amount of bonus incentive pay, commission, and/or tips \$ _____ per _____
- Date employed or rehired (latest date) _____ Termination/Quit date _____
- Total gross earnings past 12 months: \$ _____
- If employed less than 12 months, gross earnings were \$ _____ through _____
- Employees title or occupation _____
- Other: _____

Completed by: _____ Date: _____

Title: _____ Telephone Number: _____



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MEDICAL EXPENSES VERIFICATION

Attention: _____

From: _____
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
217-753-5757 ext. _____
217-753-5799 Fax

Name: _____

SS#: _____

I hereby give authorization to release the information requested below.

Signature: _____

Date: _____

Sha Representative: _____

Date: _____

PROVIDER, PLEASE COMPLETE BELOW THIS LINE

The individual named below is an applicant/tenant with the Springfield Housing Authority, which is subsidized through the Department of Housing and Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Explanation of expenses needing verification:

- Amount applicant/tenant paid over the previous 12-month period, excluding any amounts paid by another source. \$ _____
- Amount applicant/tenant is anticipated to pay over the next 12-month period, excluding any amounts paid by another source. \$ _____
- Amount of insurance premium, excluding any amounts for life insurance, applicant/tenant is anticipated to pay over the next 12-month period. \$ _____
- Other: _____

Completed by: _____

Date: _____

Title: _____

Phone: _____



200 North 11th Street, Springfield, IL 62703
 Phone 217.753.5757 | TTY 217.753.5757 | Fax 217.753.5799
 www.springfieldhousingauthority.org

Changing lives one key at a time

**Social Security Administration
 3112 Constitution Drive
 Springfield, Illinois 62704**

RE: _____ SS#: _____

To Whom It May Concern:

The Springfield Housing Authority is a United States Government subsidized agency. We are required to verify the income of all members of families applying for admission as residents and to reexamine at least once a year the income of program participants. The laws under which this program is administered restrict program participation based on income limits and rents are based on the amount of total family income.

The person identified above informs us that he/she receives benefits through Social Security. Please furnish the Springfield Housing Authority with all the information requested on this form within the next ten (10) calendar days. This information will be held in confidence and used only for the purpose of determining eligibility status and rent of the family.

Please check all boxes that apply and enter the monthly amount received:

- Social Security Supplement: _____
- Medi-Care Payments: _____
- Monthly Social Security: _____
- Not Receiving Social Security: _____

Failure to respond within the ten (10) calendar days will jeopardize the family's participation in this federally subsidized program. Enclosed is a self-addressed stamped envelope. Thank you in advance for your prompt attention to this most important matter.

I hereby request the Social Security Office to release to the Springfield Housing Authority the required information relative to my income.

 Applicant/Tenant

 Date

 SHA Representative

 Date



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200 North 11th Street, Springfield, IL 62703
Phone 217 753 5757 | TTY 217 753 5757 Fax 217 753 5799
www.springfieldhousingauthority.org

Public Aid Verification

Illinois Department of Public Aid
600 E Ash St, building 500, 1st Floor
Springfield, Illinois 62703
(217) 782-0400

From: _____
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
(217) 753-5757 ext. _____
Fax: (217) 753-5799

The applicant/tenant listed below has indicated to our office that they receive assistance from your office.

Name: _____ Address: _____

SS #: _____

- Please verify the following information: Amount receives in cash (grant amount):
\$ _____ date began: _____
- Spend down amount: \$ _____ how many times met spend down in previous 12-month period

- Total number of family members reported: _____
- Please list all sources of income reported: _____ \$ _____ \$ _____
- Child support amount, if any, received: \$ _____ per _____
- Other: _____

I hereby give authorization to release the information requested above.

Signature: _____

Date: _____

SHA Rep.: _____

Date: _____



**SPRINGFIELD
HOUSING
AUTHORITY**



200 North 11th Street, Springfield, IL 62703
Phone 217 753 5757 | TTY 217 753 5757 | Fax 217 753 5799
www.springfieldhousingauthority.org

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IL DEPARTMENT OF EMPLOYMENT SECURITY VERIFICATION

Illinois Department of Employment Security
1300 S. 9th Street
Springfield, Illinois 62703
Fax #: (630) 495-8199

From: _____
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
(217) 753-5757 Ext. _____
Fax: (217) 753-5799

Applicant/Tenant Name _____ SS# _____

Do you currently receive Unemployment benefits? **yes** **no**

The individual named above is an applicant/tenant with the Springfield Housing Authority, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete your verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office.

I, _____ hereby authorize the release of the information listed below.

Signature: _____ Date: _____

SHA Rep: _____ Date: _____

EMPLOYMENT SECURITY AGENCY PLEASE COMPLETE BELOW THIS LINE

Awarded amount \$ _____ / _____ (week, month)

Beginning date of payments _____

Ending date of payments _____, if known

Is this client eligible for an extension of benefits? **Yes** **No**

Completed by: _____ Date: _____

Phone: _____ Ext. _____ Signature: _____



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AUTHORITY**



200 North 11th Street, Springfield, IL 62703
Phone 217.753.5757 | TTY 217.753.5757 | Fax 217.753.5799
www.springfieldhousingauthority.org

Changing lives one key at a time

SCHOOL ENROLLMENT VERIFICATION FORM

Attention: _____

From:
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703
(217) 753-5757 ext. 256
Fax: (217) 753-5799

The applicant/tenant listed below has indicated to our office that their child is a student in your school district.

Parent Name: _____

Student(s) Name: _____

Student(s) SS#: _____

Please verify the following information:

- Currently enrolled? _____ Yes _____ No
- Enrollment start date _____
- Students current address _____
- Other: _____

Completed by: _____ Date: _____

Title: _____ Phone: _____

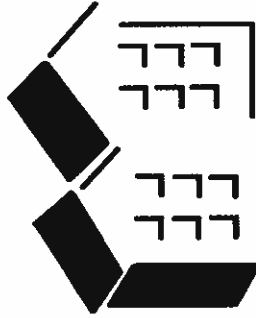
I hereby give authorization to release the information requested above.

Signature: _____ Date: _____

SHA Rep: _____ Date: _____



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/ocbes/programs/eiv/eiv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date