Winnebago County Housing Authority
A SMOKE FREE AGENCY
3617 Delaware Street, Rockford, IL
61102
(815) 963-2133

PRE-APPLICATION FOR HOUSING

Household Information

Head of household

Name_____Birthdate_____

Social Security Number_____Male____Female_____

Current Mailing Address

Street_____

City_____State_____Zip Code_____

Phone Number_____Can you receive text on this number? Yes or NO

Spouse/Cohead of household

Name_____Birthdate_____

Social Security Number_____Male____Female_____

Other Household members

Name_____Birthdate_____

Social Security Number_____Male____Female_____

Other Household members

Name_____Birthdate_____

Social Security Number_____Male____Female_____

Other Household members

Name_____Birthdate_____

Social Security Number_____Male____Female_____

Other Household members

Name_____Birthdate_____

Social Security Number_____Male____Female_____

Other Household members

Name_____Birthdate_____

Social Security Number_____Male____Female_____

Income Information

Please list all income for the household

Social Security?	Amount:	Frequency:
SSI?	Amount:	Frequency:
Pension/Annuity?	Amount:	Frequency:
Veterans Benefits?	Amount:	Frequency:
Disability?	Amount:	Frequency:
Unemployment?	Amount:	Frequency:
Workman's Compensation?	Amount:	Frequency:
TANF/Public Assistance/ Food Stamps?	Amount:	Frequency:
Employment?	Amount:	Frequency:
Do you receive Alimony?	Amount:	Frequency:
Do you receive Child Support?	Amount:	Frequency:
Military Pay?	Amount:	Frequency:
Net Income from Business?	Amount:	Frequency:
Contributions from friends/relatives?	Amount:	Frequency:
Income from Assets?	Amount:	Frequency:
Other Income?	Amount:	Frequency:
**Grants or Scholarships	Amount:	Frequency:

** Only count income in excess of the amounts received for tuition

The following will be used to determine your preliminary preference point determination. Preference points are initially assigned based on your application self-certification. At a later time, we will require independent verification of the factors that qualify you for each preference prior to providing any housing assistance. Please place a check mark by each preference point you are claiming.

____Winnebago Residency (You have lived in Winnebago County for the immediate and consecutive past ninety calendar days)

____Stephenson Residency (You have lived in Stephenson County for the immediate and consecutive past ninety calendar days)

____Carroll County Residency (You have lived in Carroll County for the immediate and consecutive ninety days)

____Elderly (Head of Household or spouse is over 62)

____Disabled (Head of Household or spouse meets the HUD/Social Security definition of disability)

____Working (Head of Household or spouse are currently working at least 20 hours per week.)

____Veteran (You are a veteran or a surviving spouse of a veteran).

_____VAWA (You are a victim of violence in reference to the Violence against Women's Reauthorization Act of 2013)

____Nursing Home Resident, for the immediate and consecutive past ninety calendar days, who resides in a state-licensed nursing home and is eligible for discharge.

____You were in the custody of the child welfare system on or before your 18th birthday but have not yet reached the age of 24

___Family has been terminated from a (HUD) HCV program due to insufficient program funding. The applicant must provide documentation that the loss of assistance has taken place within the past 5 years

The following information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname.

_____I do not wish to furnish this information Ethnicity of Applicant (A) or Co-Applicant (C) _____Hispanic or Latino _____Not Hispanic or Latino	Race/National Origin of Applicant (A) or Co-Applicant (C) _____American Indian/ Alaskan Native _____Asian _____Black or African American _____Native Hawaiian or other Pacific Islander _____White

The Occupancy Standards are as follows: Please read before checking your preferences

We will assign one bedroom for each two persons within the household, except in the following circumstances: Persons of the opposite sex (other than spouses, and children under the age of 5)

- Persons of different generations will not be required to share a bedroom
- Single persons families will be allocated a

one-bedroom The maximum number of persons per unit size is as follows (general) * May Vary

- 1 Bedroom = up to 2 persons
- 2 Bedroom = up to 4 persons
- 3 Bedroom = up to 6 persons

*We will consider granting exceptions to the occupancy standard upon your written request if we determine the exception is justified by the relationship, age, sex, health or disability of family members, or other personal circumstances.

Please mark all programs/complexes that you wish to be on the waitlist. You will only be placed on waitlists that are open, and you qualify for by occupancy standards

Community Programs – Please check the availability of community programs. If a waitlist is closed, you will not be added to that waitlist and will have to reapply when it is open.

Rental Housing Support Program

— Winnebago County
2 and 3 bedrooms

__Carroll County- Shimer Square
1 and 2 bedrooms

— Village Green Apartments (Mount Morris, IL) 1 bedroom - 62 or older only

— Valley View Apartments (Rockford, IL)
Studio - 1 bedroom and 62 or older only

— Grand Apartments (Rockford, IL)
Studio Only

___Skyrise Apartments (Rockford, IL)
Studio- 1 bedroom and 55 or older only

Winnebago County Housing Authority

Programs-

1- bedroom
____Collier Garden Apartments

2- bedroom
____Collier Garden Apartments

4- bedroom
____Champion Park Homes

5- bedroom
____Champion Park Homes

Stephenson County Housing Choice

Efficiencies
___Westport Village (Freeport, IL)

1- bedroom
___Brewster/Hosmer (Freeport, IL)
___Westport (Freeport, IL)

2- bedroom
___Westport (Freeport, IL)1

3- bedroom
___Westport (Freeport, IL)

This institution is an equal opportunity provider and employer.

Your application will be reviewed, and a preliminary assessment will be made of your eligibility. Your name will be placed on the waiting list unless it is determined that you are ineligible. If you are determined to be ineligible, you will be notified in writing.

Placement on the waiting list does not indicate that you are eligible for admission. A final determination of eligibility and qualification for preferences will be made when you are selected from the waiting list.

Your name will be placed on the waiting list according to preference and the date and time your complete application is received.

Your application will be assigned a place on the waiting list according to the bedroom size for which you qualify. You may also request to be placed on the waiting list for a unit size smaller than designated by the occupancy guidelines as long as the unit is not overcrowded according to standards. However, in this case, you must agree not to request a transfer for two years after admission, unless you have a change in family size or composition.

It is your responsibility to notify us in writing of any changes of address, phone number, employment,

income, or household size.

Current and previous landlords will be contacted and a credit check, criminal background and se offender check will be performed on **all** adult household members.

Lying or deliberates omission of relevant information from the application may result in rejection of the application.

When you have been selected from the waiting list, you will be notified by mail. The notice will include a date, time, and location for an application interview, including procedure to reschedule the interview. If a notification letter is returned with no forwarding address, you will be removed from the waiting list without further notice.

If you miss a scheduled interview, we will send another notification letter with a new interview appointment time. If you fail to attend the second interview without approval, your application will be made inactive.

At any point in the verification process if a negative verification report is received, the application process will be discontinued, and you will be notified in writing that your application have been denied. Otherwise, when all of the verifications are received, eligibility will be determined. When a vacancy becomes available, you will be notified that you have been accepted for occupancy or rejected in writing.

APPLICANT CERTIFICATION

I certify that the information given to the Winnebago County Housing Authority (PHA) on family composition and characteristics, income, assets, and expenses, is accurate and complete.

I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance.

I understand that any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is crime under:

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IF GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

_____ _____

SIGNATURE OF HEAD OF HOUSEHOLD DATE

OMB Control #2502-0581
Exp.(02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other:_____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant	**Date**