



**Montgomery County
Housing Authority**
216 Shelbyville Road, P.O. Box 591
Hillsboro, Illinois 62049
(217) 532-3672 ext. 221
Office Hours: Monday thru Friday,
8 a.m. to 4:30 p.m.

Call to schedule
interview
appointment!
Do NOT MAIL!

Montgomery County Housing Rental Assistance Application

This information is to assist you in preparing for your intake interview to apply for Public Housing, Section 8 and LIHTC Programs with the Montgomery County Housing Authority.

Bring the following documentation with you when you come in for your interview:

1. Completed Application (**All sections of this application MUST be completed. If not, it will be considered incomplete and it will NOT be accepted.**)
2. **Certified** Birth Certificates and Social Security Cards for each member who will reside in the household. Photo ID for all household members over 18.
3. Check all income information that applies to you below. You **MUST** provide the Names & Address along with the amount received from all that apply to you!

<input type="checkbox"/> Wages	<input type="checkbox"/> Overtime Pay	<input type="checkbox"/> Commissions	<input type="checkbox"/> Military Pay
<input type="checkbox"/> Fees	<input type="checkbox"/> Bonuses	<input type="checkbox"/> Tips	<input type="checkbox"/> TANF
<input type="checkbox"/> Dividends	<input type="checkbox"/> Rental Property	<input type="checkbox"/> Interest Income	
<input type="checkbox"/> Social Security	<input type="checkbox"/> SSD	<input type="checkbox"/> Annuities	
<input type="checkbox"/> Pensions	<input type="checkbox"/> Alimony	<input type="checkbox"/> Child Support	
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Worker's Comp.	<input type="checkbox"/> Severance Pay	
<input type="checkbox"/> SSI	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Relocation Payments	
4. Assets: Name and Addresses of bank or financial institutions where you have checking accounts, savings accounts, CD's or any other investments including stocks or bonds, IRA's, etc.
5. Proof of value for ALL real estate: Provide appraisal and proof of any money owed. If Contract for Deed (contract).
6. Child Care Expenses: Name and address of childcare provider. We can only count if paid by you and any agency or person does not reimburse you. (For Public Housing and Section 8 Programs ONLY)
7. Complete Landlord names and addresses for the last 3 years, as well as accurate addresses where you resided during the same time period.
8. Documentation supporting name changes; i.e. marriage certificates, divorce decrees, as well as child custody documentation

Disabled or Elderly:

1. Medical - Names & Addresses of all Medical providers for proof of out-of-pocket expenses.
2. Medical Insurance - Payment Verification
3. Prescriptions - Name & Address of pharmacy for verification purposes

Please be aware that ALL above documentation, which pertains to your situation, **MUST** be received at the time of application. If not, your appointment will be rescheduled. **EVERY** adult member (anyone over 18) of the household **MUST** be present at the time of the interview.



NO SMOKING POLICY



Effective June 1, 2017, smoking or tobacco use will be prohibited in all property owned by Montgomery County Housing Authority. The Smoke Free Policy is intended to improve the quality of air and then safety of residents, guests, and employees.

Public Housing

Section 8



Location Preference (please check all that apply)

Litchfield: **Ash Arnett (0-2 BR)** **Kirk Terrace (1-4 BR)**

*Pets allowed with
Approved Pet Permit*

Taylor Springs (1 BR) **Coffeen (1 BR)** **Raymond (1 BR)**

Tax Credit



Location Preference (please check all that apply)

No Pets Allowed

Litchfield: **Freedom Place I & II Homes (2-3 BR)**

Hillsboro: **Liberty Sub-Division (2-3 BR)**

Golden Oaks Senior Homes



Location Preference (please check all that apply)

*Pets allowed with
Approved Pet Permit*

Litchfield (1 BR) **Hillsboro (1 BR)**
(All household members **MUST** be 62 or older)

Montgomery County Senior Homes



Location Preference (please check all that apply)

*Pets allowed with
Approved Pet Permit*

Hillsboro (1-2 BR) **Nokomis (1-2 BR)** **Witt (1-2 BR)**

The Hills

Hillsboro (1-4 BR)



*Pets allowed with
Approved Pet Permit*

Brown Shoe Loft Apartments

Litchfield (2-3 BR)



No Pets Allowed

PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Legal Name of Head of Household: _____
2. Social Security # _____ 3. Alien Registration # _____
4. Current Address: Street _____
City/State/Zip _____
5. Mailing Address (if different from above): Street/PO Box _____
City/State/Zip _____
6. Most Recent Previous Address: Street _____
City/State/Zip _____
7. Phone: Home #: _____ Cell Phone #: _____ Work #: _____
8. Email Address: _____
9. Date of Birth: _____ Gender(Male/Female)(Optional) _____
10. Citizenship: Are you a citizen of the United States? (Yes / No) _____
11. Do you or any member of your household claim any type of disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit, or specific housing needs? (Yes/No) _____ If yes, please describe: _____

12. Marital status of Head of Household:
Married _____ Single _____ Widow(er) _____ Divorced** _____
- Marital status of other Household Adults:
Married _____ Single _____ Widow(er) _____ Divorced** _____
- Marital status of other Household Adults:
Married _____ Single _____ Widow(er) _____ Divorced** _____
- ** If divorced, a copy of divorce decree is required before admission
13. Current Spouse's Name: _____

14. List names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you:

1. Contact Name:	2. Contact Name:
Address:	Address:
Telephone Number:	Telephone Number:

15. Have you or any household member ever received any type of housing assistance? (Yes/No) _____

If Yes, provide: Household Member Name: _____

Public/Assisted Housing Agency Name _____

Agency Address: _____

What year(s)? _____ Who was the Head of the Household? _____

16. Do you currently owe any money to any Public or Assisted Housing Agency? (Yes/No) _____

If yes, amount: \$ _____

Name of Public/Assisted Housing Agency: _____

Address of Agency: _____

17. Have you or any household member ever used a name other than the one you are using now? For example: Previous Married, maiden, or adopted names: (Yes/No) _____

If yes, please explain: _____

18. Have you ever used a social security number other than the one you listed on page 1 of this form? (Yes/No) _____ If yes, what is the other number? _____

19. Do you anticipate any additions to the household in the next twelve (12) months? (Yes/No) _____

If Yes, please explain: _____

20. LIST ALL MEMBERS WHO WILL BE LIVING IN THE UNIT

	Member's Full Legal Name	Relationship to Head	Birth Date	Age	Gender M / F (Optional)	Race Code	Ethnicity Code	Disabled Y/N	SSN	US Citizen Y / N
Head (1)		Head								
2										
3										
4										
5										
6										
7										

If there are any additional household members check here _____ and attach a separate page with application.

Race Code			
1	White		
2	Black/African American		
3	American Indian/Alaska Native	Ethnicity Code	
4	Asian	1	Hispanic or Latino
5	Native Hawaiian / Other Pacific Island	2	Non-Hispanic or Latino

21. Are any family members temporarily absent from the home? (Yes/No) _____

If Yes, state the reason they are absent: _____

22. Full Time Students: List the household member name, and school name, address and telephone # of all household members who are attending school full-time:

a. Name of Household Member:	
School Name:	
School Address:	
School Telephone Number:	
b. Name of Household Member:	
School Name:	
School Address:	
School Telephone Number:	
c. Name of Household Member:	
School Name:	
School Address:	
School Telephone Number:	
d. Name of Household Member:	
School Name:	
School Address:	
School Telephone Number:	

23. For all household members that are not United States citizens, provide the following information:

a. Name of Household Member:	
Alien Registration #:	
b. Name of Household Member:	
Alien Registration #:	

PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities.

1. Are you or any member of your family currently using an illegal substance? (Yes/No)_____
2. Have you or any household member ever been arrested and/or convicted of any crime other than traffic violations? (Yes/No)_____ If yes, provide the following information:

When: _____ For what reason: _____

3. Have you or any household member ever been evicted from Public or Assisted Housing? (Yes/No)_____ If yes, provide the following information:

When: _____ For what reason: _____

Name of Household Member: _____

Name of Public /Assisted Housing: _____

4. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (or speed)? (Yes/No) _____ If yes, provide the following information:

Name of Household Member: _____

5. Are you or any household member subject to lifetime registration as a sex offender? (Yes/No) ____ If yes, provide the following information:

Name of Household Member: _____

6. Are you or any household member persons who abuse or show a pattern of abuse of alcohol? (Yes/No) ____ If yes, provide the following information:

Name of Household Member: _____

Is household member currently enrolled in a treatment program? (Yes/No) _____

If yes, please describe _____

PART C: INCOME INFORMATION (This part applies to all household members, including minors)

1. Have any ADULT household members been employed in the previous twelve (12) months?
(Yes/No)_____

If yes, provide the name of the employer with dates as to when the employment occurred:

2. Work full time, part-time, or seasonally – including wages, fees, tips, bonuses, money for services?
(Yes/No)_____ If yes, provide the following information:

Name of Household Member	Employer Name / Address	Employer Telephone #
a.		
b.		
c.		
d.		

3. Any household member work for someone who pays cash? (Yes/No) _____
If yes, provide the following information:

Name of Household Member	Employer Name & Address	Employers Telephone Number
a.		
b.		

4. Does any household member receive unemployment benefits, workers compensation, or severance pay? (Yes/No) _____ If yes, provide:

Household Member Name: _____

Type of Benefit: _____ Amount: \$ _____

Employer Name and Address: _____

5. Does any household member receive child support from the child support recovery unit?

(Yes/No) _____ If yes, provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		\$
b.		\$
c.		\$

6. Does any household member receive child support directly from the absent parent?

(Yes/No) _____ If yes, provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		\$
b.		\$
c.		\$

7. If not currently receiving child support, is any household member entitled to it? (Yes/No) _____

If yes, provide the amount you are entitled to receive: \$ _____

8. Is any household member entitled to receive or currently receiving alimony? (Yes/No) _____

If yes, provide: Household Member Name: _____ Amount: \$ _____

Former Spouse Name: _____

9. Does any household member receive public assistance (TANF), Medical Card, or Food Stamps?

(Yes/No.) _____ If yes, provide Household Member Name: _____

10. Does any household member receive Social Security or SSI benefits? (Yes/No.) _____

If yes, attach a copy of the award letter to this application and provide:

Household Member Name: _____ Amount: \$ _____

Social Security number benefits are received under: _____

11. Does any household member receive Veteran's Benefits? (Yes/No.) _____

If yes, attach a copy of the award letter to this application and provide:

Household Member Name: _____ Amount: \$ _____

Claim number benefits are received under: _____

- 12.** Does any household member receive income from a pension or annuity? (Yes/No) _____
 If yes, provide:
 Household Member Name: _____ Amount: \$ _____
 Type of Pension/Annuity: _____ Claim #: _____
 Address of Pension/Annuity _____
- 13.** Does any household member receive regular contributions from organizations or from individuals not living in the unit? (Yes/No) _____ If yes, provide:
 Household Member Name: _____ Amount: \$ _____
 Name and Address of Contributing Organization or Individual: _____

- 14.** Did any household member file a Federal Income Tax Return last year? (Yes/No) _____
 (If Yes, attach a copy of the tax return to this application.)
- 15.** Does any household member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property? (Yes/No) _____ If yes, provide:
 Household Member Name: _____
 Type of Asset: _____ Amount of Income/Interest Received: \$ _____
- 16.** Do any household members own a business or are self-employed? (Yes/No) _____
 If yes, provide:
 Household Member Name: _____
 Business Name: _____ Business Address: _____

- 17.** Does any household member receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units)? (Yes/No) _____ If yes, provide:
 Household Member Name: _____ Amount: \$ _____
 Source of Pay/Allotment: _____

18. Does any household member receive money to pay bills from someone outside of your household? (Yes/No) _____ If yes, provide:

Household Member Name: _____ Amount: \$ _____

Name & address of party paying the bills: _____

PART D: ASSETS

1. Does any household member own or have an interest in any property (real estate, mobile home, and/or land)? (Yes/No) _____ If yes, provide:

Household Member Name: _____

Real Estate Address: _____ Value \$ _____

Mortgage or outstanding loans balance due: \$ _____

2. Has any household member sold or given away any property (real estate, mobile home, and/or land) in the last two years? (Yes/No) _____ If yes, describe below:

3. Have you disposed of any other assets in the last two years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? (Yes/No) _____ If yes, describe the asset:

Date of disposition: _____ Amount Disposed: \$ _____

4. Does any household member own any stocks or bonds? (Yes/No) _____ If yes, describe below:

5. Where do all household members bank? Provide all information below:

Name of Household Member	Bank Name & Address	Type of Account	Account Number
a.			#
b.			#
c.			#
d.			#

6. Does any household member have any prepaid or reloadable money/debit cards?
 (Yes/No) _____ If yes, please describe: _____

7. Does any household member have any savings certificates, money market funds, or trust funds?
 (Yes/No) _____ If yes, please describe: _____

8. Does any household member have any type of retirement account (Company, IRA, Keogh)?
 (Yes/No) _____ If yes, please describe: _____

9. Does any household member have any inheritances, lottery winnings, or lump sum payments?
 (Yes/No) _____ If yes describe: _____

10. Does any household member have any life insurance policies? (Yes/No) _____ If yes, provide:

Name of Household Member	Insurance Agency Name & Address	Policy Number	Amount or Cash Value
a.			\$
b.			\$
c.			\$

PART E: EXPENSES

1. Does any household member have expenses for child care of a child aged 12 or younger?
 (Yes/No) _____ If yes, provide:

Minor's Name	Childcare Provider Name & Address	Provider Telephone Number	Monthly Cost Paid by you for Childcare
a.			\$
b.			\$
c.			\$
d.			\$

2. Is any portion of your child care expenses reimbursed from an outside agency or person?
 (Yes/No) _____

3. Indicate the dollar monthly expenditures for your household below:

Rent: \$	Phone: \$	Medical: \$	Credit Card: \$
Electric: \$	Car Payment: \$	Cable: \$	Credit Card: \$
Gas: \$	Car Insurance: \$	Insurance: \$	Loan: \$
Water: \$	Child Care: \$	Rentals: \$	Loan: \$
Other (Specify)			\$
Indicate in this space any of the above that are delinquent or not paid current:			

4. Do you pay a care attendant or for any equipment for any household member(s) with disabilities that is necessary to permit that person or someone else in the household to work? (Yes/No) _____
 If you do pay a care attendant, provide:

Care Attendant Name	Care Attendant Address	Care Attendant Telephone #
a.		

What is the monthly cost to you for the care attendant and/or the equipment? \$ _____

ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions ONLY if the head of household or spouse or co-head is 62 years of age or older, and/or if the head or spouse or co-head is a person with a disability.

1. Do you have Medicare? (Yes/No) _____ If yes, what is your monthly premium? \$ _____

2. Do you pay for any other kind of medical insurance? (Yes/No) _____ If yes, provide:

	Policy Number:	Policy Number:
Insurance Agent's Name:		
Name of Insurance Company:		
Address:		
Telephone Number:		
Monthly Premium Amount:	\$	\$

3. Do you have any outstanding medical bills that you are paying? (Yes/No) ____ If yes, provide:

Name of Provider	Address of Provider	Telephone Number:
a.		
b.		

4. Do you expect to incur additional medical expenses in the next 12 months that will not be covered by insurance? (Yes/No) ____ If yes, list anticipated medical expenses not covered below:

PART F: HOUSING HISTORY

1. Do you rent or own? _____ Number of bedrooms in current unit: _____

2. If owned, do you receive monthly rental income from the property? \$ _____

3. Name, address and telephone number of your current landlord: _____

4. Name, address and telephone number of your prior landlord if you have resided at your current address less than three years: _____

5. What is the total monthly rent of your unit? \$ _____

What amount do you pay monthly for rent? \$ _____

6. Indicate the type of housing you currently occupy: House ____ Apartment ____
Mobile home ____ Other (specify) _____

7. In your opinion is your present home decent, safe and sanitary? (Yes/No) ____ If no, why not?

8. Do you intend to remain in this unit if your Section 8 rental assistance is approved? (Yes/No) ____
If no, why not? _____

PART G: VEHICLE INFORMATION (If applicable)

List any cars, trucks or other vehicles owned. Parking permits will be provided for one (1) vehicle per licensed driver in the household. Maximum of two permits allowed unless approved by Management.

Type of vehicle: _____ License Plate #: _____

Year / Make of vehicle: _____ Color: _____

Type of vehicle: _____ License Plate #: _____

Year / Make of vehicle: _____ Color: _____

ONLY to be completed if Applying for: Liberty Homes or Freedom Place Homes:

Credit Reference #1: _____

Address: _____

Account Number #: _____ Phone Number #: _____

Credit Reference #2: _____

Address: _____

Account Number #: _____ Phone Number #: _____

Credit Reference #3: _____

Address: _____

Account Number #: _____ Phone Number #: _____

Personal Reference #1: _____

Address: _____

Relationship: _____ Phone Number #: _____

Personal Reference #2: _____

Address: _____

Relationship: _____ Phone Number #: _____

Personal Reference #3: _____

Address: _____

Relationship: _____ Phone Number #: _____

Have you ever filed for Bankruptcy? (Yes/No) _____ If yes, please describe:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than correspondence school) with regular faculty and students: (Yes/No) _____

If yes, Answer all of the following questions:

Are any full-time student(s) married and filing a joint tax return? (Yes/No) _____

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? (Yes/No) _____

Are any full-time student(s) a TANF or Title IV recipient? (Yes/No) _____

Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return? (Yes/No) _____

APPLICANT/PARTICIPANT CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable under Federal Law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

I certify that the information given to the Montgomery County Housing Authority (PHA) on household composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that I am required to report in writing all changes in household composition, income, assets, and expenses of any household member(s) to the Montgomery County Housing Authority (PHA) within thirty (30) days of the change. I understand that all changes in household composition due to birth, adoption, or court awarded custody must be reported in writing to the Montgomery County Housing Authority (PHA) within thirty (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Montgomery County Housing Authority (PHA) and my landlord. I understand that any attempt to obtain Public Housing, 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 a crime under: **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.**

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Other Household Adult: _____ Date: _____

DO NOT WRITE IN THIS SPACE – FOR MONTGOMERY COUNTY HOUSING AUTH. ONLY:

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Head of Household/Spouse and myself.

Signature of MCHA Representative: _____ Date: _____

Time: _____

