



MONTGOMERY COUNTY HOUSING AUTHORITY

216 Shelbyville Road, P.O. Box 591 Hillsboro, IL 62049

WAITING-LIST UPDATE FORM

Please complete all sections of this form to update your application.

PLEASE PRINT

Name: (Head of Household)		Social Security Number:	
Street Address:		City, State ZIP:	
Home Phone #:	Cell Phone #:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Email Address:			

ACCOMMODATION REQUEST

<input type="checkbox"/> NO	I am <u>not</u> requesting accommodations due to a disability.
<input type="checkbox"/> YES	I am requesting accommodations due to a disability, as described below.
<u>Requested Accommodation:</u> <input type="checkbox"/> None <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ground Floor <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Other	
Description of how requested accommodation relates to disability.	

FAMILY MEMBER INFORMATION

(List only persons who will live with you if you receive housing assistance.)

Member Number	Name	SS Number (Required)	Date of Birth	Sex	Relation to Head of Household	Monthly Income	Income source
1	Head of Household from above	From above					
2							
3							
4							
5							
6							
7							

If the head of household or co-head is employed, where is your employer located?

City _____ State _____

INCOME LIMITS - ALL PROGRAMS - EFFECTIVE April 18, 2022

I certify that the total annual income for my household is:

Extremely Low

Very Low

Low

Persons in Household	Extremely Low Income	Very Low Income	Low Income
1	\$0 - \$19,950	\$19,951 - \$33,250	\$33,251 - \$53,150
2	\$0 - \$22,800	\$22,801 - \$38,000	\$38,001 - \$60,750
3	\$0 - \$25,650	\$25,651 - \$42,750	\$42,751 - \$68,350
4	\$0 - \$28,450	\$28,451 - \$47,450	\$47,451 - \$75,900
5	\$0 - \$32,470	\$32,471 - \$51,250	\$51,251 - \$82,000
6	\$0 - \$37,190	\$37,191 - \$55,050	\$55,051 - \$88,050
7	\$0 - \$41,910	\$41,911 - \$58,850	\$58,851 - \$94,150
8	\$0 - \$46,630	\$46,631 - \$62,650	\$62,651 - \$100,200

Which of the following Housing Programs are you applying for?

A. The Section 8 Housing Choice Voucher Program?

Yes / **No**

B. One or more site-based locations noted below?

Yes / No

SITE-BASED APPLICATION PROCESSING

Montgomery County Housing Authority operates federally assisted housing in numerous locations. Please do not indicate sites you will not live in. Each site is a separate waiting list and is not affected by how many sites you sign-up for. Please apply only for locations you will accept a unit, if offered.

<u>Location</u>	<u>Development</u>	<u>Eligible Household Type</u>	<u>Do you want to be on the waiting list for this location?</u>	
Coffeen	Carlock (1BR)	Family	Yes	No
Hillsboro	Golden Oaks (1 BR)	Senior	Yes	No
Hillsboro	Liberty Homes (2-3 BR)	Family	Yes	No
Hillsboro	MCSH Bluff (1-2 BR)	Family/Eldery Preference	Yes	No
Hillsboro	The Hills (1-4 BR)	Family	Yes	No
Litchfield	Ash Arnett (0-2 BR)	Family	Yes	No
Litchfield	Brown Shoe Lofts (2-3 BR)	Family	Yes	No
Litchfield	Freedom Place Homes (2-3 BR)	Family	Yes	No
Litchfield	Freedom Place II Homes (2-3 BR)	Family	Yes	No
Litchfield	Golden Oaks (1 BR)	Senior	Yes	No
Litchfield	Kirk Terrace (1-4 BR)	Family	Yes	No
Nokomis	MCSH Nokomis (1-2 BR)	Family/Eldery Preference	Yes	No
Raymond	Graham (1BR)	Family	Yes	No
Taylor Springs	Cobetto (1 BR)	Family	Yes	No
Witt	MCSH Witt (1-2 BR)	Family/Eldery Preference	Yes	No

* The following definitions apply to household types:

- Family General occupancy
- Senior Occupancy limited to persons age 62 or older
- Family/Elderly Preference Persons 62 or older first preference, 55-61 second preference, under 55 general occupancy

Additional information regarding specific location, unit distribution, waiting list, amenities and directions for the housing locations is located on our website.

WARNING

TITLE 18, SECTION 1001 OF THE U. S. 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 U.S. OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

Please sign here: _____ Date: _____
Signature of Head of Household