



**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 4:00 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**

(Water/Trash included)

☐ **Section 8**

**Location Preference (please check all that apply)**

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

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



*Pets allowed with  
Approved Pet Permit*

☐ **Tax Credit**

(Tenant Responsible for ALL Utilities)

**Location Preference (please check all that apply)**

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

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



*Pets allowed with  
Approved Pet Permit*

☐ **Golden Oaks Senior Homes**

(Water/Trash included)

**Location Preference (please check all that apply)**

☐ **Litchfield (1 BR)** ☐ **Hillsboro (1 BR)**

**(All household members MUST be 62 or older)**



*Pets allowed with  
Approved Pet Permit*

☐ **Montgomery County Senior Homes**

(Water/Trash included)

**Location Preference (please check all that apply)**

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



*Pets allowed with  
Approved Pet Permit*

☐ **The Hills**

(Water/Trash included)

**Hillsboro (1-4 BR)**

☐ **Veteran**



*Pets allowed with  
Approved Pet Permit*

☐ **Brown Shoe Loft Apartments**

(Water/Trash included)

**Litchfield (2-3 BR)**



*Pets allowed with  
Approved Pet Permit*

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**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:

<b>1. Contact Name:</b>	<b>2. Contact Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone Number:</b>	<b>Telephone Number:</b>

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	US Veteran 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 (**including K-12**):

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

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

<b>a. Name of Household Member:</b>	
Alien Registration #:	
<b>b. Name of Household Member:</b>	
Alien Registration #:	

**24.** List ALL states where ALL household members have ever lived: \_\_\_\_\_

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25. List ALL pets that will reside in the unit (pending pet policy approval): \_\_\_\_\_

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**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, including but not limited to marijuana? (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 \_\_\_\_\_

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**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, seasonally, or contractually – including wages, tips, bonuses, money for services, Door Dash, Spark, Uber, etc.? (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. Did any household member receive or will receive a 1099? (Yes/No) \_\_\_\_\_

If yes, provide the following information:



6. 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.		\$

7. 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.		\$

8. 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: \$ \_\_\_\_\_

9. Is any household member entitled to receive or currently receiving alimony? (Yes/No) \_\_\_\_\_

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

Former Spouse Name: \_\_\_\_\_

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

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

11. 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: \_\_\_\_\_

12. 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: \_\_\_\_\_

**13.** 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 \_\_\_\_\_

**14.** Does any household member receive regular contributions from organizations or from individuals (including family and/or friends) not living in the unit? (Yes/No) \_\_\_\_\_ If yes, provide:

Household Member Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name and Address of Contributing Organization or Individual: \_\_\_\_\_

\_\_\_\_\_

**15.** Did any household member file a Federal Income Tax Return last year? (Yes/No) \_\_\_\_\_

**16.** 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: \$ \_\_\_\_\_

**17.** Do any household members own a business or are self-employed? (Yes/No) \_\_\_\_\_

If yes, provide:

Household Member Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

**18.** 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: \_\_\_\_\_

19. 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: \_\_\_\_\_
20. Do you anticipate any changes to income? If yes, explain: \_\_\_\_\_

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**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 (including Chime, Cash App, Venmo, etc.) ? 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.			\$

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## 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:

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

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:

<b>Care Attendant Name</b>	<b>Care Attendant Address</b>	<b>Care Attendant Telephone #</b>
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:

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

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:

\_\_\_\_\_

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## **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? \_\_\_\_\_

\_\_\_\_\_

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**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) \_\_\_\_\_

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## **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: \_\_\_\_\_

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***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: \_\_\_\_\_

