



Changing lives one key at a time



200 North 11th Street, Springfield, IL 62703  
Phone 217.753.5757 | TTY 217.753.5757 | Fax 217.753.5799  
[www.springfieldhousingauthority.org](http://www.springfieldhousingauthority.org)

**Thank you for applying with the Springfield Housing Authority's Section 8 Department. In order to process your application, you will need to furnish all the information and/or documentation listed below as it pertains to your household:**

- **Certified birth records for all members of the household**
- **Social Security cards for all members of the household**
- **Proof of assets**
  - ✓ **Stocks, bonds, savings, real estate, checking, etc.**
  - ✓ **Documentation, as applicable, to verify assets**
- **Picture identification of all members 18 years of age or older**
- **Proof of income for all members of the household including but not limited to:**
  - ✓ **Employment**
  - ✓ **Employer(s) name and address to mail verification forms**
  - ✓ **Includes ALL employed members of the household**
- **Pension, Social Security, SSI, etc.**
  - ✓ **Current award letter and/or documentation**
- **Child support**
  - ✓ **Documentation to verify amounts received**
- **All income must be reported and verified**
- **Other documents as applicable**
  - ✓ **Marriage license, divorce decree, official separation papers, custody papers, etc.**

**EFFECTIVE NOVEMBER 1, 2009, APPLICATIONS WILL ONLY BE ACCEPTED ON TUESDAYS BETWEEN THE HOURS OF 8:30AM AND 11:30AM AND AGAIN FROM 1:30PM TO 4:00PM.**

**If you have any questions please feel free to call the Section 8 Department at 753-5757.**

# SECTION 8 HOMEOWNERSHIP PROGRAM APPLICATION CHECKLIST

## LEFT SIDE

\_\_\_\_\_ Historical Analysis Client Contact Sheet

\_\_\_\_\_ Application Checklist

## RIGHT SIDE

### APPLICATION PACKET

\_\_\_\_\_ PHA Official's Certification for Tenant's File

\_\_\_\_\_ Application Printout

\_\_\_\_\_ Things You Should Know/Lead Based Paint Certification

\_\_\_\_\_ Application

\_\_\_\_\_ Personal Declaration

\_\_\_\_\_ Authorization for Release of Information/Privacy Act

\_\_\_\_\_ Authorization for Release of Information/Criminal History

\_\_\_\_\_ Citizenship Papers (2pgs)

\_\_\_\_\_ Applicant/Tenant Certifications

### VERIFICATIONS

\_\_\_\_\_ Birth Records

\_\_\_\_\_ Social Security Cards/Photo ID's

\_\_\_\_\_ Income/Asset Verification & Child Support

\_\_\_\_\_ SHA Representative's Signature

\_\_\_\_\_ Date

### APPLICATION DETERMINATION

ELIGIBLE LETTER

INELIGIBLE LETTER

### BRIEFING INFORMATION

\_\_\_\_\_ Calculation Worksheet

SHA Representative: \_\_\_\_\_

\_\_\_\_\_ Offer Letter Mailed

Date Completed: \_\_\_\_\_

# 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.

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## 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.

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## 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.

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## 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.



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## **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.

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## **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.

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## **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.)

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## **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, Room 8254, 451 Seventh Street, SW; Washington, DC 20410

I hereby acknowledge that I have read this document.

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Signature

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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 base 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 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 or she eating normally? does your child have stomach aches and vomiting? Does he or 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, 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. **DO 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

8/99



# Housing Authority of the City of Springfield Application for Admissions

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
For office use only

Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Address \_\_\_\_\_ Current rent \$ \_\_\_\_\_ Utilities included  yes  no

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Race:  White  Black  American Indian or Alaskan Native  Asian or Pacific Islander Ethnicity:  Hispanic  Non-hispanic

Are you a citizen of the United States?  yes  no If no, please provide alien registration No. A- \_\_\_\_\_

*If not a citizen, see guide book 7465.7 (SHA Staff)*

Have you ever lived in Public Housing?  yes  no Name of Development \_\_\_\_\_ Date from \_\_\_\_\_ to \_\_\_\_\_

Former Account Balance?  yes  no Amount \$ \_\_\_\_\_

Applying for:  Public Housing  Section 8

### I. FAMILY COMPOSITION

MEMBER NO.	NAME	RELATION	BIRTH DATE	SEX	AGE	SOCIAL SECURITY NUMBER	OCCUPATION STATUS OR SCHOOL
1.		HEAD					
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Anticipated changed in family composition \_\_\_\_\_

### II. INCOME

Total Income

#### VERIFICATION OF INCOME

MEMBER NO.	NAME AND ADDRESS OF EMPLOYER OR OTHER SOURCE	FROM	TO	HRS. PER WEEK	RATE OF PAY	PAST YEAR	ESTIMATED YEAR
				\$ _____ PER	\$	\$	\$
				\$ _____ PER	\$	\$	\$
				\$ _____ PER	\$	\$	\$
				\$ _____ PER	\$	\$	\$
				\$ _____ PER	\$	\$	\$
				\$ _____ PER	\$	\$	\$
<b>TOTAL INCOME</b>						<b>TOTAL</b>	<b>TOTAL</b>

### III. ASSETS

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
Acct. No. \_\_\_\_\_ Type of Acct. \_\_\_\_\_  
Value \_\_\_\_\_

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
Acct. No. \_\_\_\_\_ Type of Acct. \_\_\_\_\_  
Value \_\_\_\_\_

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
Acct. No. \_\_\_\_\_ Type of Acct. \_\_\_\_\_  
Value \_\_\_\_\_

#### Net Family Assets

Have you or your spouse disposed of any "Net 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, please specify:

**IV. RESIDENCE**

	ADDRESS	FROM	TO	RENT	UTILITIES	NAME & ADDRESS OF LANDLORD
PRESENT						
PREVIOUS						
PREVIOUS						

**V. MILITARY PERSONNEL ONLY**

Perm. Party  student  retired  TDY  TDY, attach copy of orders  
 Regular  Reserve  National Guard

**VI. REFERENCES**

	NAME	ADDRESS	RELATIONSHIP	PHONE NO.
1.				
2.				

**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 informatin 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 \_\_\_\_\_ date \_\_\_\_\_ housing authority interviewer \_\_\_\_\_ date

**VII. SUMMARY STATUS**

Do you claim any of the following Federal Preferences:

paying more than 50% of monthly income towards rent  living in substandard facility  involuntarily displaced  homeless

Do you claim any of the following Local Preferences:

veteran  local resident  special case  transional/training program

Do you claim any of the following:  mobility impairment  hearing impairment  sight impairment

Have you ever violated a previous family obligation in connection with a HUD program?  yes  no

Have you ever engaged in felonious use/possession of drugs?  yes  no

Do you owe any money to a Public Housing Authority?  yes  no

If so, when? \_\_\_\_\_

**DETERMINATIONS:**

**A. Withdrawn**

- applicant's request
- unable to locate
- nonresponse to final letter
- falsified information
- does not meet suitability of tenancy
- other

**B. Rejected:**

- does not qualify as a family
- exceeds income limits
- exceeds asset limits

**C. Special Needs:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

completed by: \_\_\_\_\_

**VIII. CERTIFICATION**

On the basis of the information contained herein, the applicant family named has been found to be:

- eligible for admission
- ineligible for admision

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING you must use the correct legal name for each member of your household as it appears on the social security card. All adult members of the household must sign below certifying the information pertaining to them. PLEASE PRINT!!!!

HOUSEHOLD COMPOSITION: List all person(s) who will be living in you home listing head of household first.

ADULTS (Legal Name)	Date of Birth	Relationship to Head of Household	Social Security Number	Indicate if Married (M), Widowed (W), Separated (S), or Divorced (D)	YEAR of Marriage, Widowed, Separated, or Divorced

CHILDREN (Name as it appears on SS Card)	Date of Birth	Relationship to Head of Household	School Name	Absent Parent's Name	Absent Parent's Address

Separated or divorced, list name and address of spouse/ex –spouse as follows:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SS#: \_\_\_\_\_

SS#: \_\_\_\_\_



**TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household money from wages, self-employment, child support, contribution, Social Security, disability payments, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income accounts, alimony, and all other sources.

**LIST AMOUNTS RECEIVED BELOW**

Household Member	Employer	Total Weekly Wages	TANF	Child Support	Social Security Benefits	Unemployment Benefits

**ASSETS:** If you to any, list below.

Do you or any household member own or have an interest in any rental and/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, Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_ Balance Amount \$ \_\_\_\_\_

Do you own a car? \_\_\_\_\_(yes/no); Make/Model/Year \_\_\_\_\_ License Number \_\_\_\_\_

Do you own a second car? \_\_\_\_\_(yes/no) Make/Model/Year \_\_\_\_\_ License Number \_\_\_\_\_

- Does anyone outside of your household pay for any of your bills or give you money? \_\_\_\_\_(yes/no) If yes, amount received? \_\_\_\_\_ How often? \_\_\_\_\_
- 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 \_\_\_\_\_
- Have you or any member lived in assisted (public and/or section 8)? \_\_\_\_\_(yes/no) If yes, WHERE: \_\_\_\_\_ WHEN: \_\_\_\_\_
- Have you or anyone in your household ever been convicted of any crime other than traffic violations? \_\_\_\_\_(yes/no) If yes, explain \_\_\_\_\_
- Have you ever committed any fraud in a Federally assisted housing program or been requested to repay knowingly misrepresented information for such housing programs? \_\_\_\_\_(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.**





**CERTIFICATION OF PREFERENCE**

In order to comply with guidelines with respect to Local Preferences, please complete the following as it applies to your household.

The Springfield Housing Authority will apply as may preferences as apply for (1) families currently participating in the Family Self-Sufficiency (FSS) Program, (2) families who have been on the Section 8 Program for one (1) year or longer or (3) families participating in the Section 8 Program for one year or less or on the current waiting list.

**LOCAL PREFERENCES**

\_\_\_\_\_ Family Participating in the Family Self-Sufficiency Program

I, the undersigned do hereby certify that I am a current participant in the Springfield Housing Authority’s Family Self-Sufficiency Program.

\_\_\_\_\_  
 Signature of Applicant    Date    Witnessed by    Date

\_\_\_\_\_ Family Participating in the Section 8 Housing Choice Voucher Program for one (1) year or more.

I, the undersigned do hereby certify that I am a current participant in the Section 8 Housing Choice Voucher Program for one (1) year or longer.

\_\_\_\_\_  
 Signature of Applicant    Date    Witnessed by    Date

\_\_\_\_\_ Family Participating in the Section 8 Housing Choice Voucher Program for less than one (1) year.

I, the undersigned do hereby certify that I am a current participant in the Section 8 Housing Choice Voucher Program for less than one (1) year or are currently applying to be eligible on the waiting list.

\_\_\_\_\_  
 Signature of Applicant    Date    Witnessed by    Date

**WARNING:** Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willful false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

# 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

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(I)(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.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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**

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. 11<sup>TH</sup> STREET**  
**SPRINGFIELD, IL 62703**

## PART 1: Applies to all family members

Each person who will benefit under Section 8 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 non-citizen 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 non-citizen 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.	or	I am a non-citizen with eligible immigration status	Signature of Adult list to the left or signature of Guardian for Minors	I am 62 years of age. You must provide proof of age.
		<input type="checkbox"/>	or	<input type="checkbox"/>	<b>X</b>	
		<input type="checkbox"/>	or	<input type="checkbox"/>	<b>X</b>	
		<input type="checkbox"/>	or	<input type="checkbox"/>	<b>X</b>	
		<input type="checkbox"/>	or	<input type="checkbox"/>	<b>X</b>	
		<input type="checkbox"/>	or	<input type="checkbox"/>	<b>X</b>	
		<input type="checkbox"/>	or	<input type="checkbox"/>	<b>X</b>	

**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 indication that they are a non-citizen with eligible immigration status must complete Part 2 of this form.



**PART 2: Applies to Non-citizen 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 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, your 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 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 I of this form and that members of my household that have not checked either box on Part I of this form do not claim to be citizens or nationals of the United States, or non-citizens 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 of the evidence or other information.





Changing lives one key at a time



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

**CERTIFICATION TO COMPLY WITH  
SECTION 8 HOMEOWNERSHIP PROGRAM REQUIREMENTS**

I/We certify that I/We agree to comply with the rules and regulations governing the Section 8 Homeownership Program through the Springfield Housing Authority as outlined in the Administrative Plan inclusive of but not limited to: completion of pre- and post-purchase counseling, independent inspections, conventional mortgage financing, etc. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline 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-50059 (Tenant Data Summary), a computer generated facsimile on the form on magnetic tape. See the Federal Privacy Act Statement for more information on its use.





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**APPLICANT(S)/TENANT(S) STATEMENT**

I/We certify that the information\* given to the Springfield Housing Authority on household composition, income, net family assets and allowance and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
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-50059 (Tenant Data Summary), a computer-generated facsimile on the form on magnetic tape. See the Federal Privacy Act Statement for more information about its use.



**HOMEOWNERSHIP PROGRAM**  
**CLIENT AUTHORIZATIONS FOR COUNSELING AGENCY**

I/we would like to participate in counseling sessions to help me/us to improve my/our housing situation. I/we understand that the Springfield Housing Authority counselors may discuss with us information about my/our credit history, financial situation, employment, or other family issues.

I/we also understand that it may be necessary for the Springfield Housing Authority counselors to discuss information about our credit history, financial situation, employment or other family issues with representatives from other firms or agencies as is necessary to seek a solution for any issue(s) that may arise.

I/we understand that these are necessary procedures for the Springfield Housing Authority to assist us with our housing situation(s). I/we also understand that information about our personal circumstances will be treated as totally confidential and that NO information about me/us will be accessible to any party who is not directly involved in my/our situation.

I/we authorize the Springfield Housing Authority to discuss with us any information related to our personal circumstances as may be necessary to help us secure our full legal rights in my/our attempts to secure or improve my/our housing situation.

I/we authorize the Springfield Housing Authority to release credit, financial, employment, or other information to other agencies or firms as may be essential to the solving of my/our housing situation(s).

I/we understand that there will be a non-refundable fee of \$25.00 (Individual) \$36.00 (Joint) collected when accessing your credit file.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

ATTEST:

A copy of this document was given to the Head of Household and/or Other Adult

\_\_\_\_\_  
SHA Representative

\_\_\_\_\_  
Date

## LANDLORD INFORMATION

*MUST INCLUDE THE PREVIOUS 24 MONTHS (DATES MUST BE CONSECUTIVE)*

### **CURRENT**

<i>YOUR ADDRESS</i>	DATES TO/FROM	LANDLORD NAME & ADDRESS
	Month:            Year:	
	<b>TO</b>	
	Month:            Year:	
		Landlord Phone Number:

### **PREVIOUS**

<i>YOUR ADDRESS</i>	DATES TO/FROM	LANDLORD NAME & ADDRESS
	Month:            Year:	
	<b>TO</b>	
	Month:            Year:	
		Landlord Phone Number:

### **PREVIOUS**

<i>YOUR ADDRESS</i>	DATES TO/FROM	LANDLORD NAME & ADDRESS
	Month:            Year:	
	<b>TO</b>	
	Month:            Year:	
		Landlord Phone Number:

### **PREVIOUS**

<i>YOUR ADDRESS</i>	DATES TO/FROM	LANDLORD NAME & ADDRESS
	Month:            Year:	
	<b>TO</b>	
	Month:            Year:	
		Landlord Phone Number:

### **PREVIOUS**

<i>YOUR ADDRESS</i>	DATES TO/FROM	LANDLORD NAME & ADDRESS
	Month:            Year:	
	<b>TO</b>	
	Month:            Year:	
		Landlord Phone Number:

MEMORANDUM

To: ALL SECTION 8 APPLICANTS

From: Debra A. Hereford, Director of Housing Operations

Date: EFFECTIVE November 1, 2009

Subject: MANDATORY INTERVIEW BY SHA STAFF

All individuals applying for Section 8 housing assistance with the Springfield Housing Authority MUST be interviewed by a Section 8 Specialist who will review the application for completeness, legibility, accuracy and ensure that appropriate signatures have been obtained.

All applications must be submitted to the Springfield Housing Authority, 200 N. 11<sup>th</sup> Street, Springfield, Illinois on Tuesdays between the hours of 8:30 a.m. and 4:00 p.m. ONLY! The Section 8 Department is closed from 11:30 a.m. until 1:30 p.m.

Please be advised that applications WILL NOT be accepted without all appropriate documentation attached. Further, applications will not be accepted through the mail. All applications must be submitted in person.

Thank you for your cooperation.