



QUINCY HOUSING AUTHORITY
PUBLIC HOUSING ADMISSION
APPLICATION

Amp 1A Indian Hills
Amp 2B 6th & Cherry
Amp 3A 29th Broadway/Spring
3B Lampe

QHA OFFICE USE ONLY

Date of Application _____

Time _____

No. of Bedrooms 0 1 2 3 4 5

Background Check Date _____

Eligible () yes no ()

Preference Point () yes no ()

Rent _____ TTP _____

PLEASE PRINT

Full Name of Head of Household _____

Current Address _____ City _____ State _____ Zip _____

Owner/Manager: _____ How Long at this Address: _____

Reason for Moving: _____

Applicants Phone # _____ Cell# _____ Work # _____

E-mail Address _____

Race: () Caucasian () African American () Hispanic () Asian () Indian () Other

Married: _____ Divorced: _____ Single: _____ Separated: _____ How Long: _____

Previous Address: _____ City: _____ State: _____ Zip _____

Owner/Manager: _____ How Long at this Address: _____

Applicant Place of Employment: _____ How Long: _____

Position: _____ Supervisor: _____

Address: _____ Phone #: _____

Family Member's Place of Employment: _____ How Long _____

Position: _____ Supervisor: _____

Address: _____ Phone # _____

Other Income: _____ Source: _____ Amount: _____

(i.e. self-employment, unemployment, military pay)

Persons Who Will Occupy Apartment: (*indicates a full-time student over 18 years old)					
Names (enter applicant on line #1)	Sex	Age	Social Security #	Relationship	Birth Date / State of Birth
1.				Head	
2.					
3.					
4.					
5.					
6.					
7.					

Emergency Contact: Name: _____ Phone #: _____

Address: _____ Relationship: _____

QHA OFFICE USE ONLY

Revised 03-09-2023

06-09-2021

06-08-2023

Date _____ **Time** _____ **Result** _____

Date _____ **Time** _____ **Result** _____

Date _____ **Time** _____ **Result** _____

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, social security, disability payments (SSI), workman's compensation, retirement benefits, AFDC, veterans benefits, rental property, stock dividends, bank accounts, alimony.

Name	Weekly Wages	SS Benefits	Child Support	TANF	Other
1.					
2.					
3.					
4.					
5.					

ASSETS: (Verification Required)

1. Do you or any household member own or have an interest in any real estate, boat and/or mobile home? () Yes () No
2. Have you sold any real estate in the last two (2) years? () Yes () No
3. Do you own any stocks or bonds? () Yes () No
4. Do you have a savings account? () Yes () No

VERIFIED Medical Expenses (Elderly/Disabled Only) \$_____ Childcare Expenses: \$_____

Does any minor in your household have an elevated blood level for lead? () Yes () No
If yes, please provide verification.

Do you expect changes in your household income or family make up within the next year? () Yes () No
If yes, please explain _____

Have you ever lived in Public Housing or Section 8 anywhere in the United States?
() Yes () No If so, where? City _____ State _____

Have you or anyone in your household ever lived in another state? () Yes () No
If yes, who _____ where _____

Do you currently live in Public Housing or a HUD housing program? () Yes () No

Do you owe money to any Public Housing or other HUD housing program () Yes () No
If yes, what agency? _____

Have you ever had any suits, judgments, or collections filed against you? () Yes () No

Have you ever been evicted or refused housing anywhere? () Yes () No
If yes, where _____

Has anyone who will be living in the home ever used another social security number other than the one listed on this application? () Yes () No, If yes who? _____

Has anyone who will be living in the house ever used another name, other than the one they are using now? () Yes () No If yes, who? _____

READ CAREFULLY...Have you or any household member ever been arrested or **convicted** for **ANY criminal activity, misdemeanor, traffic or felony**? () Yes () No If yes how many times?_____ Please explain. Include who was convicted, when arrested, arresting agency, and the reason Attach a separate sheet if needed. _____

Is any household member currently using illegal drugs? _____ () Yes () No
If yes, who _____

Are you or any household member currently on **parole** or **probation** or has been in the past year?
() Yes () No If yes, who _____
please explain: _____

Have **YOU** or **ANY FAMILY MEMBER** of your household **EVER** engaged in the use, sale, manufacture, or distribution of marijuana, drug paraphernalia, or a controlled substance?
() Yes () No If yes, please explain. (Include who was arrested, when arrested, arresting agency, and the reason for arrest. Attach a separate sheet if needed) _____

Have you or any member of your household ever been arrested on **any** public housing authority property?
() Yes () No If yes please explain. (Include who was arrested, when arrested, arresting agency, and the reason for arrest. Attach a separate sheet if needed) _____

Are you or any member of your household a **registered sex offender**? () Yes () No If yes, please list who. _____

Have you or any member of your household been evicted from public housing or assisted housing for violent behavior or drug related activity? () Yes () No If yes, please explain _____

Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program?
() Yes () No If yes, please explain _____

PUBLIC HOUSING APPLICANTS ONLY

Do you have any pets? () Yes () No If yes what type? _____ Weight _____

*One dog or cat is permitted on Authority property as long as the requirements of the Pet Policy are met. You will be required to furnish complete documentation prior to being granted the privilege of having a pet in the unit. **There is a 25 pound weight restriction.***

SHOULD YOUR ADDRESS CHANGE OR THE MEANS YOU GAVE TO US OF REACHING YOU NO LONGER IS ACCURATE, YOU MUST ADVISE US OF THE CHANGE TO KEEP YOUR APPLICATION ACTIVE. MAIL RETURNED TO QHA WILL RESULT IN THE REMOVAL OF YOUR APPLICATION FROM THE WAITING LIST. YOU CANNOT BE HELPED IF WE CANNOT LOCATE YOU.

FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD assisted rental housing. The U.S. Privacy Act of 1974 established requirements governing HUD’s use and disclosure of the information it collects on individuals and families.

Public Housing agencies (PHA’s) operating such housing send HUD information on tenant’s income, family composition, rent, etc. which is given by tenants to PHA’s when applying or being re-examined. It is transferred to HUD forms used for data collection, which may be performed by a contractor.

USE: HUD uses the information for budget development, program evaluation and planning, reporting to the President and Congress, monitoring compliance with Federal requirements, and to verify accuracy and completeness.

PUBLIC ACCESS: Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State, or Local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal, or regulatory matters.

The Privacy Act restricts HUD’s disclosure of information on individuals and families but does not restrict the PHA from releasing such information. State and local laws or regulations may govern disclosure by the Public Housing Agency.

Information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure of an individual to provide required information may result in eviction or the withdrawal of housing assistance (depending on housing program).

HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended, 42 USC, 1437 et. Seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 348, 408.

APPLICANT/TENANT CERTIFICATION

Applicants/Tenants Statement:

I certify that the information given is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal and State laws. I also, understand (Title 18 Section 1001 of the U.S. Code) that false statements or information are grounds for denial of housing or assistance, termination of housing or assistance, and termination of tenancy.

This application is made with the understanding that it may be used to process both credit and character references. I have no objection to inquiries for the purpose of verification of the above statement. **THIS INCLUDES A POLICE CHECK.** It is understood that the information will be held in strict confidence.

_____	_____	_____	_____
Head of Household Signature	Date	Signature of Other Adult	Date
_____	_____	_____	_____
Signature of Other Adult	Date	Signature of Other Adult	Date

QUINCY HOUSING AUTHORITY

540 Harrison Street — Quincy, IL 62301

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, State or local agency, organizations, business or individual to release and verify my application for participation, and/or to maintain my continued assistance under the Section 8/Existing, low income Public and Indian Housing and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by HUD in administering and enforcing program rules and policies. I also consent for HUD or the Public Housing Authority (PHA) to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violation of my lease or PHA policies.

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity	Employment
Medical or Child Care Allowances	Credit History
Criminal Activity	Residences and Rental Activity

The groups or individuals that also may be asked to release information include, but are not limited to:

Previous Landlords	Dept. of Human Services
Social Security Admin.	Medical/Childcare Providers
Lending Institutions/Banks	Veteran's Admin.
Public Housing Agencies	Courts & Post Offices
Schools & Colleges	Law Enforcement Agencies
Utility Companies	Past & Present Employers
State Unemployment Agencies	Support & Alimony Providers

I also understand and agree that HUD or the PHA may conduct a computer matching program to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information.

HUD or the PHA may, in the course of its duties, exchange such automated information with other Federal, State or local agencies, including but not limited to:

State Employment Security Agencies	Department of Defense
Office of Personal Management	U.S. Postal Service
Social Security Administration	State Welfare/Food Stamp Agencies

Photocopy of this authorization may be used for the purposes previously stated. The original of this authorization is on file for a period of one year (12 months) with the PHA. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

_____ Head of Household	_____ Date	_____ Spouse	_____ Date
_____ Adult Member	_____ Date	_____ Adult Member	_____ Date
_____ Quincy Housing Representative	_____ Date		

3/22/2019
03/19/2010



Quincy Housing Authority
540 Harrison Street * Quincy, IL 62301 * (217) 222-0720

Criminal Background Check

I authorize the Quincy Housing Authority to obtain a CRIMINAL BACKGROUND CHECK from all fifty states pertaining to any criminal activity. This is to approve or deny my housing application. A photographic copy of this signed authorization shall be as valid as the original.

I hereby release the agency used to check my background from any and all liability for any damages whatsoever for furnishing any information concerning me to the above organization. I further waive the right to personally review the above records.

Name: _____ Date of Birth: _____

Maiden Name/Alias: _____ Sex: _____

Social Security Number: _____ Race: _____

Current Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Length of Time at This Address: _____

Previous Addresses for the Last 5 Years:

Address:	Length of time at Address:
_____	_____
_____	_____
_____	_____
_____	_____

Do you have a FELONY or DRUG record from any state: _____ YES _____ NO

If Yes, explain in detail, the date and the offense:

I have read and understand the above statements and accept all Housing Authority decisions as final.

Applicant Signature

Date

Applicant is:

APPROVED: _____ DENIED: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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 Other:	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: if you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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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 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 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 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.