

Housing Authority of McDonough County
322 W. Piper St. Macomb, IL 61455 309-837-2363
Eligibility Application

Who is the Head of Household? (Legal Name) _____
Last First M.I

Social Security Number _____ **DOB** ____/____/____ **Sex** M F

Race _____ White _____ Black/African American _____ American Indian/Alaska Native
 _____ Asian _____ Native Hawaiian/Other Pacific Islander

Ethnicity _____ Hispanic _____ Non-Hispanic **Are you a US Citizen?** (Yes/ No) _____

Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services? (Yes/ No) _____ If yes, please explain _____

Which of the following housing programs are you applying for?
 _____ Public Housing CLOSED Section 8 Housing Choice Voucher

Public Housing applicants check which development you are applying for
 _____ Eisenhower Tower, non-family, Macomb _____ Prairieview Homes, family, Macomb
 _____ Greenbrier Apartments, family, Bushnell _____ Fitch Manor, non-family, Bushnell

What is your present address? Do not list "PO Box" _____
Street City State Zip

Mailing address if different than above _____
Street City State Zip

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Household members: List the legal names of all other persons who will be living with you

No.	Legal Name	Sex M/F	Relationship To you	Social Security Number	Date of Birth	Age
1				- -	/ /	
2				- -	/ /	
3				- -	/ /	
4				- -	/ /	
5				- -	/ /	
6				- -	/ /	
7				- -	/ /	
8				- -	/ /	

Are there any family members who normally live with you that are not at this time? (Yes/No) _____ If

Yes, Who? _____ Why is this person absent? _____

Do you expect this person to return to your home? (Yes/No) _____ If Yes, When? _____

Have you or anyone in your household been evicted from Public or Assisted Housing for drug related activity within the last 3 years? (Yes/No) _____ If Yes, please describe _____

Are you or is anyone in your household required to register as a sex offender? (Yes/ No) _____ If Yes, please describe _____

Have you or anyone in your household been *arrested or convicted* of any crime other than minor traffic violations? (Yes/No) _____ If Yes, please describe _____

Do you claim any of the following local preferences? Check which preference(s) you are claiming; claim as many as apply to your situation. WRITTEN VERIFICATION IS REQUIRED OF ALL CLAIMS!

1. _____ Residing in substandard housing: requires letter from local government authority;
2. _____ Victim of domestic violence: requires letter from counselor, doctor or other healthcare professional, or copy of current Court ordered Order of Protection.;
3. _____ Resident of McDonough County: requires copy of current bill or lease;
4. _____ Working in McDonough County: requires copy of current pay stub;
5. _____ Persons who are 62 or older, or persons with disabilities: requires proof of age, ie. I.D. or drivers license, proof of disability, ie. doctors statement, or Award Letter from Social Security Administration;
6. _____ Current United States serviceperson or an honorably discharged veteran: requires DD-214 form

Indicate the source and amount of your entire families' income. Check which best applies to you; check all that apply to your family. Use back of page, if necessary. ALL INCOME MUST BE REPORTED!

1. _____ Employed: Who? _____ Where? _____
Amount of income \$ _____ How often are you paid? _____
2. _____ Self-employed: Who? _____ Name of Business _____
Amount of income \$ _____ How often are you paid? _____
3. _____ Odd jobs: Who? _____ For who? _____
Amount of income \$ _____ How often are you paid? _____
4. _____ Unemployment benefits; Who? _____ From what job? _____
Amount of benefit \$ _____
5. _____ Social Security benefits, For who? _____ For a disability or age? _____
Amount of benefit \$ _____
6. _____ TANF benefits : For who? _____ Amount of benefit \$ _____
7. _____ Veterans Pension : For Who? _____ Amount of pension \$ _____

8. _____ Child Support or Alimony: For Who? _____ Amount of support \$ _____
9. _____ Military pay: For Who? _____ Amount of income \$ _____
10. _____ College Grants and Loans: For Who? _____ Grant or Loan? _____
Amount of grant/loan \$ _____
11. _____ Cash support from family, friends, or organizations: For Who? _____
How often? _____ Amount of support \$ _____
12. _____ Some one pays your bills: What bills? _____ Amount of bills \$ _____

List names of financial institutions where you hold bank accounts:

1. _____
Name of Financial Institution Address Account type Account Balance
2. _____
Name of Financial Institution Address Account type Account Balance
3. _____
Name of Financial Institution Address Account type Account Balance

Do you own any property? (Yes/No) _____ If yes, please describe: _____

Have you sold or disposed of any property within the last two years? (Yes/No): _____ If Yes, please describe _____

Do you have any pets? (Yes/No) _____ If Yes, list details about each: What kind(s)? _____
Size _____ Weight _____

Do you regularly use or own any vehicles? (Yes/No) _____ If Yes, provide:
Vehicle make/model/color: _____ license # _____
Vehicle make/model/color: _____ license # _____

NOTICE: It is your responsibility to *contact this office if your address changes, if circumstances change, or your preferences change* so adjustments may be made to your application.

CERTIFY: I understand that *all false statements or information, as well as knowingly and purposefully omitting information are grounds for denial of housing assistance.*

Head of Household Signature _____ Date _____

FOR HOUSING AUTHORITY USE ONLY:

Application received by _____ Date _____ Time _____