

KEEP FOR YOUR RECORDS

CREATE AN ACCOUNT ONLINE TO CHECK YOUR STATUS BY GOING TO

rockfordha.org choosing the link “Housing Options”, next choose the link “RHA Rental Properties” then choose the link “Waiting List” or go to **hmsforweb.com/owl/login.php** You will need a valid email address, your social security number and create a password you can remember to check your status at any time. If you don’t have access to a computer at home you can use the free computers at the library or unemployment office.

PUBLIC HOUSING APPLICATION

Highrises & Lowrises (FOR OVER 50 OR DISABLED ONLY)

		Manager		Assist. Manager	
Park Terrace	1000 Chamberlain St.	Linda Lander	815-489-8663	Lisa Olson	815-489-8660
N. Main Manor	505 N Main St.		815-489-8670	Samantha Gowan	815-489-8672
Olesen Plaza	511 N. Church St.		815-489-8680	Jessica Dorsey	815-489-8682
Buckbee Apts	4124 Harrison Ave.	Linda Lander	815-489-8651	Lisa Olson	815-489-8553
Summit Green Apts	1514 E. State St.	Linda Lander		Lisa Olson	815-489-8554
Midvale Apts	5410 Midvale	Linda Lander	815-489-8650	Lisa Olson	815-489-8555

Family Developments

Fairgrounds Valley	1015 W Jefferson St.		815-489-8690	Vickey Tiggs	815-489-8691
Blackhawk Courts	338 15th Ave.	Lynn Feirn	815-489-8600	Melissa Schiller	815-489-8601
Orton Keyes	633 Ranger St.	Will Thompson	815-489-8640	Diego Valdivia	815-489-8641
Brewington Oaks A	505 Seminary St.	Julie Neibarger	815-489-8620	Kelly Cochran	815-489-8626
Brewington Oaks B	515 Seminary St.	Julie Neibarger	815-489-8620	Kelly Cochran	815-489-8626
Scattered Sites	330 15th Ave.	Sarah Lizer	815-489-8731	Tia Fitzsimmons	815-489-8732

Centralized Occupancy Applications Manager

<i>Central Office</i>	<i>223 S. Winnebago St.</i>	<i>Erin Vore</i>	<i>815-489-8596</i>		
		<i>FAX</i>	<i>815-489-8505</i>		

PLEASE CREATE AN ONLINE ACCOUNT TO CHECK YOUR STATUS THANK YOU!

KEEP FOR YOUR RECORDS!!!

Please Note: Wait 60 days to begin checking your waitlist status

You must notify Rockford Housing Authority in writing of any changes regarding your address. You must create an online account to check your waitlist status at hmsforweb.com/owl.login.php using your social security number and a valid email. You can use the free computers at the library or unemployment office to create the account and email if you don't have access to the internet.



223 South Winnebago Street • Rockford, IL 61102 – (815) 489-8500

APPLICANT NAME _____

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rockfordha.org ~or~ hmsforweb.com/owl/login.php

The complexes listed below are currently accepting applications.

YOU MAY CHOOSE ONLY 2 PROPERTIES FROM THE LIST!!!

Please put #1 and #2 in front of your 1st and 2nd choice. Once the **Preliminary Application is complete** **contact your selected complex to inquire about your status on the wait list.** The complex addresses and phone numbers are listed on a separate sheet for you to keep attached to this application.

YOU MUST BE 18 YRS OF AGE TO APPLY FOR HOUSING!!!

FAMILY DEVELOPMENTS

_____ **Blackhawk Courts** (1-4 Bedrooms)

_____ **Orton Keys** (3-6 Bedrooms)

HIGHRISES & LOWRISES

APTS. FOR 50+YRS. OR OLDER OR PERSONS WITH DISABILITIES

_____ **Park Terrace**

_____ **Olsen Plaza**

_____ **Low- Rises (Buckbee, Summit & Midvale) (ACCEPTS CHILDREN) (1-2 Bedrooms)**

_____ **North Main Manor (MUST BE 50 YRS OF AGE)**

_____ **Brewington Oaks**

_____ **Jane Addams Park Apartments (DISABLED) (1-2 Bedrooms)**



**THIS IS NOT AN APPLICATION FOR THE SECTION 8 PROGRAM
ROCKFORD HOUSING AUTHORITY
APPLICATION FOR PUBLIC HOUSING UNIT
(Be sure to answer all questions completely. Please write legibly)**

CHANGES TO YOUR FAMILY STATUS, ADDRESS OR QUALIFIED PREFERENCES

MUST BE MADE IN WRITING!!!

It is the applicant's responsibility to notify the Housing Authority's Application Center of any changes to the information provided on this application. Failure to update address and contact information may hinder the applicant's ability to be admitted into the program.

Applicant Last Name _____ First Name _____ MI _____

Co-Applicant Last Name _____ First Name _____ MI _____

Current Address _____ Apt # _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Home Phone # _____ Cell # _____ Work # _____

Primary language of the applicant: Oral _____ Written _____

A. HOUSEHOLD COMPOSITION:

- List everyone, including yourself, foster children/adults, and live-in caretaker who are necessary for the care of a family member, who will be living in the public housing unit that you are applying for. If you need more space, continue on the back side of this paper. You must complete each box for each family member. You (the applicant/head of household) are to be in the 1st line.

	Last Name	First Name	MI	SSN	Relationship to Head of Household	Sex M/F	Date of Birth	Age	Place of Birth
1					Applicant/Head of Household				
2					Co-Head				
3									
4									
5									
6									
7									

- Do you anticipate any changes in your household composition during the next 12-months?
 Yes No. If Yes, please explain _____
- Is any member of your household temporarily away from the residence? Yes No. If Yes, Please explain _____

B. PREFERENCE INFORMATION

Admission to the Public Housing program is based upon local preferences. **Please indicate and provide supporting documentation for the preference category(s) that your household falls under. You must check at least 1 of the following:**

- Local Preference** - Applicant household has a permanent physical residence in Winnebago County, IL.
- Local Employment Preferences** – Applicant households in which a member of the household(head, spouse or sole member) is currently employed within the Winnebago County for 12 months or longer.
- Involuntarily Displaced Preference** – Applies to victims of Natural Disaster that has to be declared by a local, state, or federal government entity(fire, flood, earthquake, etc.) Participant is a State or Federal Witness Protection Program verifiable by local, state or federal government entity.
- Elderly or Disabled Preference** – Elderly preference applies when the head of the household, spouse, or co-head is aged 62 or older.
- Homeless Preference** – Designated social service agencies certifies the family is homeless or providing a letter from a homeless shelter.
- Veteran Preference** – Applies to applicant that the head of household, spouse, or co-head is a current member of the military, a veteran, or the surviving spouse of a veteran.
- Near Elderly** – Applies to persons who are 50 to 61 years of age that are the head of household, spouse, or co-head.
- Educational Preference** – If the head of household, spouse, or co-head is currently enrolled in, or a graduate in the last six months of a school training program designed to prepare enrollees for the job market.
- None of the Above**

C. ESTIMATED INCOME:

1. Based upon all sources of income for all members of your household, what is the estimated annual income for the household? Sources of income include, but are not limited to the following: Employment, V.A. Benefits, Welfare (TANF/Calworks, LINK or SNAP, General Relief), Social Security, SSI, Disability, Unemployment, Scholarships, Worker’s Compensation, Pensions, Annuity, Child Support, Alimony, Foster Care, KinGAP, and earned income tax credit. This includes any regular contributions or donations to the family from organizations or other persons who do not live in the unit or payments made on behalf of the family by an outside organization/person(s).

Name of Household Member	Income Source	Rate(\$ per day, week, month, year)	Name of Household Member	Income Source	Rate(\$ per day, week, month, year)

D. RACE/ETHNICITY

This following information is for statistical purposes only and will not affect your place on the waiting list. Your voluntary cooperation in providing this information is appreciated. Please indicate the ethnicity of the Head of Household:

- Caucasian Hispanic Black Asian/Pac Islander American Indian/Alaskan Native

E. REASONABLE ACCOMMODATIONS

If you or a member of your household is mobility impaired, you may be assigned to an accessible unit at your request, providing such an apartment is available. There are two types of accessible apartments, fully accessible apartments designed for wheelchair access and one story or "flat" apartments.

Please indicate if your family requires an accessible unit and if so, what type.

- No, I/we do not require an accessible unit
- Yes, I/we require an accessible unit (Please indicate below which type)
 - Fully accessible apartments, those apartments designed for wheelchair access
 - One story or "flat" apartments (all the rooms are on the ground floor)
 - Hearing or Visually Impaired
 - Other. Please specify _____

F. VAWA

The Violence Against Women Reauthorization Act of 2013 ("VAWA") protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

APPLICANT CERTIFICATIONS

I/We understand that I/we must provide verification that I/we are qualified for a preference and this must be my/our status at the time I/we are offered housing. I further understand that if I/we do not qualify for the preference at the time that my/our household is offered housing, my/our preference status will be withdrawn and my/our application returned to the appropriate place on the waiting list.

I/We certify that the statements made on this Application for Public Housing are true to the best of my/our knowledge and belief and understand that for verification purposes inquiries must be made by the Housing Authority. I/We authorize employer(s), the Department of Public Social Services, the Social Security Administration, and all others to release any and all information about me/us, which the Housing Authority deems necessary, in order to be approved for participation in the Public Housing Program. I/We understand that any false or incomplete statements made on this application will cause me/us to be ineligible.

I hereby give all this information willingly. By filling out this form either electronically or manually, I give permission to Rockford Housing Authority to obtain a state and nation-wide criminal background check and credit check regarding outstanding debt to any Housing Authority and/or private or public utility.

WARNING: 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

APPLICATION REVIEWED BY: _____

223 South Winnebago Street, Rockford, IL 61102 (815)489-8500

