



MADISON COUNTY HOUSING AUTHORITY



APPLICATION

LAST NAME _____

FIRST NAME _____

MI _____

WHAT PROGRAMS/DEVELOPMENTS ARE YOU APPLYING FOR? (Check each box that applies)

PLEASE COMPLETE APPLICATION IN INK!

■ DENOTES YOU MAY NOT APPLY FOR THIS PROGRAM

MADISON COUNTY WIDE

■ HOUSING CHOICE VOUCHER (Section 8)

DEVELOPMENTS

ALTON, IL

Alton Pointe Apartments

Public Housing (2 & 3 bedroom only) ■ Project Based Voucher

COLLINSVILLE, IL

Northgate Homes

Public Housing (3 & 4 Bedroom units only)

MADISON, IL

John W. Hamm, III Apartments

■ Public Housing ■ Project Based Voucher

Washington Avenue Apartments

■ Public Housing

VENICE, IL

Meachum Crossing Apartments

■ Public Housing ■ Project Based Voucher

Tyrone Echols Apartments

■ Public Housing ■ Project Based Voucher

DEVELOPMENTS FOR OLDER ADULTS AND PERSONS WITH DISABILITIES

COLLINSVILLE, IL

Braner Building

Public Housing

Collinsville Commons (Mentally Ill Supportive Services Available)

Project Based Voucher (1 & 2 bedroom only)

EAST ALTON, IL

Olin Building

Public Housing

EDWARDSVILLE, IL

May Building

Project Based Section 8 (1 & 2 bedroom only)

WOOD RIVER, IL

Stevens Building

Project Based Section 8

DO NOT WRITE IN THIS AREA

OFFICE USE ONLY

DATE MAILED: _____

	AM PM	LI VLI ELI		
DATE OF APPLICATION	TIME	INCOME	FAMILY SIZE	BDRM SIZE

ACCESSIBILITY: Do you or any member of your household have a need for an accessible unit? YES NO
 If yes, please specify the type of unit needed: PHYSICALLY IMPAIRED HEARING /VISION IMPAIRED
 Also, please specify if your disability requires the use of any of the following:
 WHEELCHAIR WALKER CANE

1. **APPLICANT'S NAME (PLEASE PRINT)**

SOCIAL SECURITY NUMBER: _____

BIRTH DATE: _____

 LAST NAME FIRST NAME MI

 ADDRESS APT CITY, STATE ZIP

 PHONE (HOME) PHONE (CELL) PHONE (WORK)

2. **PLACE OF BIRTH:** _____
 COUNTY CITY STATE

3. **THE FOLLOWING INFORMATION IS REQUIRED TO COMPLY WITH HUD REQUIREMENTS FOR COMPLETION OF HUD FORMS 50058 AND 50059.**

SEX: MALE FEMALE ETHNICITY: HISPANIC NON-HISPANIC

MINORITY STATUS: WHITE AFRICAN AMERICAN AMERICAN INDIAN / ALASKAN NATIVE
 ASIAN / PACIFIC ISLANDER OTHER

4. **FAMILY / HOUSEHOLD INFORMATION:**

IF YOU ARE PREGNANT, PLEASE GIVE YOUR ESTIMATED DUE DATE: _____

PLEASE LIST NAMES AND RELATIONSHIPS OF ALL PERSONS WHO WILL BE OCCUPYING THE UNIT. THE NAME ***MUST MATCH EXACTLY*** AS IT IS LISTED ON THE SOCIAL SECURITY CARD AND THE BIRTH CERTIFICATE UNLESS YOU HAVE BEEN MARRIED OR CAN PROVIDE OTHER LEGAL DOCUMENTATION OF THE CHANGE.

LAST NAME / FIRST NAME / MI	DATE OF BIRTH	SEX	RELATIONSHIP	SOCIAL SECURITY NUMBER

5. INCOME FROM EMPLOYMENT:

ARE YOU EMPLOYED? YES NO SPOUSE/CO-HEAD EMPLOYED? YES NO

IF YES, COMPLETE THE EMPLOYER INFORMATION BELOW:

APPLICANT:

SPOUSE/CO-HEAD:

EMPLOYER NAME	PHONE	EMPLOYER NAME	PHONE
EMPLOYER ADDRESS		EMPLOYER ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PAY PER HOUR \$ _____ HRS PER WEEK _____		PAY PER HOUR \$ _____ HRS PER WEEK _____	

IS ANYONE ELSE IN THE HOUSEHOLD EMPLOYED? IF SO, PLEASE ANSWER THE FOLLOWING:

NAME OF PERSON EMPLOYED: _____ PAY PER HOUR: _____

NAME OF EMPLOYER: _____ HOURS PER WEEK: _____

6. INCOME FROM ALL SOURCES

TYPE OF INCOME	MONTHLY AMOUNT	NAME OF PERSON(S) WHO RECEIVES THIS INCOME
EMPLOYMENT WAGES AND/OR BUSINESS		
SOCIAL SECURITY		
SSI/SSD		
TANF / PUBLIC AID CASH ASSISTANCE ONLY		
FOOD STAMPS		
VETERAN/MILITARY PAY		
RETIREMENT/PENSION		
WORKMEN'S COMPENSATION		
UNEMPLOYMENT		

CHILD SUPPORT/ALIMONY		
GENERAL ASSISTANCE		
OTHER SOURCE OF INCOME (not listed above)		

7. PERSONAL ASSETS

ASSETS INCLUDE: CASH (wherever held), trust funds, equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, IRS's, retirement and pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc.)

ASSETS DO NOT INCLUDE: necessary personal property such as clothing, furniture, daily use autos, tools, dishes, etc. Also excluded is any special equipment for use by the physically disabled, cash value of term life insurance policies and assets of business

PLEASE ANSWER ALL QUESTIONS LISTED BELOW

1. Do you have any of the following assets?

- Checking Account YES NO If yes, amount _____
- Savings Accounts YES NO If yes, amount _____
- Money Market Funds YES NO If yes, amount _____
- CD's, Treasury bills YES NO If yes, amount _____
- Stocks, Bonds, Securities YES NO If yes, amount _____
- Trust Funds YES NO If yes, amount _____
- If yes, is the Trust Fund Account irrevocable YES NO
- Pensions YES NO If yes, amount _____
- IRA/Keogh Accounts YES NO If yes, amount _____
- 401 K Accounts YES NO If yes, amount _____
- Other retirement accounts YES NO If yes, amount _____
- Whole Life Insurance Policy YES NO If yes, amount _____
- Real Estate YES NO If yes, amount _____
- Rental Property YES NO If yes, amount _____
- Land Contract/Contract for Deeds YES NO If yes, amount _____
- Personal Property held as investment YES NO If yes, amount _____
- Cash Held (safety deposit box, etc.) YES NO If yes, amount _____
- Other _____ YES NO If yes, amount _____

2. Have you received any lump sum payments such as:

- Inheritances YES NO If yes, amount _____
- Lottery Winnings YES NO If yes, amount _____
- Insurance Settlements YES NO If yes, amount _____
- (Health, Accident, Workmen's Comp., Etc.)
- Social Security Benefits YES NO If yes, amount _____
- Unemployment Compensation YES NO If yes, amount _____
- Other _____ YES NO If yes, amount _____

Are the assets (as defined above) of the whole household less than \$5,000? YES NO

What are the anticipated earnings on all of your assets for the next year? \$ _____

Have you or any other household members dispose of or given away any asset(s) for LESS than fair market value within the last two (2) years? YES NO

If yes

Household Member: _____ Amount: _____

Explanation: _____

8. CRIMINAL HISTORY (all questions MUST be answered YES or NO)

a. HAVE YOU EVER BEEN ARRESTED? YES NO

b. WAS THERE A CONVICTION? YES NO

c. WAS THE CONVICTION A MISDEMEANOR? YES NO

d. WAS THE CONVICTION A FELONY? YES NO

IF YES, WHAT COUNTY AND STATE? _____

e. HAVE YOU OR A HOUSEHOLD MEMBER EVER BEEN CONVICTED OF DRUG RELATED CRIMINAL ACTIVITY?

YES NO

IF YES, YOU MUST ANSWER THE QUESTIONS BELOW:

WHO? _____ WHEN? _____

EXPLAIN: _____

f. HAVE YOU OR A HOUSEHOLD MEMBER BEEN CONVICTED OF A VIOLENT CRIME IN THE PAST SEVEN (7) YEARS? YES NO

IF YES, YOU MUST ANSWER THE QUESTIONS BELOW:

WHO? _____ WHEN? _____

EXPLAIN: _____

g. HAVE YOU OR A HOUSEHOLD MEMBER BEEN CONVICTED OF A NON-VIOLENT CRIME IN THE PAST SEVEN (7) YEARS? YES NO

IF YES, YOU MUST ANSWER THE QUESTIONS BELOW:

WHO? _____ WHEN? _____

EXPLAIN: _____

h. ARE YOU OR A HOUSEHOLD MEMEBER A CURRENT ILLEGAL USER OF OR ADDICTED TO A CONTROLLED SUBSTANCE? YES NO

IF YES, YOU MUST ANSWER THE QUESTIONS BELOW:

WHO? _____ WHEN? _____

EXPLAIN: _____

i. DO YOU OR A MEMBER OF YOUR HOUSEHOLD HAVE A PATTERN OF ALOCHOL ABUSE? YES NO

IF YES, YOU MUST ANSWER THE QUESTIONS BELOW:

WHO? _____ WHEN? _____

EXPLAIN: _____

COULD THIS BEHAVIOR INTERFERE WITH OTHERS' HEALTH, SAFETY OR RIGHT TO PEACEFUL ENJOYMENT?

YES NO

j. HAVE YOU OR A HOUSEHOLD MEMBER EVER BEEN CONVICTED OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE? YES NO

IF YES, YOU MUST ANSWER THE QUESTIONS BELOW:

WHO? _____ WHEN? _____

EXPLAIN: _____

k. HAVE YOU OR A HOUSEHOLD MEMBER EVER BEEN EVICTED FROM FEDERALLY ASSISTED HOUSING FOR DRUG RELATED CRIMINAL ACTIVITY? YES NO

IF YES, YOU MUST ANSWER THE QUESTIONS BELOW:

WHO? _____ WHEN? _____

EXPLAIN: _____

PLEASE PROVIDE NAME OF THE PROPERTY: _____

- I. HAVE YOU OR A HOUSEHOLD MEMBER EVER BEEN ON PAROLE OR ARE NOW CURRENTLY ON PAROLE?
 YES NO

IF YES, YOU MUST ANSWER THE QUESTIONS BELOW:

WHO? _____ WHEN? _____

EXPLAIN: _____

- m. ARE YOU OR A HOUSEHOLD MEMBER A REGISTERED SEX OFFENDER?

YES NO

IF YES, YOU MUST ANSWER THE QUESTIONS BELOW:

WHO? _____ WHEN? _____

EXPLAIN: _____

9. PREVIOUS ASSISTED HOUSING

- a. DO YOU PRESENTLY LIVE IN SUBSIDIZED HOUSING OR RECEIVE RENTAL ASSISTANCE FROM ANOTHER HOUSING AGENCY? YES NO

- b. HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING OR RECEIVED RENTAL ASSISTANCE FROM ANOTHER HOUSING AGENCY? YES NO

WHO? _____ WHEN? _____

SELECT THE HOUSING AUTHORITY OR AGENCY FROM WHICH YOU RECEIVED ASSISTANCE, IF APPLICABLE:

_____ MADISON COUNTY HOUSING AUTHORITY _____ ST. CLAIR COUNTY HOUSING AUTHORITY

_____ ALTON HOUSING AUTHORITY _____ GRANITE CITY HOUSING AUTHORITY

_____ EAST ST. LOUIS HOUSING AUTHORITY

IF THE APPROPRIATE HOUSING AUTHORITY OR AGENCY IS NOT LISTED ABOVE, PLEASE PROVIDE THE COMPLETE NAME AND ADDRESS OF THE HOUSING AGENCY WHERE YOU RECEIVED THE ASSISTANCE:

NAME OF HOUSING AUTHORITY OR AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

- c. ALL APPLICANTS 18 OR OLDER ARE REQUIRED TO REPORT ALL STATES LIVED IN FOR THE PAST 10 YEARS. PLEASE PROVIDE BELOW:

10. PREVIOUS RENTAL HISTORY AND INFORMATION

- a. PREVIOUS STREET ADDRESS: _____
CITY, STATE AND ZIP _____

- b. HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____

- c. SPOUSE OR CO-HEAD NAME: _____

1. Name of Previous Landlord _____

Complete Address: _____

Phone: _____ Move In Date: _____ Move out Date: _____

2. Name of Previous Landlord _____

Complete Address: _____

Phone: _____ Move In Date: _____ Move out Date: _____

11. EDUCATIONAL / TRAINING INFORMATION (Verification Required)

- a. ARE YOU OR YOUR SPOUSE CURRENTLY ENROLLED IN, OR A RECENT GRADUATE OF ANY TYPE OF WORK RELATED EDUCATIONAL OR TRAINING PROGRAM(S)? YES NO

- b. ARE YOU A GRADUATE OF THE TRANSITIONAL HOUSING PROGRAM? YES NO

- c. ARE YOU OR A HOUSEHOLD MEMBER A FULL OR PART-TIME STUDENT? YES NO

IF YES, FULL TIME PART TIME
EDUCATIONAL INTITUTION: _____ PHONE: _____
ADDRESS _____
CITY, STATE, ZIP _____

12. VETERAN INFORMATION

ARE YOU IN THE MILITARY AT THE PRESENT ATIME? YES NO
ARE YOU A VETERAN OR A DEPENDANT OF A VETERAN WHO'S RECEIVING DIRECT BENEFITS? YES NO
WHAT WAS THE LENGTH OF SERVICE? FROM _____ TO _____
WERE YOU HONORABLY DISCHARGED? YES NO

WHEN ANY APPLIANT IS FOUND TO HAVE SUPPLIED FALSE INFORMATION ON HIS/HER APPLICATION, THEIR APPLICATION SHALL BE DEEMED INELIGIBLE FOR A PERIOD OF NOT LESS THAN SIX MONTHS. THEY WILL NOT BE ABLE TO REAPPLY FOR HOUSING ASSISTANCE UNTIL AFTER THE SIX (6) MONTH PERIOD.

APPLICANT IS HEREBY NOTIFIED THAT A SOCIAL BACKGROUND INVESTIGATION WILL BE CONDUCTED BY MADISON COUNTY HOUSING AUTHORITY FOR THE FOLLOWING: DRUGS OR GUN POSSESSION, MISDEMEANOR AND FELONY CONVICTIONS, POOR RENTAL AND CREDIT HISTORY, ALCOHOLISM, VANDALISM, PROSTITUTION AND CONTINUAL ARREST RECORDS AND ANY OTHER NEGATIVE BEHAVIOR IN THE COMMUNITY.

APPLICANT'S STATEMENT

I CERTIFY THAT THE INFORMATION GIVEN TO THE MADISON COUNTY HOUSING AUTHORITY ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS AND ALLOWANCES AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE CERTIFY THAT I HAVE DISCLOSED WHERE I RECEIVED ANY PREVIOUS FEDERAL HOUSING ASSISTANCE AND WHETHER OR NOT ANY MONEY IS OWED. I/WE CERTIFY THAT FOR THIS PREVIOUS ASSISTANCE I DID NOT COMMIT ANY FRAUD, KNOWINGLY MISREPRESENT ANY INFORMATION OR VACATE THE UNIT IN VIOLATION OF THE LEASE. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION WILL BE GROUNDS FOR DENIAL OF HOUSING ASSISTANCE OR TERMINATION OF HOUSING ASSISTANCE. I/WE CERTIFY THAT THE HOUSE OR APARTMENT WILL BE MY PRINCIPAL RESIDENCE AND WILL NOT OBTAIN DUPLICATE FEDERAL HOUSING ASSISTANCE WHILE I AM IN THE CURRENT PROGRAM.

SIGNATURES:

HEAD OF HOUSEHOLD

DATE

SPOUSE/CO-HEAD OF HOUSEHOLD

DATE

OTHER HOUSEHOLD MEMBER OVER 18

DATE

MCHA REPRESENTATIVE

DATE

ATTACHMENTS:

- ✓ Authorization for Release of Information (for each household member 18 years of age and older)
- ✓ Declaration 214 Status (Public Housing & Section 8 Program for each household member)
- ✓ Declaration 214 Citizenship (Section 8 New Construction for each household member)
- ✓ HUD Forms 9886 and 9886-A, Notice and Consent for the Release of Information
- ✓ HUD Forms 9887 and 9887-A, Applicants Consent to the Release of Information
- ✓ Fact Sheet for HUD Assisted Residents ("How Your Rent is Determined")

It is the Policy of Madison County Housing Authority to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, sex, familial status, nation origin or handicap.





MADISON COUNTY HOUSING AUTHORITY



SECTION 8, SECTION 8 NEW CONSTRUCTION, SECTION 8 PBV & PUBLIC HOUSING

PREFERENCES

HUD permits Public Housing Agencies to establish local preferences, and to give priority to serving families that meet those criteria. Madison County Housing Authority (MCHA) has established the following admission preferences. Each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant’s place on the waiting list. Applicants with an equal amount of points will be selected on a first come first serve basis according to the date and the time their application is received.

If you feel you qualify for any of the preferences listed below, place an “X” in the box beside that preference. Verification will be required at the time of selection for assistance. If your name is selected and we are unable to verify your eligibility for a particular preference, your record will be updated and your name returned to the waiting list. As with any changes in income or household composition, you must also report, in writing, changes in preference status to the MCHA Central Office.

- Residency Preference (10 points)**
Families, who live, work or have been hired to work in Madison County
- Veteran Preference (8 points)**
Families whose Head, Spouse or Co-Head is a current member of the U.S. Armed Forces, a Veteran or the surviving spouse of a Veteran
- Disability Preference (15 points)**
Families whose Head, Spouse, Co-Head is disabled, as defined under Federal Civil Rights Laws (24 CFR Parts 8.3, 25.104 and 100.201)
- Working Preference (20 points)**
Families whose Head, Spouse or Co-Head is employed 20 or more hours a week. Elderly applicants will be awarded the 20 points working preference; disabled applicants who already receive 15 points for their disability will be awarded an additional 5 points to equal the 20 point working preference
- Educational/Training Participants Preference (10 points)**
Families whose Head, Spouse or Co-Head is a graduate of or a participant in educational or training programs designed to prepare for the job market.
- Nursing Home Residents Preference (10 points)**
Persons who are current Nursing Home residents in need of housing elsewhere
- Involuntary Displacement Preference (30 points)**
Families who are being or have been displaced due to either a formally declared disaster or government action or actions taken by the owner/agent of the unit*
- Disabled Veteran Preference (23 points)**
Families whose Head, Spouse or Co-Head is a current member of the U.S. Armed Forces, a Veteran or the surviving spouse of a Veteran and is disabled, as defined under Federal Civil rights Laws ((24 CFR Parts 8.3, 25.104 and 100.201)
- Graduates of the Transitional Housing Program Preference (10 points)**
Families who have graduated from Madison County Community Development’s Transitional Housing Program.
- Need for Onsite Support Services for Seriously Mentally Ill (20 points)**
Applies only to Collinsville Commons Apartments. Need is documented by a locus Score between 7 and 27 points. To be screened contact Chestnut Health Systems, 820 St. Louis Road, Apt. 232, Collinsville, IL Phone: 618.205.8200

*Additional information on qualifications for the involuntary displacement preference is available in the Administrative Plan and Admissions and Continued Occupancy Policy posted at the Central Office.

AUTHORIZED FOR RELEASE OF INFORMATION

(TO BE COMPLETED IN APPLICANT'S/TENANT'S OWN HANDWRITING)

ALL NAMES MUST BE WRITTEN AS THEY APPEAR ON SOCIAL SECURITY CARD
ALL ADULTS MUST SIGN THEIR OWN NAME

I, _____, DATE OF BIRTH _____
PLACE OF BIRTH _____, SOCIAL SECURITY NUMBER _____

DO HEREBY AUTHORIZE ANY AGENCIES, OFFICE, GROUPS, ORGANIZATIONS OR BUSINESS FIRMS TO RELEASE TO THE MADISON COUNTY HOUSING AUTHORITY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY APPLICATION FOR PARTICIPATION AND/OR TO MAINTAIN MY CONTINUED ELIGIBILITY IN THE SECTION 8 HOUSING ASSISTANCE PROGRAM AND/OR LOW INCOME HOUSING PROGRAM. THESE ORGANIZATION INCLUDE, BUT ARE NOT LIMITED TO: FINANCIAL INSTITUTIONS, CHILD SUPPORT PAYERS, ILLINOIS EMPLOYMENT SECURITY COMMISSION, PAST OR PRESENT EMPLOYERS, SOCIAL SECURITY ADMINISTRATION, WELFARE DEPARTMENT, CHANCERY CLERKS, VETERAN'S ADMINISTRATION, UTILITY COMPANIES, WORKMAN'S COMPENSATION PAYERS, HOSPITALS, PUBLIC AND PRIVATE RETIREMENT SYSTEMS, ATTORNEYS AND LAW ENFORCEMENT AGENCIES.

I AGREE TO HOLD HARMLESS THE MADISON COUNTY HOUSING AUTHORITY AND/OR ANY AGENCY, OFFICE, GROUP, ORGANIZATION OR INDIVIDUAL RELEASING INFORMATION.

I FURTHER AGREE THAT A COPY OF THIS AUTHORIZATION MAY BE USED AS AN ORIGINAL.

THIS AUTHORIZATION SHALL CONTINUE FROM THE DATE OF SIGNATURE AND UNTIL SUCH TIME THE HOUSING AUTHORITY IS NOTIFIED IN WRITING THAT THE AUTHORIZATION IS CANCELLED.

THIS CONSENT FORM EXPIRES 15 MONTHS AFTER SIGNED.

SIGNED: _____ WITNESS: _____

DATE: _____ DATE: _____

OTHER NAMES YOU HAVE HAD (MAIDEN, MARRIED, ETC.)

MADISON COUNTY HOUSING AUTHORITY

Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify under penalty of perjury*, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box)

- I am a citizen by birth, a naturalized citizen or national of the United States, OR
- I have eligible immigration status and I am 62 years of age or older. (attach evidence of proof of age**, OR
- I have eligible immigration status as checked below (Attach INS documents evidencing eligible immigration status and signed verification consent form OR
- Immigrant status under paragraphs 101 (a) (15) or 101 (a) (20) of the INA***, OR
- Permanent residence under paragraph 249 of INA ****, OR
- Refugee , asylum, or conditional entry status under paragraphs 207, 208 or 203 of the INS*****, OR
- Parole status under paragraphs 212 (d) (f) of the INA*****, OR
- Threat to life or freedom under paragraph 243 (h) of the INA*****, OR
- Amnesty under paragraph 245 of the INA *****, OR

Signature of Adult Family Member

Date

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

PHA: Enter INS/SAVE Primary Verification # _____ Date: _____

*Warning 18 U.S.C. 1001 Provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any 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 not more than \$10,000 or imprisoned for not more than five years, or both

The following footnotes pertain in noncitizens who declare eligible immigration status in one of the following categories.

**Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

***Immigrant status under paragraphs 101(a)(15) of INA. A noncitizen lawfully admitted for permanent residence, as defined by paragraph 101(a)(20) of the immigration and Nationality Act (INA), as an immigrant, as defined by paragraph 101(a)(a5) of the INA (8 U.S.C. 1101 (a)(20) and 1101(a)(15), respectively {immigrant status}. This category includes a noncitizen admitted under paragraphs 210 or 210A of the INA (8 U.S.C. 1160 or 1161), {special agricultural worker status}, who has been granted lawful temporary resident status.

****Permanent residence under paragraph 249 of INA. A noncitizen who entered the U.S. before January 1, 1972 or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under paragraph 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249]

*****Refugee, asylum, or conditional entry status under paragraph 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under paragraph 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the asylum (which has not been terminate under paragraph 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under paragraph 203(a)(7) of the INA (U.S.C. 1153 (a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

*****Parole status under paragraph 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under paragraph 212 (d)(95) or the INA (8 U.S.C. 1182(d)(d)) [parole status]

*****Threat to life of freedom under paragraph 243 (h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under paragraph 243(h) of the INA 98 U.S.C. 1253(h) [threat to life of freedom]

*****Amnesty under paragraph 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under paragraph 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A]

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995) the PHA must enter INS/SAVE Verification Number and date that it was obtained. A PHA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and Last name. Place an "X" or " " in the appropriate boxes. Sign and date at bottom of page. Place an "X" or " " in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.

APPLICANT/CO-HEAD/ OTHER ADULT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report in writing within 14 calendar days of any change of residency, changes in income and any change in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I received any previous federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be my principal residence and I will not obtain duplicate federal housing assistance while I am in the current program.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance or eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS OF FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

SIGNATURES OF ALL ADULT HOUSEHOLD MEMBERS

DATE

Madison County Housing Authority

Request for Reasonable Accommodation

You may utilize this form to request that the Madison County Housing Authority (MCHA) provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the MCHA's facilities, programs or services

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability". If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form please contact your local property management office or the MCHA's Section 504/ADA Coordinator.

Date of Request: _____ Social Security Number: _____

Name of Applicant/Resident/Participant: _____

Address: _____

Phone Number: _____

1. I am requesting the following reasonable accommodation(s): _____

2. I am requesting the reasonable accommodation(s) on behalf of (name): _____

3. My reason(s) for requesting this reasonable accommodation: _____

4. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified (in your development or another development). The Madison County Housing Authority will work with you to determine how to fulfill your reasonable accommodation request. The Madison County Housing Authority may require documentation to support your reasonable accommodation request(s).

Please indicate which option you prefer:

_____ I wish to have modifications made to my current unit only.

_____ I would consider moving to a unit that is currently modified, but only within my current development

_____ I would consider moving to a unit that is currently modified, even in another Development

Signature of Applicant/Resident/Participant

Date