



PREAPPLICATION FOR SECTION 8 – PROJECT BASED VOUCHER PROGRAM



St. James Place, Pontiac, IL – Project Based Vouchers
101 West Sheridan Road; PO Box 168, Petersburg, Illinois 62675
Phone: 217-632-7723 FAX: 217-632-7511

Head of Household Name: _____
Current Mailing Address: _____
Current City/State/Zip: _____
Primary Phone #: (_____) _____ **Alternate Phone #:** (_____) _____
E-Mail Address: _____

How would you like to be contacted by Menard County Housing Authority? (Check all that apply)
 Mail Phone E-Mail Other: _____

Persons Who Will Live in the Rental Unit:

Name, including Head of Household	Relationship to Head	Social Security Number	Date of Birth	Disabled/Handicap (Y/N)	Annual Income
	Head				\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Annual Income					\$

Please see the information on the reverse side of this form to determine if you are eligible for a preference.

Do you qualify for a residency preference? Yes No
Do you qualify for a Veteran’s preference? Yes No

Have you or anyone who will live in the rental unit ever been convicted of any crime other than traffic violations?
 Yes No If yes, explain with dates, details, and where offense(s) occurred: _____

I certify that the above information is correct and I understand that making false or fraudulent statements to the Menard County Housing Authority is a felony.

_____ HEAD OF HOUSEHOLD	_____ Date
_____ OTHER ADULT	_____ Date
_____ OTHER ADULT	_____ Date
_____ OTHER ADULT	_____ Date

**This Pre-application must be completed in full and signed by all persons 18 years or older that will live in the unit.*



RESIDENCY PREFERENCE:

Applicants that reside or work within the covered jurisdiction receive a waiting list preference and are sequenced ahead of applicants who are not qualified for the preference.

In order to maintain this preference you must continually meet this requirement and must still be qualified for this preference when drawn for full application. If it is discovered that you are no longer qualified for a residency preference when drawn for full application your pre-application will be returned to the waiting list with the residency preference removed.

Do you reside or work in Livingston County?

If you qualify for the residency preference, we must have documentation before considering the preference when you are placed on the waiting list. Acceptable forms of documentation include but are not limited to the following: dwelling lease, utility bills, state issued driver's license or ID card, Voter Registration Card, paystubs, letter from employer, etc.

VETERAN'S PREFERENCE

This preference is available to applicants where the head of household, spouse or co-head is a veteran or survivor of a veteran who actively served in a branch of the United States Armed Services. The term survivor includes the spouse or widow of a veteran (unless remarried). A person who served in the military that was dishonorably discharged is not eligible for the veteran's preference. In consideration of this preference, A Veteran is defined as a person who has served in the active military service of the United States at least four (4) months or longer and who shall have been released under conditions other than dishonorable, bad conduct or court martial. Documentation required to qualify for veterans preference includes the following :

Veteran

- DD214 discharge document, or
- Letter from Veteran's Administration verifying the branch of service, date and place of discharge and type of discharge.

Spouse/widow of Veteran

- Marriage Certificate or license, or
- Death Certificate (If spouse/widow has not remarried)

Please provide a copy of this documentation when you return this pre-application. You will NOT be considered for a residency preference until such documentation is received.

Optional and Supplemental 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.

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

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	<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.	

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.