

GRANITE CITY HOUSING AUTHORITY

P. O. Box 794

Granite City, Illinois 62040

Phone: (618) 876-0975 TDD :(800)545-1833 EXT 254 Fax: (618) 876-8992

**PRE-APPLICATIONS AND
APPLICATIONS MAY BE
RETURNED BETWEEN
9:00 AM -11:00 AM
MONDAY AND
WEDNESDAY,
&
2:00 PM - 4:00 PM
TUESDAY AND THURSDAY**



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How to Apply for Housing:

1. Complete all sections of the pre-application form (3 Pages):

Pre-application for Housing Assistance

Informational Sheet

HUD Form 9886 Authorization for the Release of Information/Privacy Act Notice

2. Be sure to sign and date the Pre-application, Information Page and HUD Form 9886.
3. Tear off the Checklist (last page) and retain for assistance in gathering documents needed once you are contacted to schedule an appointment.

4. Your pre-application form will be screened for initial eligibility:

Ability to establish utility service in all adult household members

Credit Report

Police Background check

Public Housing Debt and Section 8 Termination

If deemed initially eligible your application will be placed on the waiting list by date, time preference(s) and bedroom size.

Once an apartment is available, you will be contacted to schedule an appointment to complete the application process.

Mail the pre-application to:

Granite City Housing Authority

Attention Housing Applications

P. O. Box 794

Granite City, IL 62040

Or:

Return the pre-application to:

Granite City Housing Authority

2517 Nameoki Road

Granite City, IL 62040

Pre-application for Housing Assistance

Please complete and return to
Granite City Housing Authority
 P. O. Box 794
 Granite City, IL 62040

Date stamp (GCHA office use only)

This form must be filled out in English. Print neatly in ink. All fields are required.

1. Personal Information

Enter your Social Security Number

Student? Yes No
 Birth date (mm / dd / yy)
 () -
 Area Code Telephone Number

2. Name and current address of head of household:

Last name First name Middle Initial
 Mailing address Apartment number
 City State Zip

3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	5. Race <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black	<input type="checkbox"/> Alaskan Native	6. Alternate Name/Contact Phone Number:
			<input type="checkbox"/> Asian <input type="checkbox"/> Other:	<input type="checkbox"/> White	

7. Disability

It is not necessary to give us details about your disability unless you are requesting an accommodation.

7a. Do you claim a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	7b. Do you need an accommodation in housing features as a result of your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	7c. If yes to 7a or 7b what accommodation do you require?
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8. Current living situation

Check all that apply. The selection of any preference will determine your place on the Waiting List

Preferences:

Selection of Preferences must be verified at the time of approval.

- Reside or Working in Granite City
- Local Preference (Involuntarily Displaced, Living in Substandard Housing, Paying more than 50% of the family income for rent for more than 90 days)
- Veteran of U. S. Armed Forces
- Not Applicable
- Victim of Domestic Abuse

9. Assets and Income

Provide gross (not net) amounts for all questions.

9a. Value of family assets Assets include bank accounts, investments and real estate. \$ _____	9b. Total monthly income Include income from all family members. You may estimate. \$ _____	9c. Income source(s) Check all that apply. <input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> Interest/annuity income <input type="checkbox"/> Child support <input type="checkbox"/> Someone pays my bills/gives me money: \$ _____ (list how much) <input type="checkbox"/> SSA <input type="checkbox"/> SSD <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other assistance: _____ <input type="checkbox"/> SSI <input type="checkbox"/> TANF
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10. Past residency history for the past five years. If more than 2 addresses, please attach a separate piece of paper.

Address: _____ City: _____ Landlord: _____	Address: _____ City: _____ Landlord: _____	Have you ever been evicted from any Federally subsidized Housing Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
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11. List others who will live with you

Include unborn children and live-in aides. For Ethnicity and Race, use the categories in questions 4 and 5.

#	Relation	Last name	First name + middle initial	Ethnicity	Race	(M / F)	Social Security number	Birthdate (mm / dd / yy)	Disability? (Y / N)	Student? (Y / N)
1						X				
2										
3										
4										
5										

If you have more than five household members, please check here and list them on a separate piece of paper.

12. Certification of applicant: I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that my having provided any false information will result in my application being denied or the termination of my housing assistance. I understand that at the time I rise to the top of a waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping the Granite City Housing Authority informed of my current address, and I understand that my application may be cancelled if I fail to do so.

X _____ X _____
 Signature of head of household Date Signature of spouse or co-head of household Date

INFORMATIONAL PAGE

HOW DID YOU HEAR ABOUT APPLYING FOR
HOUSING WITH GRANITE CITY HOUSING AUTHORITY?

- Relative Public Housing Brochure Church
 Friend Internet Social Agency

The Application Process:

This pre-application will place you on the Waiting List if you are deemed eligible based on initial screening criteria. The Waiting List is organized by bedroom size, which is determined by your family size in accordance with federal regulations and the Admissions and Continued Occupancy Policy (ACOP) of Granite City Housing Authority. When you reach the top of the Waiting List, you will be contacted by mail to let you know you have been selected for participation in the program.

Eligibility: Applicants must qualify as a family and/or as an eligible single person. Annual gross income must be within limits as established by HUD for the area, with adjustments for smaller and larger families. All other screening criteria as defined in the ACOP will be used to determine eligibility.

Madison County, Illinois										
FY 2011 Income Limit Area	Median Income	FY 2011 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Madison County	\$69,500	<u>Very Low (50%) Income Limits</u>	\$24,350	\$27,800	\$31,300	\$34,750	\$37,550	\$40,350	\$43,100	\$45,900
		<u>Extremely Low (30%) Income Limits</u>	\$14,600	\$16,700	\$18,800	\$20,850	\$22,550	\$24,200	\$25,900	\$27,550
		<u>Low (80%) Income Limits</u>	\$38,950	\$44,500	\$50,050	\$55,600	\$60,050	\$64,500	\$68,950	\$73,400

***Fraud Warning:** Title 18, Section 1001 of the United States code, states that a person who knowingly and willingly makes false statements to any department or agency of the United States is guilty of a felony.

X
Signature of Head of Household Date

X
Signature of spouse or
Co-head of household Date

Authorization for the Release of Information/ Privacy Act Notice

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

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PLEASE TEAR OFF AND KEEP THIS PAGE

Please be prepared to bring copies of the items listed below and any other requested information to your interview once our office has contacted you:

____ Verification of all sources of income – Verification of TANF (Public Aid) benefits and a copy of your medical card. Award Letter from Social Security if you receive benefits from Social Security. If employed two (4) most recent paystubs.

____ Original Certified Birth Certificates and Social Security Cards for all members of the family

____ Picture ID for all adults in the family

____ Proof of ownership of all assets. Copy of most recent Bank Statement and Savings Accounts, verification of investments including Certificate of Deposits, Stocks & Bonds and annuities. Verification of Fair market value of any real estate owned. Bankruptcy Documents if filed in last 7 years.

____ Names and Address of all Landlords for the past 5 years - if living with relative, we need an Affidavit from that person verifying address and time frame

____ Marriage License, Divorce Papers, Death Certificate of Spouse or Custody Papers, if applicable

____ If elderly, verification of any medical expenses that you pay from your own pocket that are not reimbursable from insurance

____ Medical insurance premiums that you pay - not life insurance

____ Rent receipts and utility bills that you may currently be paying

____ Police Report for each Locality of residence that you have lived at in the past 5 years excluding Granite City and City of Madison, Illinois.

____ Any Head of Household under the age of 18, Emancipation Order as required by Ameren IP to establish utility service.

It will be your responsibility to make sure you have updated your contact information any time it changes.