



Housing Authority of the City of Bloomington
 104 East Wood Street
 Bloomington, Illinois 61701
 Phone: (309) 829-3360



Initial Preliminary Application Form – Section 8 Housing Choice Voucher

This application is to be used exclusively for applicants who qualify for a “Mainstream Voucher”: households with an individual between the ages of 18 and 61 years of age who is disabled AND meets one of the following criteria: (a) transitioning out of institutional or other segregated settings, (b) at serious risk of institutionalization, (c) homeless, or (d) at risk of becoming homeless. A **Statement of Eligibility for Mainstream Voucher Preference** must also be submitted.

If you or anyone in your family is a person with disabilities and you require a specific accommodation to fully utilize our programs and services, please call 309-829-3360.

| FOR OFFICE USE ONLY | |
|---------------------|--------|
| Date & Time | Number |

| Information about Head of Household | | | | |
|---|--|---|---------------|-----|
| Last Name | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Soc. Security No. | Date of Birth | Age |
| First Name & Middle Initial | Phone No. | | E-mail: | |
| Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | Race <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <i>Race & ethnic data for statistical purposes only</i> | | | |
| Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Mailing Address Address: City: State: ZIP: | | Monthly Income to Household Employment \$ _____ Soc. Security \$ _____ SSI \$ _____ Child Support \$ _____ Other source \$ _____ | | |
| Note: You are required to notify the Housing Authority IN WRITING of any change of address. If we cannot contact you at the above mailing address, your name will be removed from the waiting list and you will have to re-apply. | | | | |

| Household Members | | | | | | |
|-------------------|-----------------|--------------|-------------------|---------------|-----|--------------------|
| Full legal name | Gender (M or F) | Relationship | Soc. Security No. | Date of Birth | Age | Disabled? (Y or N) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Have you or anyone in your household ever been evicted from public housing or other assisted housing for drug-related or violent activity within the past three years? No Yes – date: ____/____/____

Certification

By submitting this form, I authorize the Housing Authority to verify all information I have supplied as part of the application. I also authorize the Housing Authority to determine the eligibility of my household for housing assistance by examining criminal background records and citizenship status. I understand the providing false or incomplete information is grounds for denial of housing assistance.

By signing and submitting this form, I certify that the information provided herein is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five year if I furnish false or incomplete information.

Signature of Head of Household Date

Signature of Spouse / Co-head Date

Signature of Other Adult Date

Signature of Other Adult Date

APPLICATION INSTRUCTIONS & IMPORTANT INFORMATION

A **Statement of Eligibility for Mainstream Voucher Preference** must be submitted with this application. Documents must be attached to the Statement of Eligibility in order to verify that the applicant qualifies for this category of voucher. This application, the Statement of Eligibility, and the necessary attachments are together considered a “completed Mainstream voucher application packet”.

Completed Mainstream voucher application packets will be accepted beginning at 1:00 PM on Wednesday, April 17, 2019. The completed application packet may be submitted via e-mail to jorgeo@bloomingtonha.com or submitted in person at the main administrative office of the Housing Authority at 104 E. Wood Street, Bloomington, Illinois (e-mail submittal of the completed application packet in PDF form is the preferred method of submittal).

Due to the limited number Mainstream Vouchers made available to the Housing Authority at this time, only the first 35 completed, valid applications will be accepted. Only those who can provide verification of the Mainstream criteria are eligible to apply for a Section 8 Housing Choice Voucher at this time. The waiting list for regular Vouchers is CLOSED and expected to remain closed through April of 2020.

Questions about Mainstream Vouchers and the application process may be directed to
Jorge Ovalle, 309-829-3360, ext. 211 or jorgeo@bloomingtonha.com
Caryl Hoobler, 309-829-3360, ext. 212 or carylh@bloomingtonha.com

STATEMENT OF ELIGIBILITY FOR MAINSTREAM VOUCHER PREFERENCE

Instructions:

- Complete and sign this form below if you believe your household is eligible for the Mainstream Voucher Preference.
- If you or anyone in your family is a person with disabilities and you require a specific accommodation to fully utilize our programs and services, please call 309-829-3360.

Program Information:

- To be eligible for this preference, your household must include a family member who:
 - ✓ Has a disability, **and**
 - ✓ Is between the ages of 18 and 61 years,**and meets at least one of the following**
 - ✓ Is transitioning out of an institutional or other segregated setting;
 - ✓ Is at serious risk institutionalization;
 - ✓ Is homeless (in accordance with HUD definitions); or
 - ✓ Is at risk of becoming homeless (in accordance with HUD definitions).
- Eligible household can be a single person if person meets preference criteria listed above.

Verification of Disability

Please attach the requested verification.

- ✓ Benefit letter from Social Security Administration dated within past 60 days, **or**
- ✓ Verification of Disability Form completed by a qualified professional, such as a doctor, other medical professional, or licensed social worker.

Verification of Transition from Institutional or Other Segregated Setting

“Institutional and other segregated settings” include, but are not limited to: Congregate settings such as nursing homes or group homes populated exclusively or primarily with individuals with disabilities. See Program Definitions document for complete definition of “institutional or other segregated setting”.

Transitioning is defined as having a plan for exiting an institutional or other segregated settings within three months.

- Attach Written Verification of Transition Plan** such as a letter from staff at the facility or from another service provider describing the setting and confirming that the eligible family member has a plan to exit within three months.

Name of Institution/Segregated setting:

Phone:

Name of someone who can verify transition plan:

Title:

Verification of Serious Risk of Institutionalization

“At serious risk of institutionalization” includes:

- An individual with a disability who as a result of a public entity's failure to provide community services or its cut to such services will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution.
 - An individual experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community based services, individuals currently living under poor housing conditions or homeless with barriers to geographic mobility, and/or currently living alone but requiring supportive services for independent living.
- Attach Written Verification of “Serious Risk of Institutionalization”** from health and human services agency, community-based organization, or as a formal statement of self-identification.

Name of agency verifying serious risk of institutionalization:

Name and title of professional providing verification:

Phone:

Verification of Homelessness or At Risk of Becoming Homelessness

For purposes of qualifying for a Mainstream Voucher, an individual must meet a specific definition of “homeless” or “at risk of becoming homeless”. These terms are defined on the Program Definitions document. Indicate which condition applies:

- Attach Written Verification of “Homeless”** from health and human services agency, community-based organization, or as a formal, notarized statement of self-identification.
- Attach Written Verification of “At Risk of Becoming Homeless”** from health and human services agency, community-based organization, or as a formal, notarized statement of self-identification.

Name of agency verifying “homeless” or “at risk of becoming homeless”:

Name and title of professional providing verification:

Phone:

Certification

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or representations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$10,000 and/or imprisonment of not more than 5 years.

I certify the information in this Statement of Eligibility is true and accurate.

Head of Household Signature:

Date:

Program Definitions related to Mainstream Vouchers through the Housing Authority of the City of Bloomington

The “Mainstream Voucher” program provides Section 8 housing choice vouchers to provide sustained community-based integrated housing opportunities to non-elderly persons with disabilities who are (a) transitioning out of institutional or other segregated settings, (b) at serious risk of institutionalization, (c) homeless, or (d) at risk of becoming homeless. This document provides definitions in order to determine program eligibility.

The following definitions are provided by the US Department of Housing and Urban Development (HUD) in the Notice of Funding Availability FR-6100-N-43.

Eligible household: A household composed of one or more non-elderly person with disabilities, which may include additional household members who are not non-elderly persons with disabilities. A household where the sole members is an emancipated minor is not an eligible household.

Non-elderly person with disabilities (for purposes of determining eligibility): A person 18 years of age or older and less than 62 years of age, and who:

- (i) Has a disability, as defined in 42 U.S.C. 423;
- (ii) Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
 - (A) Is expected to be of long-continued and indefinite duration;
 - (B) Substantially impedes his or her ability to live independently, and
 - (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
- (iii) Has a developmental disability as defined in 42 U.S.C. 6001.

Institutional or other segregated settings include, but are not limited to:

- (1) congregate settings populated exclusively or primarily with individuals with disabilities;
- (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals’ ability to engage freely in community activities and to manage their own activities of daily living; or
- (3) settings that provide for daytime activities primarily with other individuals with disabilities.

At serious risk of institutionalization: Includes an individual with a disability who as a result of a public entity's failure to provide community services or its cut to such services will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution. This includes individuals experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community based services, individuals currently living under poor housing conditions or homeless with barriers to geographic mobility, and/or currently living alone but requiring supportive services for independent living. A person cannot be considered at serious risk of institutionalization unless the person has a disability. An individual may be designated as at serious risk of institutionalization either by a health and human services agency, by a community-based organization, or by self-identification.

Homeless means:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who will imminently lose their primary nighttime residence, provided that:

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

(i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a

history of incarceration or detention for criminal activity, and a history of unstable employment;
or

(4) Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

At risk of becoming homeless: An individual or family who:

(i) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this section; **and**

(ii) Meets one of the following conditions:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) Is living in the home of another because of economic hardship;

(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.