



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



## Public Housing Application Instructions

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### INTERVIEW SCHEDULE

All applicants for public housing must apply in person and be interviewed. Any applications mailed in or dropped off at the front desk will be discarded. Application interviews are conducted:

Monday through Wednesday  
9:00 AM to 11:00 AM *and* 1:30 PM to 3:00 PM

Thursday by appointment ONLY

These times are subject to change. Applicants will be interviewed on a first come, first serve basis. You may call to get an appointment if you have work, medical, or transportation schedule conflicts.

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### APPLICATION INTERVIEW REQUIREMENTS

1. All household members age 18 or older must be present and have a current photo ID
2. Birth certificate for each household member regardless of age (photocopies acceptable)
3. Social Security card for each household member regardless of age (photocopies acceptable)
4. Pre-application form filled out as completely as possible
5. Documentation of current income

At the end of the interview, you will be given a list of additional documentation needed to complete your application. Completing the application interview and providing required documents does not automatically make you eligible for assistance or indicate that housing is available.

It is your responsibility as an applicant to keep the Housing Authority informed of changes in your address, income, employment, school attendance, family composition or other factors that may affect your application or place on the waiting list.

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### HOUSING EMERGENCIES

The Housing Authority does not provide emergency housing. Contact PATH by dialing 2-1-1 (or 309-828-1022) if you need emergency housing. The application process for public housing can take months. Even after approval, it may take months for an apartment to become available.

## PRE-APPLICATION FOR PUBLIC HOUSING PERSONAL DECLARATION

Please fill out this form **IN YOUR OWN HANDWRITING**. You must *copy the exact legal name* as it appears on each Social Security Card. You must furnish Social Security Numbers for all people in the household.

Race (Check 1)

Ethnicity (Check 1)

White

Hispanic

Black

Non-Hispanic

American Indian/Alaska Native

Asian or Pacific Islander

Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?  if yes explain \_\_\_\_\_

Name \_\_\_\_\_ How long have you lived at Current Address? \_\_\_\_\_

Street address \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address \_\_\_\_\_ Home telephone ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

What was your street address and city before you moved to where you live now?

Address \_\_\_\_\_

If we were unable to reach you, whom could we contact?

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**List all persons who will be living in your home. List the head of household first.**

Legal Name as appears on Social Security Card	Date of Birth	Relationship to Head of Household	Social Security Number	Indicate if Married (M), Widowed (W), Separated (S), Divorced (D), Never Married (NM)
1.		SELF		Year
2.				Year
3.				Year
4.				Year
5.				
6.				
7.				
8.				

**Fill in below about the children in the home – including absent parent’s name**

Children (Name as appears on Social Security Card)	School Name and Grade	Absent Parent’s Name	Absent Parent’s Address

If you are separated or divorced, list the name and address of your spouse or ex-spouse:

Name \_\_\_\_\_

Address \_\_\_\_\_

**INCOME, ASSETS AND FAMILY INFORMATION**

List **all** the income earned or received by everyone who will be living in your household.

1. List income from: employment, self-employment, unemployment, child support, contributions from people outside the household, Social Security, SSI, disability income (from any source), worker's compensation, retirement benefits, Public Aid, TANF, Township, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, and any other sources.

Household Member	Source of Income List all income	Amount of each payment	How often do you get the income?
1.			
2.			
3.			
4.			

2. If employed, list names, addresses and phone numbers of employer \_\_\_\_\_

3. Does anyone outside of your household pay for any of your bills or give you money? \_\_\_\_\_ If yes, please explain and list amount \_\_\_\_\_

4. Do you or any member of your household own or have an interest in any real estate, boat, and/or mobile home? If so, list item and net value \_\_\_\_\_

5. Have you sold or given away any real estate in the past two years? \_\_\_\_\_

6. Where do you bank? \_\_\_\_\_ List the type of accounts, account numbers and amounts in each account \_\_\_\_\_

7. Have you or any other adult members ever used any name(s) or Social Security Number(s) other than the one you use now? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

8. Have you or anyone in your household ever been arrested, picked up by the police, have you turned yourself in, gone to court, or been convicted of any crime? Have you ever been placed in court supervision or been told your court record would be removed? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
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9. Are you or anyone in your household on parole, probation, or court supervision? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_
10. Has anyone in your household ever used, sold, manufactured, possessed or distributed a controlled substance or marijuana? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
- Does anyone in your household currently use or sell a controlled or illegal drug? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
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11. Are you or any member of your household subject to a sex offender registration program in any state? \_\_\_\_\_ If yes, who and which state? \_\_\_\_\_
12. Does anyone in your household abuse alcohol, or drink to excess? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
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13. Have you ever lived in subsidized housing or participated in any Section 8 program or public housing program in any community? \_\_\_\_\_ If yes, When did you live there? \_\_\_\_\_ What was the name of the agency or development \_\_\_\_\_ Were you ever evicted? If so, why? \_\_\_\_\_
14. Have you or anyone in your household ever committed or been accused of committing any fraud (by purposely not telling the truth about your income or family) in a federally assisted or subsidized housing program, or been requested to repay money for knowingly not telling the truth? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
15. Have you ever been evicted, or have you violated a lease any place you have lived? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
16. Have you or any household member ever been evicted from public or assisted housing for violent criminal or drug-related criminal activity? \_\_\_\_\_ Please explain \_\_\_\_\_
17. Do you or anyone in your household owe money to any Housing Authority or any other subsidized housing program? \_\_\_\_\_ If yes, please explain and list address \_\_\_\_\_
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### MEDICAL AND UNUSUAL EXPENSES

1. Do you pay for child care while you are at work or in school? \_\_\_\_\_ If yes, list child care provider name, address and telephone number \_\_\_\_\_  
 Cost per week \$ \_\_\_\_\_ or month \$ \_\_\_\_\_
2. Do you receive Medicare Benefits? \_\_\_\_\_
3. Do you receive medical assistance through Public Aid or Township? \_\_\_\_\_
4. Do you pay any medical insurance/hospitalization (such as Blue Cross, etc.?) \_\_\_\_\_  
 If so, list \_\_\_\_\_  
 Is this a payroll deduction? \_\_\_\_\_ If yes, how often is it deducted? \_\_\_\_\_  
 How much is deducted \$ \_\_\_\_\_ If paid directly by you, how much is the payment? \$ \_\_\_\_\_  
 How often do you pay it? \_\_\_\_\_
5. Are you making payments on outstanding medical bills? \_\_\_\_\_
6. Do you take prescription drugs on a regular basis? \_\_\_\_\_

7. Do you pay a care attendant or for any equipment for any household member(s) with disabilities that is necessary to permit that person or someone else in the household to work? \_\_\_\_\_

If yes, Please explain \_\_\_\_\_

**PROGRAM INFORMATION**

1. Do you expect anyone to move in or out of your household within the next 12 months? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

2. Does anyone live with you now who is not listed on this application? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

3. How did you hear about our Public Housing Program? \_\_\_\_\_

4. What is the name of the Agency or person who referred you to the Housing Authority? \_\_\_\_\_

5. What type of public housing are you applying for? Family \_\_\_ Elderly \_\_\_ Congregate Housing Services Program \_\_\_

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*THE HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON WILL IMPLEMENT THE APPLICATION PROCESS IN A MANNER CONSISTENT WITH THE EXPLICIT AND IMPLICIT REQUIREMENTS OF ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS TO ENSURE THAT ALL APPLICANTS ARE NOT SUBJECT TO DISCRIMINATION BECAUSE OF RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, FAMILIAL STATUS OR SEXUAL ORIENTATION.*

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**Failure to respond to any question on this application or providing false information may jeopardize the approval of the application.**

We welcome your questions or inquiries concerning your application. Please feel free to call or come in at your convenience. For further information concerning eligibility for housing, a copy of the Housing Authority "Statement of Leasing and Occupancy Policies" is available upon request.

**PLEASE FILL IN COMPLETELY BELOW. LIST YOUR CURRENT ADDRESS WITH THE LANDLORD'S NAME AND ADDRESS AND PHONE NUMBER. LIST ALL PREVIOUS ADDRESSES FOR THE PAST FIVE (5) YEARS, IN ORDER, WITH EACH LANDLORD'S NAME, ADDRESS AND PHONE NUMBER. INCLUDE THE DATES YOU LIVED THERE.**

Current Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Current Landlord's Name: \_\_\_\_\_

Name of Apartment Complex \_\_\_\_\_

Current Landlord's Address: \_\_\_\_\_ City and State \_\_\_\_\_

Current Landlord's Phone Number: \_\_\_\_\_ Fax # \_\_\_\_\_

Your Most Recent Previous Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City and State \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_

Next Most Recent Previous Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_ City and State \_\_\_\_\_  
Landlord's Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_

Former Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Former Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_ City and State \_\_\_\_\_  
Former Landlord's Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_

Former Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Former Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_ City and State \_\_\_\_\_  
Former Landlord's Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_

Former Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Former Landlord's Name \_\_\_\_\_  
Landlord's Address \_\_\_\_\_ City and State \_\_\_\_\_  
Former Landlord's Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_

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**I hereby swear that all the information I have given above is true and correct. I understand that all changes in income of any person in my household, as well as any changes in my family size, must be reported to the Housing Authority immediately.**

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse	_____ Date
_____ Signature of Other Adult	_____ Date	_____ Signature of Other Adult	_____ Date
_____ Signature of Person who helped you fill out form			_____ Date

***I understand that I must inform the Housing Authority of any changes to this form within 10 days of their occurrence including any changes in the amount or source of income or any arrests or convictions.***

_____ Signature	_____ Signature	_____ Date
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**WARNING: TITLE 18, SECTION 1001 OF THE U. S. CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR TO HUD.**