



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



Public Housing Application Instructions

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:

BY APPOINTMENT ONLY

To schedule your appointment call 829-3360 ext. 215.

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.

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 _____
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 _____
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 _____
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 _____

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 ___

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.

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 # _____

