



Housing Authority of the City of Bloomington

104 East Wood Street  
Bloomington, Illinois 61701  
Phone: (309) 829-3360



## Public Housing Pre-Application Instructions

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Applications for housing may be picked up from and returned to 104 E. Wood Street according to the following schedule:

**Monday through Friday from 9:00 AM until 3:00 PM**

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This application must be filled out completely. Do not leave any blanks, write “N/A” if a question does not pertain to you. Please sign all **yellow highlighted areas**. Make sure to check both front and back of each page. You **must** provide the following documents with your application. **If you fail to provide all the documents requested, the approval of your housing application can be delayed or denied.**

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1. All household members aged **18 years and older must sign** and provide 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 (for everyone over the age of 18)
  6. Two written personal references (non-family member)

### Optional Documents for Preference Points

7. Copy of High School diploma, GED, Post-Secondary degree/certificate
8. Proof of enrollment in post-Secondary school or training

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. **IF YOU MOVE, YOU MUST PROVIDE US WITH YOUR NEW MAILING ADDRESS.**

If you have any questions, please call me at:

**Intake Department  
309-829-3360 Ext. 215**

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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 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 convicted of a felony? 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 childcare while you are at work or in school? \_\_\_\_\_ If yes, list childcare 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 currently live with you 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 # \_\_\_\_\_

Landlord  Relative  Friend

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

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

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

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

Landlord  Relative  Friend

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

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

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

.....  
**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.**

<b>Signature of Head of Household</b>	<b>Date</b>	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.***

<b>Signature</b>	Signature	<b>Date</b>
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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.**



AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I/we authorize and direct any Federal, State, or local agency, organization, business, or individual to release and verify my application for participation and/or maintain my continued assistance under the Existing Low-Income Public Housing and/or the Housing Choice Voucher and/or other housing assistance programs. I understand and agree that this authorization, or the information obtained with its use, may be given to, and used by HUD in administering and enforcing program rules and policies. I also consent for HUD or the Public Housing Authority (PHA) to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease or PHA policies.

INFORMATION COVERED

I/we understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

- |                                 |                                |
|---------------------------------|--------------------------------|
| Identity                        | Employment, Income and Assets  |
| Medical or Childcare Allowances | Credit History                 |
| Criminal Activity               | Residences and Rental Activity |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| Previous Landlords              | Past and Present Employers           |
| Public Housing Agencies         | Welfare Agencies                     |
| Courts and Post Offices         | State Unemployment Agencies          |
| Schools and Colleges            | Social Security Administration       |
| Law Enforcement Agencies        | Child Support and Alimony Providers  |
| Medical and Childcare Providers | Veterans Administration              |
| Retirement Systems              | Banks and other Lending Institutions |
| Utility Companies               | Credit Providers and Credit Bureaus  |

COMPUTER MATCHING AND CONSENT

I/we understand and agree that HUD or the PHA may conduct computer matching programs to verify the information supplied for any certification or re-certification. If a computer match is done, I/we understand that I have the right to notification of any adverse information found and have a chance to disprove incorrect information. HUD or the PHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including, but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Administration, and State Welfare and Food Stamp Agencies.

CERTIFICATIONS

I/we agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the PHA. I/we understand that I have the right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR OTHER ADULT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family’s suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD’s initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA’s name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD’s record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD’s EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</b></p>
	<p><b>Signature</b> <span style="float: right;"><b>Date</b></span></p>
	<p><b>Printed Name</b></p>



## LANDLORD RELEASE FORM

Date: \_\_\_\_\_

I authorize the Housing Authority of the City of Bloomington to contact current and previous landlords, shelters, and other places I have stayed to obtain information regarding rental history.

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Head of Household Signature

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Spouse Signature

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Other Family Member 18 or Older Signature



## Verification of Rental History

TO: \_\_\_\_\_

We are requesting verification of rental history for the individual named below, who states they are a present or former tenant.

Please fax the form to 309-829-4644 or email to [roseo@bloomingtonha.com](mailto:roseo@bloomingtonha.com)

Rental history of \_\_\_\_\_

Date moved in \_\_\_\_\_ Moved out \_\_\_\_\_ Monthly rent \$ \_\_\_\_\_

Was rent paid on time? \_\_\_\_\_ Number of times late? \_\_\_\_\_

Did the Applicant violate terms of the lease, permit illegal behavior, disturb other tenants, or damage the unit beyond normal wear and tear? Please describe: \_\_\_\_\_  
\_\_\_\_\_

Did the Applicant give you the required notice of move-out? \_\_\_\_\_

Please indicate any outstanding balance for rent, damages, or other charges: \_\_\_\_\_

Would you rent to them again or recommend him/her to another Landlord? \_\_\_\_\_  
\_\_\_\_\_

Are you related to Applicant? \_\_\_\_\_ Did they have any pets? \_\_\_\_\_

.....  
Name & Title of person completing form (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

I HEREBY AUTHORIZE YOU TO RELEASE INFORMATION REGARDING MY TENANCY TO THE BLOOMINGTON HOUSING AUTHORITY.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Signature



## INCOME SOURCES

I, \_\_\_\_\_ (name), certify that I receive income from the following source(s): (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Wages (Employment)    | <input type="checkbox"/> Social Security               |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Social Security Income (SSI)  |
| <input type="checkbox"/> TANF                  | <input type="checkbox"/> Child Support                 |
| <input type="checkbox"/> Self-Employment       | <input type="checkbox"/> Income from Rental Properties |
| <input type="checkbox"/> Tips                  | <input type="checkbox"/> Income from family/friends    |
| <input type="checkbox"/> Township              | <input type="checkbox"/> Pension/Retirement Accounts   |
| <input type="checkbox"/> Alimony               | <input type="checkbox"/> Income from Annuities         |
| <input type="checkbox"/> I have no income      |  |

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**WARNING: Title 18 Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.**

*Providing quality affordable housing opportunities and services.*

104 East Wood Street • Bloomington, Illinois 61701  
Phone 309-829-3360 • Fax 309-829-4644 • TDD 1-800-1833 ext. 278



Please list the name, address and phone number of all employers or check the box and sign below that you are not employed.

1. Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

2. Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

3. Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**I CERTIFY I AM NOT EMPLOYED. I understand that it is a criminal offence to provide false information knowingly or willingly to an agency of the United States government per Title 18 Section 1001 of the United States Code.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*Providing quality affordable housing opportunities and services.*

104 East Wood Street • Bloomington, Illinois 61701  
Phone 309-829-3360 • Fax 309-829-4644 • TDD 1-800-1833 ext. 278



**EMPLOYMENT VERIFICATION**

TO:	Employer's name, address & phone number	RE:	Resident/Applicant's name & address
		SSN:	

DEAR EMPLOYER:

Federal law requires the Housing Authority of the City of Bloomington to verify the employment, income, and any other related information for all applicants and tenants of our low-income housing programs. The person listed above, has informed us that he/she is currently or previously was employed by you within the last twelve months. Please furnish us with the information requested below. Your cooperation is greatly appreciated, and the information provided is used only for the purposes required and kept in strict confidence. A self-addressed, stamped envelope is provided for your convenience. You may also reply via fax at 309-829-4644. Thank you for your cooperation.

\_\_\_\_\_  
Housing Authority Representative

I GIVE PERMISSION FOR YOU TO RELEASE THE REQUESTED INFORMATION TO THE HOUSING AUTHORITY OF THE CITY OF BLOOMINGTON.

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONFIRMATION OF EARNINGS** (Office Use Only)

Date of Employment: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ Frequency of Pay: \_\_\_\_\_ Last Pay Date: \_\_\_\_\_

If pay rate is hourly, # of hours scheduled each week: \_\_\_\_\_

Average overtime per week is \_\_\_\_\_ hours, at \$ \_\_\_\_\_, per hour.

Gross wages: Most previous month: \$ \_\_\_\_\_ YTD Wages: \$ \_\_\_\_\_

Payroll deduction for hospital/medical insurance: \$ \_\_\_\_\_ per \_\_\_\_\_

Check here if wages are from Federal Work Study. Percentage of wages that are from work study: \_\_\_\_\_

The undersigned employer or agent of the employer certifies that the above information is true and complete to the best of their knowledge and belief.

\_\_\_\_\_  
Authorized Person Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number



**VERIFICATION OF BANK ACCOUNTS**

The Housing Authority of the City of Bloomington is a federally funded agency, assisting qualified individuals and families with rent subsidies. The person, named, has applied, or is currently participating in a federally assisted housing program, operated by the Housing Authority of the City of Bloomington.

To determine his/her eligibility and rent payment, we must verify information regarding their assets. Please complete this form and return it to us, as soon as possible.

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_

I do hereby authorize you to release the information requested below, concerning the status of my account(s), directly to the Housing Authority of the City of Bloomington.

Signature \_\_\_\_\_

Date \_\_\_\_\_

	<b>Account Number(s)</b>	<b>Balance</b>	<b>Interest Rate</b>
<b>Checking</b>		\$	%
		\$	%
		\$	%
<b>Savings</b>		\$	%
		\$	%
		\$	%
<b>Certificates/Money Market</b>		\$	%
		\$	%
		\$	%

Authorized By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: **Housing Authority of the City of Bloomington**  
**104 East Wood**  
**Bloomington, IL 61701**

Return via fax to **309-829-4644**



## ASSET CHECKLIST

INSTRUCTIONS: At the certification and/or recertification interviews, the head of household is required to answer the below questions regarding assets and sign the certification.

Name of Tenant/Applicant: \_\_\_\_\_

		<b>Value of Asset</b>	<b>Date Verified</b>
1. Do you have cash			
• In a savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
• In a checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
• In a safety deposit box?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
• At home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
• Anywhere else?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
2. Do you have trust funds available to your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
3. Do you have equity in rental property or other capital investments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
4. Do you have any stocks, bonds, treasury bills, certificates of deposit, or money market funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
5. Do you have any retirement or pension funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
6. Will you receive any lump sum receipts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
7. Are you holding any personal items as investments (antique cars, coin or stamp collections, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____
8. Do you have a "whole life" life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____

**Tenant/Applicant's Certification**

I hereby certify that I have answered the questions on this checklist truthfully and have no assets other than those claimed on this form.

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
 PHA Witness Signature

\_\_\_\_\_  
**Date**





MCLEAN COUNTY DHS RELEASE OF INFORMATION

1. \_\_\_\_\_  
LEASE PRINT CASE NAME

2. \_\_\_\_\_  
CASE I.D. NUMBER OR SOCIAL SECURITY NUMBER

3. \_\_\_\_\_  
SIGNATURE

PLEASE VERIFY:              X        TANF GRANT AMOUNT  
                                    X        SNAP ALLOTMENT AMOUNT

PLEASE SEND THIS INFORMATION TO:  
**BLOOMINGTON HOUSING AUTHORITY      FAX # 309-820-1140**

(PLEASE SPECIFY)  
**ALL VERIFICATIONS WILL BE MADE FOR ANY AMOUNT OF ASSISTANCE RECEIVED DURING THE PAST 90 DAYS**

THIS SECTION FOR LOCAL OFFICE USE ONLY

	_____ (Month/Year)		_____ (Month/Year)		_____ (Month/Year)
SNAP	_____	SNAP	_____	SNAP	_____
TANF	_____	TANF	_____	TANF	_____
Pass Thru	_____	Pass Thru	_____	Pass Thru	_____
Spenddown/ Other	_____	Spenddown/ Other	_____	Spenddown/ Other	_____

Number of people in household: \_\_\_\_\_ # Adults      \_\_\_\_\_ # Children

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ILLINOIS DEPARTMENT OF HUMAN SERVICES  
MCLEAN COUNTY OFFICE  
501 WEST WASHINGTON  
BLOOMINGTON, IL 61701  
PHONE: 309-451-6000 FAX: 309-451-6012 OR 309-451-6021  
EMAIL: DHS.MCLEANFCRC@ILLINOIS.GOV

## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the Housing Authority of the City of Bloomington. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name \_\_\_\_\_

Interview Conducted By \_\_\_\_\_ Date \_\_\_\_\_

**1. Will you, or any member of your family require any of the following for any medical necessities:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Unit for Vision-Impaired | <input type="checkbox"/> Unit for Hearing-Impaired   | <input type="checkbox"/> Heating, ventilation, or air conditioning accommodation |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> One-level unit              |  |
| <input type="checkbox"/> Extra Bedroom            | <input type="checkbox"/> Bedroom & Bath on 1st floor | <input type="checkbox"/> Other modifications to unit                             |

**2. Can you and all family members use the stairs unassisted?**  Yes  No

If NO, please indicate how the Housing Authority should accommodate your family: \_\_\_\_\_

**3. Will you or any of your family members need a live-in aide to assist you?**  Yes  No

If Yes, please explain: \_\_\_\_\_

**4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation.** Attach additional sheets if needed.

\_\_\_\_\_  
\_\_\_\_\_

**5. What is the name of the family member needing the features identified above?**

\_\_\_\_\_

Whom should we contact (e.g. physician, therapist, etc.) to verify your need for a special apartment?

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



## Reasonable Accommodation Policy Statement

### RIGHT TO REQUEST A REASONABLE ACCOMMODATION

#### **Who has a right to request a reasonable accommodation or modification of a unit while in public housing?**

Any person with a disability (The Housing Authority of the City of Bloomington defines disability as any physical or mental impairment that substantially limits one or more of an individual's major life activities) that requires:

- An accommodation or adjustment in the program's rules, policies, practices, or services; or
- A modification of a Public Housing unit or its associated premises.

#### **How is a request filed?**

Requests for reasonable accommodation may be made by filling out a Reasonable Accommodation Request Form available at the Housing Authority of the City of Bloomington, located at 104 E. Wood Street, Bloomington, IL 61701 or by calling 309-829-3360 during regular business hours. Documented evidence of the disability is required. If a person needs help completing the form or wants to submit the request in some other way, contact 309-829-3360 for further assistance.

#### **Will the request automatically be approved?**

The Housing Authority of the City of Bloomington will try to approve the request if a reasonable accommodation or modification is required, and the request is reasonable.

#### **What happens after the request is filed?**

The request will be reviewed by the ADA Coordinator and a response will be sent within 30 calendar days after the request is received. If the request is denied, the reason will be explained. There is a right to a hearing if the request is denied.

#### **My signature confirms that I have read and understood my rights as indicated above.**

\_\_\_\_\_  
Signature (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Co-head/Spouse/Other Adult)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Co-head/Spouse/Other Adult)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Co-head/Spouse/Other Adult)

\_\_\_\_\_  
Date

The Housing Authority of the City of Bloomington will make every effort to offer this information to persons with disabilities in alternative formats upon request. Please allow a minimum of seven (7) days for preparation of this material.



**CHILD SUPPORT VERIFICATION**

TO: State Disbursement Unit  
PO Box 5920  
Carol Stream, IL 60197-5920  
Fax: 630-221-2312

I give permission to release the requested information to the Housing Authority of the City of Bloomington, Illinois. Replies will be kept in strict confidence. Thank you for your cooperation in returning this in the enclosed, self-addressed, stamped envelope, as soon as possible.

\_\_\_\_\_  
Signature of Client

Printed Name: \_\_\_\_\_

Case ID # or Social Security #: \_\_\_\_\_

Please verify the amount and disbursement cycle of child support payments:

Amount: \$ \_\_\_\_\_

Disbursement Cycle:  Weekly  Bi-weekly  Bi-monthly  Monthly

\_\_\_\_\_  
Authorized Employee

\_\_\_\_\_  
Date

If possible, please return this completed form via fax to 309-829-4644

104 East Wood Street • Bloomington, Illinois 61701  
Phone (309) 829-3360 Fax 309-829-4644



AFFIDAVIT FOR CHILD CARE EXPENSE

This is to certify that the following is a true and correct statement:

I, \_\_\_\_\_  
(Name and address of babysitter/childcare agency)

I am employed by \_\_\_\_\_  
(Name of tenant)

To care for his/her children: \_\_\_\_\_

I am paid at the rate of \$ \_\_\_\_\_ per: week / bi-weekly / month (circle one)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Babysitter/Childcare Agency)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The above statement is true and correct and I ask that the above amount for childcare expense be allowed as a deduction in computing my rent. I understand it is a criminal offence to make a willfully false statement to this agency of the United States Government (U.S. code – Title 18 Sec. 1001).

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Resident/Applicant)

Signed and sworn to before me, NOTARY PUBLIC this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

SIGNED: \_\_\_\_\_  
(Notary Public)

SEAL



**AUTHORIZATION FOR CREDIT & CRIMINAL HISTORY REPORT AND  
CONSENT FORM TO SHARE INFORMATION WITH BLOOMINGTON HOUSING AUTHORITY**

To verify my continued eligibility for the public housing program, I authorize the Housing Authority to obtain a report of my credit and criminal history.

I authorize the Housing Authority and the City of Bloomington (including but not limited to the Police Department) to disclose, share, exchange and maintain personal information for the express purposes outlined in an Intergovernmental Agreement for Data Sharing between these two agencies. *The purpose of the Intergovernmental Agreement is to respond to tenant concerns, facilitate law enforcement activities, and maintain public safety. All data and personal information will be used for official purposes only and treated as confidential.*

---

Head of Household

Date

---

Spouse/Co-Head/Other Adult

Date

---

Other Family Member aged 18

Date

---

Other Family Member aged 18

Date

## Housing Authority of the City of Bloomington

### Preference Point System [24 CFR Part 960.206]

Each applicant should complete the preference point worksheet.

The waiting list will be based on applicant preference points.

		Points
<i>Points may be granted for <b>only one</b> of the following categories:</i>		
1.	Uninhabitable living situation due to disaster such as fire or flood within the past 90 days or homeless. A homeless family is a person or family that lacks a fixed, regular nighttime residence and has a primary nighttime residence that is a public or private shelter designed to provide temporary living accommodations, or a public or private place not designed for or ordinarily used as a sleeping accommodation for humans. "Homeless" does not include a person who is incarcerated. (3 points)	
2.	Government action displacement such as code enforcement or public improvement by governmental body or agency or unit has been declared unfit for habitation by Government within the past 90 days. (2 points)	
3.	Domestic violence displacement. If the applicant has vacated a housing unit due to domestic violence, or lives in a housing unit with a person who engages in domestic violence, where domestic violence is defined as actual or threatened physical violence directed against one within the past 90 days. (2 points)	
4.	Action of housing owner displacement within the past 90 days- only if applicant cannot control or prevent owner's action, owner action occurs although applicant met all previously imposed conditions of occupancy and action is not rent increase. Unit is dilapidated, has no operable indoor plumbing, no usable flush toilet or bathtub or shower inside the unit for exclusive use of family, or has no safe or adequate source of heat or electricity. (1 point)	
<i>Points may be granted for each of the following categories:</i>		
5.	Applicant pays and has paid for the past 90 days more than 50% of family income for rent which includes actual monthly amount due landlord and utility allowance for family-purchased utilities. (1 point)	
6.	Current resident of Bloomington-Normal (10 points) or current resident of McLean County outside Bloomington-Normal (5 points).	
7.	Employed for at least the past 90 days. (4 points)	
8.	Elderly or disabled (30 points)	
9.	Student currently enrolled in post-secondary school or training (4 points)	
10.	Broad range of income in family and elderly projects. This is revised annually based on the average income of all public housing residents. (5 points)	
11.	Graduate of high school/GED (1 point)	
12.	Post-secondary degree/certificate (1 point)	
13.	Veteran (3 points)	
14.	Current Section 8 participants who are terminated from their housing because of HUD funding cuts. (30 points)	
15.	Youth between 18 and 24 years of age who have left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in Section 475(5)(H) of the Social Security Act (20 points)	
16.	Without housing due to a National Disaster (28 points)	
	<b>Name:</b> _____	<b>Total Points</b>

Office use only

Total Points verified: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Housing Authority of the City of Bloomington

DECLARATION OF CITIZENSHIP STATUS

Notice to Applicants and Tenants: Section 214 of the Housing and Community Development Act of 1980, as amended, limits eligibility for housing assistance to U.S. Citizens, nationals, and certain categories of eligible noncitizens. Please read the Declaration statement carefully and sign and return to the Housing Authority’s Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because: (place an “X” in the appropriate boxes below)

Part 1: Applies to All Family Members

The box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a non-citizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a non-citizen with eligible immigration status should not check any box.

	I am a citizen, or national of the U.S.	I am a non-citizen with eligible status	Signature of adult listed or signature of guardian for minors	I am 62 yrs. Of age You must provide proof of age
Print full name of all adults or children that will be living in unit _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_

Date: \_\_\_\_\_

Warning – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this contains incomplete information, you may be required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a non-citizen with eligible immigration status must complete Part 2



Housing Authority of the City of Bloomington  
**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>1</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the public housing program is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

**Protections for Applicants**

If you otherwise qualify for assistance under public housing, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under public housing, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under public housing solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

**Removing the Abuser or Perpetrator from the Household**

The Housing Authority of the City of Bloomington (the “Housing Authority”) may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If the Housing Authority chooses to remove the abuser or perpetrator, the Housing Authority may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, the Housing Authority must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, the Housing Authority must follow Federal, State, and local eviction procedures. In order to divide a lease, the Housing Authority may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

**Moving to Another Unit**

Upon your request, the Housing Authority may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, the Housing Authority may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

The Housing Authority will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

The Housing Authority’s emergency transfer plan provides further information on emergency transfers, and the Housing Authority must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

The Housing Authority can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from the Housing Authority must be in writing, and the Housing Authority must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. The Housing Authority may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to the Housing Authority as documentation. It is your choice which of the following to submit if the Housing Authority asks you to provide documentation that you are

<sup>1</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by the Housing Authority with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the Housing Authority has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the Housing Authority does not have to provide you with the protections contained in this notice.

If the Housing Authority receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), the Housing Authority has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, the Housing Authority does not have to provide you with the protections contained in this notice.

#### **Confidentiality**

The Housing Authority must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

The Housing Authority must not allow any individual administering assistance or other services on behalf of the Housing Authority (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

The Housing Authority must not enter your information into any shared database or disclose your information to any other entity or individual. The Housing Authority, however, may disclose the information provided if:

- You give written permission to the Housing Authority to release the information on a time limited basis.
- The Housing Authority needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires the Housing Authority or your landlord to release the information.

VAWA does not limit the Housing Authority's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

#### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, the Housing Authority cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if the Housing Authority can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If the Housing Authority can demonstrate the above, the Housing Authority should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

#### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

#### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with HUD's Regional Office in Chicago at (312) 913-8304.

#### **For Additional Information**

You may view a copy of HUD's final VAWA rule at <http://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, the Housing Authority must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your property manager.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact PATH 24 hours a day by dialing 2-1-1.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://obl.rainn.org/online/>.

Victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

**Attachment:** Certification form HUD-5382

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



VAWA Signature Page

I [REDACTED] (name), an applicant at the Bloomington Housing Authority, certify that I have received a copy of Bloomington Housing Authority Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Representative

\_\_\_\_\_  
Date

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<sup>1</sup>Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

Supplemental and Optional 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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

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**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.



## APPLICANT CERTIFICATION AND CONSENT

### APPLICANT(S) STATEMENT

I/We certify that the information\* given to the Housing Authority of the City of Bloomington is accurate and complete to the best of my/our knowledge and belief. That information includes, but is not limited to citizenship, eligible alien status, criminal history, household composition, household members' income and assets, and allowances and deductions.

\_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_ Date

I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of tenancy.

\_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_ Date

I/We have reported all changes in my family's situation – **including any arrests, or convictions, income or job changes and all other items listed above** - that could affect our eligibility for public housing and rent since the date we applied for public housing.

\_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_ Date

I/We understand that if we owe any debt to the Housing Authority that debt can be turned over to the State of Illinois to determine if I/we have any source of income that can and will be paid to the Housing Authority of the City of Bloomington.

\_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_ Date

I/We also give my/our consent to the Authority to retain in my/our file any documents or copies thereof pertaining to any of the above.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Family Member

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing program at the Department of Housing and Urban Development at 1-800 765-9372.

\*After verification by the Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058. See the Federal Privacy Act Statement for more information about its use.