

**Housing Authority of Elgin
120 S. State Street
Elgin, IL 60123
Ph. (847) 742-3853
Fax (847) 841-7718**

(HAE Received Stamp Here)

Keep this page for your records

Dear Applicant:

Filing this application with the Housing Authority of Elgin does not necessarily mean that you will be accepted into the Low-Income Housing Program. Your application will be placed on a computerized waiting list and due to the volume of applications we receive can take up to two (2) years for processing. When your name reaches the top of the waiting list, you will be contacted by letter for an appointment for your application to be processed. At that time you will be asked to bring in documentation pertaining to family size/composition, income, marital status etc. You must pass a criminal background and credit screening to be eligible for the program.

The Housing Authority of Elgin will deny assistance to anyone applying who has been evicted from any Public Housing Program or terminated from any Section 8 Program within the last 3 years.

The Housing Authority of Elgin has established Local Preferences:

- 1. Residency- proof of Drivers License or State I.D.**
- 2. Working family-employment verification**
- 3. Norman Decree**
- 4. Graduate of ECC's Homeless Demonstration Program**
- 5. Graduate of Kane County Project Opportunity**

IF YOU HAVE ANY CHANGES YOU MUST COME INTO THE OFFICE TO FILL OUT A CHANGE OF ADDRESS OR INCOME FORM OR MAIL A LETTER IN WRITING OF THE CHANGES TO THE ADDRESS ABOVE. FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING REMOVED FROM THE WAITING LIST.

A still interested letter will be sent to everyone on the Low-Income waiting list on an annual basis. Your application will be withdrawn from the waiting list if this letter is not returned by the due date specified on the letter, or if the letter is returned by the U.S. Postal Service stamped with the following:

- 1. MOVED LEFT NO FORWARDING ADDRESS**
- 2. ADDRESSEE UNKNOWN/ATTEMPTED UNKNOWN**
- 3. FORWARDING ORDER EXPIRED**

Telephone:

Language: (please check one) () English () Spanish () Chinese () French
() Vietnamese () German () Italian () Japanese () Polish () Russian

Ethnicity: (please check one) () Hispanic () Non-Hispanic

Including yourself, List all persons who will be residing with you.

Name	Relationship	Sex – M or F	Birthdates	Social Security #

Check the appropriate box for assets: () Savings () Checking () CD's () Bonds
() Real Estate () Interest Bearing Account

Do you expect any changes in your family composition or income within the next 12 month? () Yes () No

If yes, what change? () Marriage () Divorce () Separation () Expecting Child

() Other (please explain) _____

INCOME-includes but is not limited to: employment, unemployment, public assistance, child support, social security(SS or SSI), disability, pension, endowment, alimony, palimony, etc for any household member regardless of age.

List all people receiving income of any kind and the amount before taxing

Name of family member	Source of Income	Dollar Amount	Frequency()Weekly ()Biweekly ()monthly ()annual
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Do you pay childcare for any household member under the age of 13 years old?

() Yes () No

Name of person or agency providing care: _____

Address of person or agency: _____

Phone Number: () _____

What hours are childcare provided? _____:00 () am () pm- _____:00 () am () pm

What days? () Mon () Tues () Wed () Thu () Fri () Sat () Sun Please check days

How much do you pay provider \$_____.00 () hourly () daily () weekly () monthly (Please check one)

AFFIRMATIVE ACTION INFORMATION: Applicants are considered for housing without regard to race, color, religion, sees, national origin or handicap to help us comply with Federal and State record keeping, reporting and other legal requirements. Please check the correct box:

() White (1) () Black (2) () Hispanic (4) () Asian/Pacific () Alaskan () American Indian

Applicant's Signature

Date

Co-Applicant's Signature

Date

Has anyone in your household ever lived in federally assisted housing at the Housing Authority of Elgin or any other Authority or Agency? (THIS INCLUDES SECTION 8)
() Yes () No (check one)

If yes,

Program Type: _____

Name of Agency Administering the program _____

Agency Street _____

City/State/Zip _____

Agency Phone# _____

Address at the time of subsidy _____

City/State/Zip _____

Reason you are no longer receiving subsidy from Public or Section 8 Housing:

Have you ever been evicted or terminated from Public or Section 8 Housing:

() Yes () No

Do you use or have a pattern of abuse regarding controlled substance(s) or alcohol?

() Yes () No

Are you or your co-tenant currently involved in or completed a drug or alcohol treatment program?

() Yes or () No If yes please explains:

Why do you need Housing Assistance?

_____ A. Displacement

_____ Natural Disaster

_____ Governmental Condemnation

_____ Eviction through no fault of your own (copy must be attached)

_____ B. Substandard Housing

_____ Living in a hotel/motel (copy of receipt must be attached)

_____ No indoor plumbing/cooking facilities/no toilet or shower facilities

_____ Copying more than 50% of your income for rent/utilities

How many bedrooms are in your present unit? _____ How much is your rent?

_____ Which utilities do you pay () Gas () Electric () Water

Please print or type in all capital letters to avoid errors. Check box to indicate which applicant's () Applicant () Spouse/Co-Applicant

Last Name: _____ First Name _____ Middle
Int. _____

Current Home Address: _____ City _____ State _____
Zip _____

Home phone#() _____ Work phone#() _____

How Long? _____ Current Lanlord Name _____

Address _____ City _____ State _____ Zip _____

Previous Landlord's Name _____

Address _____ City _____ State _____ Zip _____

Name of present employer: _____

Address _____ City _____ State _____ Zip _____

How Long? _____ Dept: _____ Income:\$ _____

Name of Previous Employer: _____

Address _____ City _____ State _____ Zip _____

From: _____ To: _____

Name of Bank: _____ Type of Account _____

Address: _____ City _____ State _____ Zip _____

Use of this form is to determine eligibility. I hereby warrant that all the above information is true and correct, and I authorize the person to whom this application is made and the Credit Bureau of Elgin to access my credit file, date and references from me or any person regarding my credit/tenant record. A photographic copy of this authorization may be deemed as equivalent of the original and so used.

Authorizing Signature: _____ Date: _____

OFFICE USE ONLY:

(DATE STAMP HERE)

DATE: _____

TIME: _____

CLIENT NUMBER:

NUMBER OF BEDROOMS REQUIRED: _____

INITIALS:
