



For Office Use Only	
Application Number	_____
Date Received	_____

**JACKSON COUNTY HOUSING AUTHORITY
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
300 NORTH 7TH STREET, MURPHYSBORO, IL 62966**

APPLICATION FOR SECTION 8 HOUSING ASSISTANCE

Warning! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony if they knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States. Housing Assistance may be terminated if incomplete or inaccurate information is given on the Application Form.

Instructions for Completing Form:

Complete this form in ink in your own handwriting. Use the legal name for each person who will reside in the rental unit exactly as it appears on his/her Social Security card. All persons aged 18 and older must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank.

Applicant Head of Household Information

Name _____

Current Address _____

City and State _____

Zip _____ Daytime Telephone _____ Email Address _____

Is the Head/Spouse of the Household Disabled and/or Elderly? Yes No

I. HOUSEHOLD COMPOSITION: List all persons who will be living in the assisted unit. **PLEASE PRINT**

*Please note: No applicant for housing assistance will be discriminated against because of a disability. Applicants are not required to disclose a disability; however, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.

LIST BELOW ALL PERSONS AGED 18 OR OLDER WHO WILL RESIDE IN THE RENTAL UNIT:

Use the following codes to describe each adult member's relationship to the Head of Household: A=Adult who is not a full-time student F=Foster Adult E=Full time student aged 18 or older who is not the Head, Spouse, or Co-Head L=Live-in Aide (if required by an elderly/disabled applicant)

Full Name as it appears on Social Security Card	Social Security Number	Relation To Head	Sex			Race and Ethnicity	Date of Birth	Age	Disabled* Yes/No
			M	F	Decline to Disclose				
		HEAD							

LIST BELOW ALL PERSONS UNDER THE AGE OF 18:

Use the following codes for describing each minor's relationship to the Head of Household: Y=Youth F=Foster Child L=Child of Live-in Aide

Full Name as it appears on Social Security Card	Social Security Number	Relation To Head	Sex			Race and Ethnicity	Date of Birth	Age	Disabled* Yes/No	Name of School or Daycare if applicable	Name/Address of Absent Parent if applicable
			M	F	Decline to Disclose						

HAVE ANY HOUSEHOLD MEMBERS USED ANY OTHER NAME OR SOCIAL SECURITY NUMBER THAN THAT CURRENTLY LISTED ON THEIR CARD? (Name changes may be due to marriage, divorce, adoption, or any other reason.)

Family Member(s) _____ Past Name(s) and/or Social Security Number(s) _____

I. HOUSEHOLD COMPOSITION (continued)

Is any household member over age 18 (other than the head of household, spouse, or co-head) a full-time student? Yes No If yes, list name and school: _____

Is the spouse, co-head, or any other household member temporarily absent from the home? Yes No If yes, list their **name, location, expected return date, and any income:** _____

Does any elderly or disabled family member require a Live-in Aide? Yes No

II. INCOME AVAILABLE TO HOUSEHOLD: List all money earned or received by EVERYONE living in your household. Check *Yes* or *No* for each type of income and list **gross amounts of income** received before any deductions are withheld. Check box to indicate if paid Weekly (Wk), Bi-Weekly (B-W), or Monthly (Mo).

Type of Income	Y E S	N O	Name of Family Member with this Income	Company, Agency, or Individual Making Payment	Gross Income	Payment Period:		
						Wk	B-W	Mo
Wages or Earnings (From Employment)					\$			
					\$			
TANF/AABD or Other Public Assistance					\$			
					\$			
Personal or Company Pension or Retirement					\$			
					\$			
Social Security and/or SSI					\$			
					\$			
Monetary Contributions (From Friends/Family)					\$			
					\$			
Unemployment Benefits					\$			
Military Income					\$			
Child Support					\$			
OTHER (specify)					\$			

Does anyone outside the household help with bills on a regular basis? Yes No
 If yes, list the name of each person or agency that assists with bills or contributes to your household: _____

Does anyone claim you as a "Dependent" on their income tax return? Yes No

III. ASSETS: Include for ALL household members.

Type of Asset	Yes	No	Bank or Institution	Value or Average Balance	Annual Income from Asset
Real Estate (house, land)				\$	\$
Stocks				\$	\$
Bonds				\$	\$
Retirement or Pension Fund				\$	\$
Insurance Settlements				\$	\$
Checking Accounts				\$	\$
Savings Accounts				\$	\$
Certificates of Deposit				\$	\$
Trusts				\$	\$
Other (list) _____				\$	\$

Has anyone received in the last year, or does anyone expect to receive, a one-time settlement from insurance, an inheritance, a court settlement, or a social security settlement? (If yes, provide details) _____

Has anyone sold or given away any real estate or assets valued over \$1,000 in the last two years? (If yes, provide details) _____



IV. CRIMINAL HISTORY

Has any household member been **arrested, charged, or convicted** for any of the following:

a. Violent criminal activity? Yes No

If yes, give details: _____

b. Domestic violence, dating violence, sexual assault, or stalking? Yes No

If yes, give details: _____

c. Alcohol-related activity? Yes No

If yes, give details: _____

d. Manufacture of methamphetamines? Yes No

If yes, give details: _____

e. Possession, use, sale, or distribution of illegal drugs? Yes No

If yes, give details: _____

Is any household member required to register in any state as a Sex Offender? Yes No

If yes, give name and state: _____

Has any household member been evicted from federally assisted housing in the past 3 years?

Yes No If yes, list who, where, and why: _____

V. CURRENT HOUSING STATUS AND PREVIOUS HOUSING ASSISTANCE

Current Landlord's Name _____

Current monthly Rent _____ Average Monthly Utilities (Gas, Electric, Water/Sewer, Trash) _____

Bedrooms in your unit _____ Number of people living in your unit _____

Do you wish to move? Yes No If Yes, why? _____

Are you being evicted? Yes No If Yes, explain: _____

Is your unit unsafe/substandard? Yes No If Yes, explain: _____

Are you now living in a subsidized unit? (e.g., public housing, Section 8, or other subsidized project)

Yes No

Has any household member ever lived in public housing or participated in the Section 8 program?

Yes No If yes, when and where? _____

Does any household member owe monies to the Jackson County Housing Authority or any other Housing Authority? Yes No If Yes, please list the name of the Housing Authority and the amount owed:

Have you ever applied here before? Yes No If Yes, when? _____

VI. MISCELLANEOUS INFORMATION

Is any person listed on this application currently a victim of domestic violence, dating violence, sexual assault, or stalking? Yes No If Yes, who? _____

VII. APPLICANT CERTIFICATION

All family members aged 18 or older **must** certify to the accuracy of the information provided by signing this application.

I/We certify that the information provided in this application is accurate and complete to the best of my/our knowledge and belief.

I/We understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my/our application, as well as termination of housing assistance after leasing under the Section 8 program.

Signature of Head of Household Date

Signature of Spouse/Co-head Date

Signature of Other Adult Date

Signature of Other Adult Date

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If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777.



**JACKSON COUNTY HOUSING AUTHORITY – SECTION 8 PROGRAM APPLICATION
APPENDIX A**



PREFERENCE CLAIM FORM

You have just completed an application for rental assistance through the Jackson County Housing Authority Section 8 Program. The Housing Authority has established preferences to give priority to applicants who are involuntarily displaced, paying more than 50% of their household income for rent and utilities, and for residents, employees, or students living, working or studying in Jackson County. Our administrative plan reflects our policy of placing those “singles” who are Elderly and/or Disabled ahead of other “singles” on the waiting list.

In order to claim a preference, certain verifications will be required by this agency. The definitions of each preference and required verifications are as follows:

A. RESIDENCY PREFERENCE: A family whose member(s) either live, work, or have been hired to work or who are enrolled for the current school semester in the jurisdiction of the HA (i.e., Jackson County, IL).

I would like to claim this preference. Yes No

- Required Verification:
- Document Showing Current Address
 - Check Stub (showing local employer)
 - Bursar Bill (must be enrolled for current semester – including summer semester)

B. WORKING PREFERENCE: Working families, where the head, spouse, or sole member is employed for 9 months. Applicants where the head, spouse, or sole member is a person age 62 or older or is a person with disabilities will automatically receive the benefits of these preference points.

I would like to claim this preference. Yes No

- Required Verification:
- Verification of Length of Employment from Current Employer
 - Verification of Age or Disability (Birth Certificate or other document verifying date of birth, Social Security or SSI letter)

C. DISPLACED PREFERENCE: A family in which each member or sole member is a person displaced by governmental action OR a family displaced by a disaster recognized by the Federal Government, which extensively damaged or destroyed their dwelling (i.e., flood or fire).

I would like to claim this preference. Yes No

- Required Verification:
- Proof of Disaster or Governmental Action
 - Proof of Residency at that Address at the time of Action/Disaster

D. RENT BURDEN PREFERENCE: A family who pays over 50% of gross household income toward rent and utilities for at least 90 days [commencing before they are selected from the waiting list/and continuing through the verification of preference].

I would like to claim this preference. Yes No

- Required Verification:
- Copies of Two (2) Recent Rental Receipts **and** Two (2) Recent Utility Bills from each Utility you pay outside your lease **and** Proof of Income for the Most Recent 30-Day Period
 - Verification of Independent Status (that you are not claimed as a Dependent on another person’s income tax return if you are 24 years of age or younger)

Please remember to update your application whenever you have changes. If there is no response to our mailed inquiry, your application will be made inactive and you would be required to reapply to the waiting list when we are accepting applications.

Also, please be aware that if your housing situation changes, your preferences may also change and your placement on the waiting list may be affected. You will be required to re-verify your preferences at a Pre-Certification meeting once your application reaches the top of the waiting list. Additionally, you will be asked to provide Birth Certificates, Social Security Cards, and Marriage License (if applicable) at the Pre-Certification if such documents have not already been supplied.

X _____
Signature of Applicant and ALL Household Members aged 18 and older Date _____

OFFICE USE ONLY		
PREFERENCE POINTS (effective 7/1/17)	Total Verified Preference _____	Date Verified _____
12 – Residency Preference		
10 – Working Preference	INCOME ELIGIBILITY	Total Annual Household Income _____
5 – Displaced Preference		
5 – Rent Burden Preference		Income Limit _____
ELIGIBLE FOR HOUSING ASSISTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Reason _____		
Signature of PHA Representative _____		Date _____