

Guidelines for Completion of HUD Forms

1. Client keeps Fact Sheet, House Rules, Tenant Selection Plan, HUD Fact sheet on rent, Residents Rights & Responsibilities.
2. Client completes the application. There can be no blanks. If something is not applicable, "NA" should be marked.
3. The following documents are also required to determine eligibility and must be enclosed along with the completed application.
 - Copy of Social Security Card
 - Copy of Driver's License or State ID
 - Certified Copy of Birth Certificate
 - Verification of income (any income received), including Social Security, if applicable (*copy of pay stubs, bank statements, etc.*)
 - Proof of expenses, if applicable (*copy of cancelled checks/money orders for the payment of medical, childcare and/or handicap expenses over the past 12 month period*)
4. Physician Verification form—fill out first page, sign and return. I complete the second page and have to send directly to Doctor from here.
5. Income Assets sheet- complete top sheet only. Must be completed for checking account, savings account, life insurance, burial policy, etc.
6. Landlord Verification - complete top sheet only.
7. Criminal background check- complete and return.
8. Documentation Package...Release of Information- return signed in two places indicated.
9. Declaration of Citizenship---if Citizen, complete top portion of page 1; otherwise, follow instructions.
10. Race & Ethnic reporting- complete as shown.
11. Acknowledgement Form---complete as shown.
12. Attachment A.

Return all documents to:

Jennifer Robinson, Accounting Secretary
Mental Health Centers of Western IL
700 SE Cross Street
Mt. Sterling, IL 62353

Eligibility Application

Mental Health Centers of Western Illinois

Managing agent for HUD subsidized residential facilities

Country Lane Apartments • Sterling Apartments • Harvest House • Curry Lane Apartments • Randolph Lane Apartments

SITE PREFERENCE: Brown Co./Mt. Sterling Hancock Co./Carthage 1st Available

SECTION 1: APPLICANT DATA

NAME: _____
Last First M.I. Maiden

ADDRESS: _____
Street/P.O. Box City State Zip Code

TELEPHONE #: _____ DATE OF BIRTH: _____ AGE: _____

SOCIAL SECURITY/ALIEN REG #: _____ SEXUAL IDENTITY (optional): Male Female

U.S. CITIZEN: Yes No Unknown OCCUPATION: _____

ARE YOU A STUDENT: Yes No If yes, Part-time Full-time

As a student, are you receiving any type of financial assistance: _____

SECTION 2: PERSONAL CONTACTS

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____
Street/P.O. Box City State Zip Code

TELEPHONE #: (Home) _____ (Work) _____ (Cell) _____

DO YOU HAVE A LEGAL GUARDIAN: Yes No If yes, please complete the following:

GUARDIAN NAME: _____

ADDRESS: _____
Street/P.O. Box City State Zip Code

TELEPHONE #: (Home) _____ (Work) _____

SECTION 3: DISABILITY: CHRONIC MENTAL ILLNESS & ALCOHOL / SUBSTANCE USE

DO YOU HAVE A CHRONIC MENTAL ILLNESS? (i.e. a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.) Yes No

PHYSICIAN NAME: _____

ADDRESS: _____
Street/P.O. Box City State Zip Code

ARE YOU CURRENTLY ABUSING ALCOHOL / ILLEGAL DRUGS OR HAVE A PATTERN OF USE THAT THREATENS THE HEALTH, SAFETY, OR RIGHT OF PEACEFUL ENJOYMENT OF OTHERS?

Yes No If yes, please explain: _____

SECTION 4: CRIMINAL BACKGROUND

DO YOU HAVE A HISTORY OF CRIMINAL ACTIVITY: Yes No

If yes, please complete the following:

DATE: _____ OFFENSE: _____

PUNISHMENT: Fine Jail Dept of Corrections Probation Other: _____

DATE: _____ OFFENSE: _____

PUNISHMENT: Fine Jail Dept of Corrections Probation Other: _____

LIST ALL STATES LIVED IN SINCE 1996: _____

ARE YOU CURRENTLY REGISTERED AS A SEX OFFENDER UNDER A STATE REGISTRATION PROGRAM: Yes No

IDENTIFY STATE: _____

SECTION 5: HOUSING DATA

HOW DID YOU LEARN OF OUR RESIDENTIAL HOUSING: _____

ACCESSIBILITY FEATURES NEEDED: None Mobility Hearing Visual

HAVE YOU BEEN EVICTED FROM FEDERALLY ASSISTED HOUSING FOR DRUG-RELATED CRIMINAL ACTIVITY WITHIN THE PAST 10 YEARS: Yes No

SECTION 6: RENTAL DATA (for the previous 5 years) N/A

NAME OF CURRENT LANDLORD: _____

ADDRESS: _____
Street/P.O. Box City State Zip Code

TELEPHONE #: _____ LENGTH OF RESIDENCY: _____

REASON FOR WANTING TO LEAVE: _____

NAME OF PREVIOUS LANDLORD: _____

ADDRESS: _____
Street/P.O. Box City State Zip Code

TELEPHONE #: _____ LENGTH OF RESIDENCY: _____

REASON FOR LEAVING: _____

SECTION 7: INCOME, EXPENSES AND ASSETS

ANNUAL INCOME: \$ _____ INCOME SOURCE(S): None *Pension *Public Assistance *Gifts
 *Employment Social Security (SSI Disability Retirement) *Business *Other _____

*NAME/ADDRESS OF INCOME SOURCE: _____

EXPENSES: None Childcare Handicap Medical TOTAL EXPENSES: \$ _____
(Out-of-pocket payment of childcare, handicap and/or medical expenses over a 12 month period)

ASSETS: (i.e. Checking Account; Savings Account; Certificate of Deposit; Money Market Funds; IRA or Keogh Account; Retirement/Pension Fund; Whole Life Insurance Policy; Investments including Trust, Rental Property, Capital, Stock, Bond, Treasury Bill, Lump Sum Receipts, and Personal Property currently held or disposed of within the past two years)

Asset Type	Institution Address (if applicable)	Cash Value	Annual Income
		\$	\$
		\$	\$
		\$	\$
		\$	\$

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST TWO YEARS: Yes No If yes, specify asset type, date divested, cash value & annual income: _____

APPLICANT CERTIFICATION

I certify that if selected to reside at a housing entity, the apartment I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility. I will provide or authorize the Mental Health Centers of Western Illinois, as managing agent for the housing entity, to verify required information. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law and/or could result in ineligibility.

Applicant Signature Date

Guardian Signature Date

MHCWI Representative Signature Date

Revised 07/05, 12/06, 08/18

<i>For office use only</i> APPLICATION RECEIPT
DATE: _____
TIME: _____

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.

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

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 3/31/2009)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Client Name: _____
Client ID: _____

MENTAL HEALTH CENTERS OF WESTERN ILLINOIS

Brown County site
700 S.E. Cross Street
Mt. Sterling, IL 62353
(217) 773-3325
FAX: (217) 773-2425

Hancock County site
607 Buchanan Street
Carthage, IL 62321
(217) 357-3176
FAX: (217) 357-6609

Pike County site
120 N. Williams Industrial Drive
Pittsfield, IL 62363
(217) 285-4436
FAX: (217) 285-2804

DUAL RECORD RELEASE AUTHORIZATION

I hereby request and authorize

Name: _____ Phone: _____

Address: _____

and

**Mental Health Centers of Western Illinois
to exchange the following information regarding**

Name: _____

Address: _____

Social Security #: _____ Date of Birth: _____ Expiration Date: _____
(not to exceed one year)

- | | | |
|---|---|--|
| <input type="checkbox"/> Counseling Progress Notes | <input type="checkbox"/> Psychosocial History | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Level of Functioning Status | <input type="checkbox"/> Physician Notes | <input type="checkbox"/> Evaluations/Assessments |
| <input type="checkbox"/> Treatment Plan/Discharge Summary | <input type="checkbox"/> Medication Record | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Legal, Educational, Financial Status | <input type="checkbox"/> Medical History | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Other: _____ | |

Concerning the care of the above named person from DATE or (RANGE OF DATES): _____

for the purpose of

- | | |
|--|---|
| <input type="checkbox"/> Transfer of treatment to another provider | <input type="checkbox"/> Continuity with providers/family members |
| <input type="checkbox"/> Consultation with providers | <input type="checkbox"/> Other: _____ |

Information may be released by:
 telephone mail fax verbal e-mail other: _____

It is my full understanding that the records and communications to be disclosed **WILL** include sensitive information such as evaluation, habilitation/treatment information for mental health, developmental disabilities, alcohol or substance use/abuse or HIV/AIDS **unless specifically initialed below for exclusion.**

_____ Mental Health	_____ Developmental Disabilities	_____ Alcohol/Substance Abuse
_____ HIV/AIDS	_____ Other: _____	

Redisclosure: Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2.

- I understand the following:**
- I have the right to revoke this authorization in writing, except to the extent that action has been taken in reliance of this authorization. The revocation of this authorization will not be effective until it has been received by the Privacy Officer.
 - I have the right to inspect and copy the information to be disclosed.
 - My refusal to sign this authorization will not prohibit me from receiving services at MHCWI. (However, please be aware that your refusal may diminish our ability to provide adequate services.)

I understand the terms of this authorization and have been provided a copy.

Client Signature (age 12 and older) _____
Date

Parent/Guardian (under 18 or legally disabled) and Relationship _____
Date

Witness Signature _____
Date

07/05, 07/06, 12/06, 08/09, 05/10, 12/10, 04/12, 06/12, 10/12



AUTHORIZATION FOR CRIMINAL BACKGROUND INVESTIGATION

- In order to determine my eligibility for the HUD subsidized residential facilities managed by the Mental Health Centers of Western Illinois,
- As part of Mental Health Centers of Western Illinois' hiring practices,

I hereby give my consent to allow all relevant criminal information to be obtained.

I understand that the information obtained will be used only for the purpose described above and will not be disclosed or disseminated for any other use.

FULL NAME: _____
FIRST MI LAST

SEX: _____ RACE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

 Applicant Signature Date

 MHCWI Staff Signature Date