

# 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  1<sup>st</sup> 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.

<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.

--	--

**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.



## 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.