



YOUR APPLICATION FOR ASSISTANCE MAY BE DENIED!

Mandatory Denial of Assistance

- If any member of the household has been evicted from federally-assisted housing in the last 3 years (HCV) or 5 years (Public Housing), for drug-related criminal activity.
- If it is determined that any household member is currently engaged in the use of illegal drugs.
- If there is reasonable cause to believe that any household member's current use or pattern of use of illegal drugs, or current abuse or pattern of abuse of alcohol, may threaten the health, safety or right to peaceful enjoyment of the premises by other residents.
- If any household member has ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine.
- If any member of your household is subject to a registration requirement under any State Sex Offender Registration program or has ever been convicted of any criminal sex offense.
- If you do not provide the information that DCHA or HUD determines necessary.
- If you do not provide complete and true information to DCHA.
- If you owe any PHA money or have a record of unsuitable past performance in meeting financial obligations.

May Be Denied Assistance

- If any adult household member has been convicted of a felony in the last ten years.
- If DCHA determines that any household member is currently engaged in or has engaged in, during a reasonable time before the family would receive assistance, certain types of criminal activity, such as:
 - Drug related criminal activity
 - Violent criminal activity
 - Criminal activity that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity
 - Criminal activity that may threaten the health or safety of property owners and management staff, and persons performing contract administration functions or other responsibilities on behalf of DCHA.
- If a family has a record of unsuitable past performance in meeting financial obligations including rent within the past five years.
- If a family has a record of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residences within the past five years which may adversely affect the health, safety, or welfare of other tenants.

Not Eligible for Assistance

- If your income is above the DCHA Admission Income Limits:

	Housing Choice Voucher	Low-income Public Housing
1 Person	\$24,300	\$38,850
2 People	\$27,750	\$44,400
3 People	\$31,250	\$49,950
4 People	\$34,700	\$55,500
5 People	\$37,500	\$59,950
6 People	\$40,250	\$64,400
7 People	\$43,050	\$68,800
8 People	\$45,800	\$73,250

Note: If applicant is currently assisted by another federally assisted program (e.g. PH, project-based S8) use the low-income public housing limit.

Informal Reviews

DCHA gives applicants who have been denied assistance, the opportunity for an informal review. Denial of assistance may include:

- Denying listing on the waiting list.
- Denying or withdrawing a voucher.
- Refusing to enter into a HAP contract or approve a lease.
- Refusing to process or provide assistance under portability procedures.

DCHA will give denied applicants a detailed written explanation of denial. Denied applicants can request an informal review, in writing no later than 10 business days from the date of the denial of assistance.

CRIMINAL HISTORY WILL BE INVESTIGATED FOR EACH ADULT

Signature

Date

Printed Name

Phone



310 N. Sixth Street
DeKalb, IL 60115
Phone: 815-758-2692
Fax: 815-758-4190
www.dekcohousing.com

Pre – Application Instructions

Our Mission: To assist low-income families with safe, decent and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives, by operating in an efficient, ethical, and professional manner, and by creating and maintaining partnerships with its clients and appropriate community agencies in order to accomplish this mission.

Housing Programs Offered

Low-income Public Housing – *Open*
Housing Choice Voucher (Section 8) – *Open*

Completing the Pre- Application: Complete the Pre-Application and return the completed form to DCHA in person. Once submitted, you are responsible for keeping the information that affects your preference point status current. All pre-application updates or changes must be made in writing. If you do not respond to letters we send, your name will be removed from the waiting list.

DCHA gives preference to some people on its waiting lists. Applications with preference have their applications considered before those without preference. Preference only affects the order in which your application is considered – it does not determine whether or not you will receive assistance. Please refer to the Preference Point sheet and return the completed form with your pre-application.

Personal Information: We require applications to identify a single head of household for each application. The head of household's Social Security number will be used to identify your family.

Name and Address: We must have a current mailing address to contact you at all times. If we are unable to contact you by mail, you will be removed from the waiting list.

Sex, Ethnicity, Race: For the head of house hold you must indicate sex. DCHA collects data on ethnicity and race in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. DCHA collects Race information for statistical purposes only. The choices listed are the same as the federal government's statistical categories.

Disability: Please tell us if you need any disability related accommodations to apply or lease a unit. It is not necessary to give us details about your disability on this form.

Assets and Income: Please write in the approximate amount of the family's gross (not net) assets and monthly income. Include all sources for all family members. Be sure to check all boxes that correspond to income available to your family.

List others who will live with you: List everyone who will be living with you, including any unborn children you are expecting. Do not include yourself in this list.

Certification of application: Please read this statement very carefully. By signing, you are agreeing to its terms. You must sign the form where indicated.

What to Expect

- A criminal background check will be performed on all persons 18 years of age and older.
- Upon receipt of your completed pre-application, DCHA will review your information and determine your eligibility based on income and criminal history.
- DCHA may require more information from you to determine if you are eligible to be placed on the waiting list.
- All applicants will receive written notice regarding eligibility and placement on the waiting list. Eligible applicants are placed on the waiting list in order of preference points, then date and time.
- *Please do not call for your status on the waiting list. DCHA will notify you in writing when you are eligible for assistance.*
- When you are eligible for assistance you will be invited to an interview where you will need to complete a full application. At this time detailed documentation (verifications) will be required.
- If your application and documentation indicate that you qualify for assistance, you will receive conditional approval for assistance. Low Income Public Housing tenants will be shown a maximum of 2 units. If accepted a move in date is determined. If not accepted your name goes back on the waiting list. Sec 8/HCV holders will be invited to a briefing to obtain their voucher. Once their voucher is granted they can begin a unit search.

If your information changes (address, phone, family composition, preference point, etc), you must notify DCHA in writing immediately or your name will be removed from the waiting list.



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Pre-application for housing assistance

Please print neatly in black or blue ink.
LEAVE NO BLANKS

DCHA Office use only

Date Stamp/Initial

Personal information:

Name:			<input type="checkbox"/> Male <input type="checkbox"/> Female	SSN:
Last	First	MI		
Mailing Address:				
Street	Apt #	City/State/Zip		
Current residence address (if different than above):				
Street	Apt #	City/State/Zip		
Primary Phone Number:		Secondary Phone Number:		Email:
DOB:	Race: <input type="checkbox"/> Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> White		Select each program you are applying for: <input type="checkbox"/> Section 8 Housing Choice Voucher <input type="checkbox"/> Low income Public Housing	
Age:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

Marital Status (Circle One): Married Divorced Separated Widowed Single

Disability or handicap: *It is not necessary to give us detailed medical information about your disability or handicap.*

Do you claim any disability or handicap? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need special accommodations to complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what assistance do you request?
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Assets and income. *Provide gross amounts (before taxes or other deductions) for all questions.*

Value of family assets: Assets include bank accounts, investments, real estate, etc. \$ _____ If you have no assets, write "none."	Total monthly income: Include gross income from all family members. You may estimate. \$ _____ This is income BEFORE taxes and deductions.	Income source(s). Check all that apply. <input type="checkbox"/> Wages <input type="checkbox"/> Public Aid (TANF) <input type="checkbox"/> Pension <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Interest/annuity income <input type="checkbox"/> Other: _____ <input type="checkbox"/> Child support <input type="checkbox"/> Someone regularly pays my bills/gives me money. <input type="checkbox"/> Social Security Amount: \$ _____/month <input type="checkbox"/> SSI <input type="checkbox"/> SSDI
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List others who will live with you in your assisted household. *Include unborn children and provide expected delivery date. For ethnicity and race, use the categories above.*

#	Legal Name	Relationship to Head of Household	Race	Ethnicity (Hispanic/non)	Gender (M/F)	SSN	DOB
1							
2							
3							
4							
5							
6							

Have you or anyone in your household ever lived in assisted or subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or anyone in your household owe money to a Public or Assisted Housing Authority or Section 8 Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require any modifications or accommodations in order to fully utilize the unit or the program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or anyone in your household been terminated or evicted from Assisted Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, list Housing Authority Name, Address & Phone:

I/we certify that the information given to the Housing Authority of the County of DeKalb on household composition, rental history and gross family income/assets is accurate and complete to the best of my/our knowledge and belief. I/we understand that 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing contained false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.

Head of Household Signature

Date

Other Adult Signature

Date



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Preference Points

Please print neatly in black or blue ink.

PLEASE READ CAREFULLY

Our Housing Authority uses a point system. Families who qualify for the most preference points are entitled to be considered first when units or vouchers are available. Therefore, families on our waiting lists are in ascending order according to the number of preferences verified and the date and time of their application. Please ask for assistance with any questions.

Please read each item in its entirety to ensure you are correctly claiming all preferences you qualify for! Any preferences claimed will be verified when your name reaches the top of the waiting list.

I claim the following preferences:

- Family Preference:** Mark this preference if your assisted household will consist of two or more persons which includes one or more minor children. **or**:
 - your assisted household will have at least one disabled family member **or**,
 - at least one adult who will be residing in your assisted household is 62 years of age or older

- Working Preference:** Mark this preference if at least one adult in your assisted household is employed at least 30 hours a week **or**;
 - head, spouse, or sole member of the household is age 62 or older **or**,
 - is a person with disabilities the

- Residency Preference:** Mark this preference if you are currently a resident of DeKalb County **or**,
 - You are currently employed in DeKalb County. Residence and employment must be on a permanent, non-temporary basis.

- Involuntary Displacement Preference:** Mark this preference if you have been involuntarily displaced by Government action **or**
 - A natural disaster.

- I do NOT qualify for any of the above listed preferences.**

_____ **Total Points**

Name: _____ **SSN#:** _____
 (Clearly print your full name)

Phone: _____

Signature: _____ **Date:** _____

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



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References

Please print neatly in black or blue ink.
PLEASE READ CAREFULLY

HISTORY – If you have rented before, you must list references for most recent five (5) residences starting with your current address. Be sure to include the apartment number. If you have not rented before, you must list personal references.

Address	County	Landlord or Reference Name, Address & Phone	Rental Period	
			From	To
<i>Current</i>				

Emergency Contact Information:

Name: _____

Relationship: _____

Address: _____
Street, City, State & Zip

Phone: _____



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Release: Background Check
Please print neatly in black or blue ink.
LEAVE NO BLANKS

Your criminal conviction record is used by the Housing Authority of the County of DeKalb to help determine eligibility for housing assistance. You must complete this form and sign the authorization for the release of information by the State and Local Police Department. **Failure to do so will be considered a lack of cooperation and will result in denial of housing assistance. All adult household members over 18 years of age must complete this form.**

Have you ever been arrested for a felony or misdemeanor in this state or any other state? (Do not include minor traffic violations) Yes No

IF YES, please provide the following information:

- 1) Crime you were arrested for:
- 2) Name of agency you were arrested by:
- 3) Felony or misdemeanor? – **CIRCLE ONE**

Have you ever been convicted of a felony or a misdemeanor in this state or any other state? (Do not include minor traffic violations) Yes No

IF YES, please provide the following information:

- 1) Crime you were convicted for:
- 2) Name/location of jurisdiction you were convicted in:

Are you currently on probation or parole? Yes No

I hereby give my consent for the Housing Authority of the County of DeKalb to obtain all criminal history records necessary to determine my eligibility for housing assistance programs administered by the Housing Authority.

I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

 Print Name

 Social Security Number

 Date of Birth

 Signature

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Landlord Verification and Release

*Please print neatly in blue or black ink.
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APPLICANT: Please fully complete the top portion of this form only. Stop after providing Authorization Signature.*

To: _____ Date: _____
 (NAME OF PROPERTY OWNER)

_____ RE: _____
 (STREET ADDRESS OF PROPERTY OWNER) (APPLICANT-PRINT YOUR NAME)

_____ (CITY, STATE, ZIP CODE)

I hereby authorize the release of information requested directly to the Housing Authority of the County of DeKalb of the City of DeKalb, IL.

For Property located at: _____

Authorization Signature:* _____

APPLICANT INFORMATION STOPS HERE
This section to be completed by the property owner

The person listed above is applying for a federally assisted housing program operated by the Housing Authority of the County of DeKalb. We would greatly appreciate your cooperation in providing the information listed below.

OWNERSHIP

Are (were) you the owner/manager of the above property? Yes No
 If no, please provide name and address of person to contact _____

Is the property Low Rent Housing? Yes No
 Is (was) the property on the Section 8 Program? Yes No

RENTAL HISTORY

Does the applicant owe you money? Yes No
 If yes, how much for rent \$ _____ for damages \$ _____

Is there a repayment agreement Yes No
 If yes, is the applicant current? Yes No

Dates of residency **from** _____ **to** _____

Rent is (was) \$ _____ per month.
 Utilities included were: Heat Electric Water None

How many times has applicant ever been late paying rent in a twelve (12) month period? _____

Have you ever tried to evict the applicant? Yes No
 If yes, for what reason? _____

Continued-See Other Side

CARING FOR THE UNIT

Number of persons occupying the unit._____.

Does (did) the applicant permit persons other than those on the lease to live in the unit? Yes No

Is the housekeeping of the family Excellent Good Fair Poor

Has the applicant, family member or guest damaged the unit, created any physical hazards to the property or interfered with the rights and quiet enjoyment of the other tenants? Yes No

If yes, please describe_____

Did the applicant pay for the damage? Yes No

If applicable, does (did) the applicant provide adequate supervision for their children? Yes No

GENERAL

Will you or did you keep any of the Security Deposit? Yes No

If yes, why?_____

Applicant's overall conduct while residing in unit would be Excellent Good Fair Poor r

Does blood, marriage or operation of the law relate you to this applicant? Yes No

If yes, indicate the nature of relationship_____

Would you re-admit this applicant? Yes No

If no, please give reason why not_____

Additional Comments _____

Signature and Title

Print Name

Date:_____ **Phone No.()**_____ **FAX No. ()**_____



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