

Moline Housing Authority
4141 11th Ave A
Moline, IL 61265
(309)764-1819 Fax (309)764-2120
www.molinehousing.com

Thank you for your interest in Moline Housing Authority. We know you are eager to find affordable housing and we understand the urgency of your request. However, 2 – 4 weeks is necessary to process your application and you will be notified in writing of your eligibility status when processing is complete. Please print clearly, complete, sign, and date all shaded sections.

Federal law requires the applicant to provide the following original documents when their housing assistance application is submitted for processing. Photo copies will be made by MHA staff.

Applications will not be processed without the following three (3) items:

1. PHOTO ID's for all adults, 18 years and older, listed on the application (Driver's license or government issued ID's only)
2. SOCIAL SECURITY CARDS for all individuals listed on the application
3. BIRTH CERTIFICATES for all individuals listed on the application

If you receive any of the following benefits, please provide current benefit summaries when you submit your housing assistance application. Failure to provide requested information may delay your application processing time.

- Child Support through a child enforcement agency
- Food Stamps
- Retirement pension
- Social Security, Social Security Disability Insurance, Social Security Insurance
- TANF
- Unemployment compensation

Applicant Name _____

Maiden or Alias Name(s) _____

Social Security # _____

Mailing Address _____

City, State, Zip _____

Email Address _____

Phone Number _____ Home Cell Message Work

Phone Number _____ Home Cell Message Work

Section below is for Office Use

Intake Person _____

Date Received _____

Time Received _____

Public Housing _____

Section 8 _____

of Bedrooms _____

Current Monthly Expenses

Current Monthly Expense Worksheet Sample: Use the sample worksheet as a guide to complete the monthly income and expense worksheet below.

Current Expense	Amount	Who Pays this Expense?	Amount Paid	Source of Income
Clothing	\$100	Self	\$100	Wages
Communication	\$60	My Mother	\$60	Mother
Entertainment	\$100	Self	\$100	Wages
Food	\$250	Self	\$250	Food Stamps
Medical	\$60	Self	\$60	Medicaid
Paper Products	\$100	Self	\$100	Wages
Shelter	\$350	My Father	\$350	Father
Tobacco	\$60	Self	\$60	Wages
Transportation	\$25	Self	\$25	Wages
Utilities	\$150	Self	\$150	Wages
Other Expenses	\$100	My Father	\$100	Father
Totals	\$1355		\$1355	

Current Monthly Income and Expenses Worksheet: Use the sample worksheet above as a guide to complete the monthly income and expense worksheet below.

Current Expense	Amount	Who Pays this Expense?	Amount Paid	Source of Income
Clothing				
Communication				
Entertainment				
Food				
Medical				
Paper Products				
Shelter				
Tobacco				
Transportation				
Utilities				
Other Expenses				
Totals				

Childcare Expenses: List childcare expenses if you are a full or part time student or employed

Expense	Amount Paid	How Often	Name, Address, and Phone number of Source
Childcare			
Childcare Transportation			

Monthly Medical Expenses: List medical expenses if you receive SSDI, SSI, or are over 62 years of age

Expense	Amount Paid	How Often	Name, Address, and Phone number of Source
Medical			
Handicap Transportation			

Assets

Current Assets: List all assets you currently have, even if your accounts have negative balances

Type of Asset	Account Balance	Interest Rate	Bank or Credit Union Name, Address, and Phone Number
Checking			
Savings			
Bonds, Stocks			
IRA's			
Certificate of Deposit			
Real Property (land)			
Life Insurance Policies			

Property: List property you currently own, even if you do not live there or if it is in foreclosure

Property Address	Mortgage Amount	Have you sold the property within the last 2 years?		Mortgage Company or Real Estate Agent's Name and Address
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Automobiles: List all automobiles you currently own

Titles in the Name of	Make	Model	Year	License Plate Number

Five Year Address History

List all addresses of where you have lived or used for mailing purposes in the last five years, regardless of who you lived with. **Incomplete information will result in the denial of your housing application.**

Current Address _____

City, State, Zip Code _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

City, State, Zip Code _____

Phone Number _____ **Fax Number** _____

Is this a friend or relative? Yes No **Relationship** _____

Move in Date _____ **Move out Date** _____

Was this unit federally funded? Yes No **Public Housing** **Section 8**

Previous Address _____

City, State, Zip Code _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

City, State, Zip Code _____

Phone Number _____ **Fax Number** _____

Is this a friend or relative? Yes No **Relationship** _____

Move in Date _____ **Move out Date** _____

Was this unit federally funded? Yes No **Public Housing** **Section 8**

Previous Address _____

City, State, Zip Code _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

City, State, Zip Code _____

Phone Number _____ **Fax Number** _____

Is this a friend or relative? Yes No **Relationship** _____

Move in Date _____ **Move out Date** _____

Was this unit federally funded? Yes No **Public Housing** **Section 8**

Previous Address _____

City, State, Zip Code _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

City, State, Zip Code _____

Phone Number _____ Fax Number _____

Is this a friend or relative? Yes No Relationship _____

Move in Date _____ Move out Date _____

Was this unit federally funded? Yes No Public Housing Section 8

Previous Address _____

City, State, Zip Code _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

City, State, Zip Code _____

Phone Number _____ Fax Number _____

Is this a friend or relative? Yes No Relationship _____

Move in Date _____ Move out Date _____

Was this unit federally funded? Yes No Public Housing Section 8

Previous Address _____

City, State, Zip Code _____

Landlord/Owner's Name _____

Landlord/Owner's Address _____

City, State, Zip Code _____

Phone Number _____ Fax Number _____

Is this a friend or relative? Yes No Relationship _____

Move in Date _____ Move out Date _____

Was this unit federally funded? Yes No Public Housing Section 8

Personal Declaration

1. Are you currently delinquent on your rent? Yes No

2. Have you ever been evicted? Yes No

Date _____ Where _____

Date _____ Where _____

3. Do you anticipate receiving any lump sum payments in the next 12 months? Yes No

Please Explain _____

4. Do you plan on having anyone live with you in your housing unit that is not listed on page 2? Yes No

Please Explain _____

5. Are you married? Yes No

6. If you are married will your spouse be living with you in your housing unit? Yes No

Please Explain _____

7. Have you or any adult member(s) of your household ever used any names or social security
Numbers other than the one you are currently using? Yes No

Please Explain _____

8. Have you or anyone in your household ever lived in public housing, participated in Section 8,
or lived in federally funded housing anywhere in the U.S.? Yes No

Date _____ Where _____

Date _____ Where _____

9. Do you owe Moline Housing Authority any debts? Yes No

10. Have you ever committed fraud in a federally funded housing program? Yes No

Please Explain _____

11. Have you ever been required to repay money for misrepresenting information in any federally
Assisted housing program? Yes No

Date _____ Where _____

Date _____ Where _____

12. Have you or anyone in your household been arrested or convicted within the past three (3) years of a felony or misdemeanor in/or outside of the United States? Yes No
Date _____ Where _____
Date _____ Where _____

13. Have you or anyone in your household been arrested or convicted within the past three (3) years of possession, manufacture, sale, or distribution of a controlled substance (illegal drug)? Yes No
Date _____ Where _____

14. If you answer yes to question #13, have you participated in a drug rehabilitation program? Yes No
Date _____ Where _____
Date _____ Where _____

15. Are you currently on Parole? Yes No
In what city and state? City: _____ State: _____

16. Please list any pets you currently own:

1. Breed _____	Male <input type="checkbox"/>	Neutered Yes <input type="checkbox"/> No <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Breed _____	Male <input type="checkbox"/>	Neutered Yes <input type="checkbox"/> No <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Breed _____	Male <input type="checkbox"/>	Neutered Yes <input type="checkbox"/> No <input type="checkbox"/>	Female <input type="checkbox"/>	Spayed Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Other _____				
5. Other _____				

Emergency Contact Information

Emergency Contact Name _____
Relationship _____
Address _____
City, State, Zip Code _____
Phone Number _____

How did you hear about Moline Housing Authority? Please check all that apply.
Radio Newspaper TV Friend/Family Agency Referral Other

If you are determined INELIGIBLE for housing assistance, you will have the right to request an informal hearing. You must request a hearing IN WRITING within ten (10) days of the date of your Notice of ineligibility. If you do not request a hearing within the ten (10) day period, you WILL NOT be entitled to a hearing at a later date. Your rights at the information hearing, should you request one, are as follows:

- The right to present oral or written evidence on your behalf
- The right to call witnesses on your behalf
- The right to question witnesses against you
- The right to review your file by prior arrangement any time up to thirty minutes before the hearing
- The right to be represented or assisted by an attorney or any other person of your choice
- The right to written notice of the hearing officer's decision within ten (10) working days of the date of the hearing
- The right to have the hearing recorded on tape and the right to receive a copy of this tape.

I am aware that falsification of any information in this application will deem me ineligible for housing assistance.

I am aware that the penalty for committing fraud is a federal felony with a penalty of up to and may include:

- A fine of up to \$10,000
- Imprisonment for up to five (5) years
- Eviction from my rental unit
- Requirement to repay all overpaid assistance
- Prohibition from receiving future assistance

WARNING! Section 1001 Title 18 of the U.S. Code provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000, imprisoned for not more than five (5) years, or both.

Applicant Signature _____ **Date** _____

Co-Applicant or Other

Adult Member Signature _____ **Date** _____

SECTION 8 APPLICANTS

1. Section 8 applicants are not allowed to rent from immediate family unless reasonable accommodations are approved by the Moline Housing Authority for disabled residents.
2. Porting your voucher to another jurisdiction is not allowed unless you have been a resident of our jurisdiction for one full year.
3. If you enter a lease with your landlord prior to receiving your voucher from Moline Housing Authority, you will be responsible for that rent and we will not subsidize that property until it has been approved for your tenancy.
4. If you enter into a lease with your landlord after you have received a voucher by the Moline Housing Authority, but before your unit has been inspected and approved, YOUR VOUCHER WILL BE TERMINATED.

Applicant Signature _____ **Date** _____

Co-Applicant or Other

Adult Member Signature _____ **Date** _____

Beginning with the head of household, list each person who will be living with you in a Public Housing or Section 8 unit.

Name (Last, First, MI)	Sex	Relationship	Social Security Number	Date Of Birth	Birth City and State	This information is used for statistical purposes only	
						Race	Ethnicity
		Head of Household					Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
							Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
							Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
							Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
							Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
							Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
							Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>
							Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>

List the names of people that have lived with you during the past one (1) year but are not listed above.

Name	Relationship	Current Address	Date of Birth