

**Willowbrook**  
441-465 N. Douglas  
Gilman, Il 60938

Dear Applicant,

**Before you turn in your Willowbrook Rental Application,** please make sure all the forms are completed. **Do not leave any questions unanswered.** For questions that do not apply, please use N/A – not applicable.

**Please be aware, we will need a copy of the following in the near future:**

1. Current Photo ID (Driver's License/State ID)
2. Social Security Card
3. Birth Certificate

Please contact the Cottingham Property Management office with any questions.

Thank you,

Cottingham Property Management Company  
215 W. Sam J. Stone Ave.  
Peoria, IL 61605  
(309) 673-225

Office Hours: Monday – Friday between 8:30 - 5:00

# NOTIFICATION TO PROSPECTIVE RESIDENTS OF SUBSIDIZED HOUSING

Thank you for your interest in **Willowbrook**. Since **Willowbrook** is funded through the USDA-Rural Development subsidy program, applicants must meet certain qualifications for admission. The head of household, spouse, or co-head must be 62 years of age or older OR adults 18 years of age or older with a disability.

Tenancy is open to all qualified eligible persons without regard to race, color, religion, age, sex, sexual orientation, gender identity, national origin, disability, or familial status and any other State protected classes. The attached application has been designed to be self-explanatory and all information is strictly confidential.

Completed applications can be delivered to our office during regular business hours, Monday through Friday in person, mail, or email. Please be advised that it is your responsibility to update your information, phone number, and other changed information on your application. This must be done in writing.

## APPLICATION PROCEDURES

1. You must file your application with the Office to be placed on the waiting list. The waiting list is first come, first serve.
2. Once your name comes to the top of the waiting list, you will be contacted to set up an interview appointment. Having your application processed is not a guarantee of acceptance for tenancy.
3. You will be offered the next available unit, if you meet the criteria for residency and your application is approved. You may turn down an apartment offer once or request to be moved to the bottom of the waiting list. If you turn down a second offer, you will be removed from the waiting list unless there are verifiable medical reasons.
4. If notified of an available unit, you must accept or reject the offer within seven (7) days.
5. At lease signing, you are required to pay for the security deposit, the pet deposit (if applicable), and first month's rent. You will receive keys and possession of the unit immediately and may move in at your scheduled move in time.
6. If you have a disability and you need a reasonable accommodation or modification in order to comply with the requirements of the application process, please bring this to the attention of the Office. **Willowbrook** is committed to serving all eligible and qualified individuals.
7. For further processing information, please see our Tenant Selection Plan.

If you have any questions, please call the Cottingham Property Management Office at (309) 673-2252, or the Illinois state relay number, 711.



Revision: October 2020

## REJECTION CRITERIA

Rejection of applications include the following reasons, but is not limited to:

1. Family income is over the applicable income limits published by HUD or does not meet the HUD housing criteria for this property.
2. Unsatisfactory credit history as reported by a Credit Reporting Agency.
3. Negative Criminal History including a felony, registration as a lifetime sexual predator/offender, or history of drug or alcohol abuse which may interfere with residents' rights to peaceful enjoyment of the premises.
4. Negative references from prior landlords, including poor housekeeping habits, or evidence of gang or illegal substance activity.
5. Submission of false or untrue information on the application, or failure to cooperate, in any way, with the verification process.
6. Not qualifying as an eligible noncitizen as defined by HUD.
7. Failure to sign designated forms and/or documents upon request, including the lease.

**\*\*For more information regarding rejection criteria, please see our Tenant Selection Plan.**

**WARNING:** This application may be refused or rejected solely on the grounds that it is not complete and/or legible, or if any information is found to be false.

## Frequently Asked Questions

**Q. Where are you located?**

A. 500 E. 13<sup>th</sup> Street  
Gibson City, IL 60936

**Q. Who may live at your facility?**

A. Persons 62 years of age or older, or persons 18 and older with a disability.

**Q. How many people can live in my unit?**

A. 1 Bedroom – Max: 2 people

**Q. What is the proposed rent?**

A. Rent approximately 30% of your adjusted gross income.

**Q. Is there an income limit?**

A. Yes. Please contact the office for the current HUD income limits.

**Q. Why are there income limitations?**

A. This building was constructed under an agreement with the U.S. Department of Housing and Urban Development (HUD) and designed for low income senior citizens.

**Q. Is this an assisted living facility?**

A. Gibson Gardens does not provide “assisted living,” nursing services, or personal care. Residents must be capable of fulfilling lease requirements.

**Q. What is included in my rent?**

A. Garbage pickup is included in your rent. An allowance for water, sewer, and electricity is given. Cable TV, phone, and internet are not included in rent.

**Q. How many apartments are at your facility?**

A. 24 one-bedroom apartments with 2 being mobility accessible apartments.

**Q. Can I have a vehicle on site?**

A. Yes, parking is available on a first-come first-serve basis.

**Q. What arrangements have been made concerning laundry facilities?**

A. There is a laundry room containing coin operated washers and dryers in the community building.

**Q. Do you allow pets?**

A. Yes, please let the office know if you wish to bring a pet to the facility. Please refer to the Pet Policy for more guidance.

**Q. Can I see an apartment?**

A. Yes, please contact Cottingham Property management at (309) 673-2252 to set up a tour.

**Q. Is this a smoke free environment?**

A. No, at this point residents are allowed to smoke in their apartments. According to State and Local laws, you must be 15 feet from any door or window. Please note, HUD considers marijuana a banned substance under federal guidelines.

**Q. Does the facility provide Wi-Fi and cable TV?**

A. Wi-Fi is available in the community building. Along with a TV with local channels.

**Q. Can I have visitors/guests?**

A. Yes, you may have visitors. Residents are responsible for their visitors while on the property. Guests may stay on occasion not to exceed 14 cumulative days in a 12-month period.

**Office Use Only:** \_\_\_\_\_ Low Income \_\_\_\_\_ Very Low Income \_\_\_\_\_ Extremely Low

**Waitlist:** \_\_\_\_\_ **1 Bed Room**

**Date/Time Received:** \_\_\_\_\_

### Application for Eligibility Determination for Residency with Willowbrook

To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please list the language and services requested: \_\_\_\_\_

Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list the request: \_\_\_\_\_

**1. Household Composition and Characteristics & Family Summary Sheet:** *(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Disclose Social Security Numbers for all applicants, except those household members who do not contend eligible immigration status. \* Denotes optional item. Please Print)*

Mbr. No.	Last Name	First Name	Relationship to HOH	Age	Sex*	Date of Birth	Social Security Number
1			Head				
2			Co-Head				

Current Mailing Address: \_\_\_\_\_  
Street Apt.

City, State, Zip Code Telephone (area code)

**2. Live-In Attendant:** Do you require the aid of a live-in care attendant? Please note that this need will be verified with your doctor/physician. Yes No

If a Live-In Attendant is needed, name of Attendant: \_\_\_\_\_

Name/Address of a Doctor who can verify this need: \_\_\_\_\_

**3. Current/Former Housing Status:** Please list your current and last two addresses where you resided. This would include living with family members, friends, prior residences, etc. (Use additional sheet if necessary.)

Address (including Apt. #)	City/State/Zip	Dates	Rental		Manager
			Yes	No	

**Please list all the states where you or any member of your household has resided.** Please specify and name household member:

**4. Employment:** Are you or a household member currently employed? Yes No. If yes, give name and address of your employer(s):

Name: _____
Address: _____
Telephone: _____ (Area Code) _____
Name: _____
Address: _____
Telephone: _____ (Area Code) _____

**5. Income:** Do you or any members of your household receive any of the following types of income on a regular basis?

Answer	Source	Mbr. #	Monthly or Periodic Amt	Documentation Needed at Eligibility Interview
Yes No	Wages/Salaries			Pay stub/letter from employer
Yes No	Social Security, SSI or Railroad Retirement			Current Award Letter
Yes No	Private Pensions			Most Recent Statement/Check Stub
Yes No	Annuities			Most Recent Statement/Check Stub
Yes No	Disability Insurance			Most Recent Statement/Check Stub
Yes No	Interest from Investments			Bank Statement; Forms 1099
Yes No	Dividends			Dividend Statement

Answer	Source	Mbr. #	Monthly or Periodic Amt	Documentation Needed at Eligibility Interview
Yes No	Trust Income			Most Recent Statement
Yes No	Student or Financial Aid Income			Current Award Letter
Yes No	Income from Self-Employment			Tax Documents or Written Statement
Yes No	Other (specify)			Written Documentation

Do you or any members of your family have any regular sources of income not previously listed?

Yes No. If yes, please describe \_\_\_\_\_

**6. Assets:** Do you or any members of your family have any of the following assets?

Please Select An Answer	Asset	Current Value	Documentation Needed at Eligibility Interview
Yes No	Cash (in excess of \$1,000)		Signed Statement
Yes No	Checking Account(s)		Copy of Most Recent Bank Statement(s)
Yes No	Savings/Money Market Account(s)		Most Recent Statement(s)
Yes No	Stocks and Bonds		Most Recent Statement
Yes No	Certificate of Deposit		Copy of Certificate
Yes No	Collectibles held for Investment		Current Appraisal
Yes No	Trusts, IRA, or Pension Accounts		Most Recent Statement

**Do you or any members of your household own a home, commercial property, or other real estate either here in the United States and/or in a foreign country?**

Yes No. If yes, please list and provide documents.

Address \_\_\_\_\_ Estimated Value  
 \_\_\_\_\_ \$ \_\_\_\_\_

**7. Do you or any members of your household have any life insurance policies with permanent cash value?** (May be called “whole life,” universal,” or “paid up” coverage.) Yes No. If yes, please list policies below:

Mbr. #	Name of Company	Policy #	Face Value	Current Cash Value

**8. Student Status:** Are you or any member of your household currently enrolled in an institution of higher education? Yes No

If Yes, please list family member(s) and institution:

\_\_\_\_\_

**9.** Do you have **Medicare**? Yes No. Please provide documentation.

Do you have **other medical insurance**? Yes No. If Yes, give the name of the insurance company and your policy number: \_\_\_\_\_

Are your medical bills paid by insurance? \_\_\_\_\_

Are you receiving medical assistance through Welfare? \_\_\_\_\_

**If you pay any portion of your medical and/or drug costs, please furnish us with an anticipated cost for the upcoming twelve (12) month period.**

**10.** Do you have any **dependents** who live with you? Yes No

Do you pay for child care for any **dependents** who live with you? Yes No

If Yes, please list amount and frequency \_\_\_\_\_

**11.** Have you or any members of your household **disposed of assets** totaling more than \$1,000 for less than fair market value during the past two years? Yes No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**12.** List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

Name	Address, City, St., Zip	Phone

**13.** Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.

Yes No. If Yes, please explain and name household member:

\_\_\_\_\_

\_\_\_\_\_

**Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program?** Yes No. If Yes, please explain and name household member:

\_\_\_\_\_

\_\_\_\_\_

**Have you or any member of your household ever been evicted from Federally-assisted housing or other types of housing? This specifically includes drug-related criminal activity.** Yes No. If Yes, please explain and name household member:

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**Are you or any member of your household currently engaged in illegal drug use?**

Yes No. If Yes, please explain and name household member: \_\_\_\_\_

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**Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises?**

Yes No. If Yes, please explain and name household member:

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*Willowbrook may prohibit admission of a household to federally assisted housing if it is determined that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision:*

- (1) Drug-related criminal activity;*
- (2) Violent criminal activity;*
- (3) Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or*
- (4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.*

**14. Enterprise Income Verification (EIV) System Use:**

Were you 62 years of age or older before January 31, 2010? Yes No

Did you previously have subsidy or are you currently receiving subsidy? Yes No

If so, please list the housing/facility name, address, and the dates you received subsidy.

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**15. Additional Information:** Do you plan to use a service or assistance animal in this facility? Yes No

If yes, please describe the animal:

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Do you plan to bring a pet into this facility? Yes No If yes, please describe the animal:

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Do you require the features of an accessible unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you disabled, per the Fair Housing definition? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a vehicle(s) you wish to bring onto the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, is the car(s) registered, insured, in operable condition, and owned by a member of the household?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about *Willowbrook* ?

- \_\_\_ Current resident or resident family member
- \_\_\_ Friend
- \_\_\_ Employee
- \_\_\_ Religious organization
- \_\_\_ Information provided by a government agency?
- \_\_\_ Advertisement (Where?) \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

**NOTE:** If there is a member of your family who is the survivor of domestic violence, **HUD** has a form you can voluntarily fill out. The Violence Against Women Act of 2005 (VAWA) protections apply to families applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. Applicants can request **HUD-5382** form during the application process.

**NOTE:** In the event you wish to designate a person or entity to represent you during the application process, **HUD** has a form you can voluntarily fill out. 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. Applicants can request **HUD-92006** form during the application process.

**16. Applicant(s)' Certification**

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact *Willowbrook* in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Head: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Assisting the Applicant on Filling-In the Appl. \_\_\_\_\_ Date \_\_\_\_\_

Signature of *WB* Rep: \_\_\_\_\_ Date \_\_\_\_\_

*Willowbrook does not discriminate in any fashion based upon a person's race, color, religion, age, sex, sexual orientation, gender identity, national origin, disability, or familial status and any other State protected classes.*

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Willowbrook

441-465 N Douglas Gilman, IL 60938

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
Cottingham Property Management Company		RHS 515
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>

<b>Name of Head of Household</b>	<b>Name of Household Member</b>
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Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
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 form 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.

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: (Check all that apply)</b>	
<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.

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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.

I acknowledge that I have received copies of the following documents:

Notification to Prospective Residents of Subsidized Housing  
Is Fraud Worth It?  
Supplement to Application for Federally Assisted Housing (Form HUD 92006)

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Applicant Signature

Date

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Applicant Signature

Date

Rev 03/16





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

# Do you have a Social Security Number (SSN)?



**If you do not disclose a SSN, you may not be able to receive housing assistance.**

The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.



**The SSNs of all members of my household have been provided. What do I do?**

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.



**I have not provided SSNs for all of my household members to the property owner/manager. What do I do?**

Does everyone in your household have a SSN?

## **Yes**

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

## **No**

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

**Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.**

