



**ASSISTED HOUSING APPLICATION**

223 South Winnebago Street • Rockford, IL 61102 – (815) 489-8500

APPLICANT NAME \_\_\_\_\_

The complexes listed below are currently accepting applications. You must be 18 years of age to apply for housing. Failure to properly complete this page will delay the processing of your application. Please indicate which program you would like to be considered for by checking the box(s) below.

- Family       Project Based       MOD Rehab       Elderly/Disabled

Public Housing (PH): your family must meet occupancy guidelines. You may choose only 2 properties from the list: please make your selection by placing #1 in front of your first choice and #2 in front of your second choice.

**Public Housing Family Developments:**      Blackhawk (1 ~ 4 Bedrooms)  
Scattered Sites (2, 3 & 4 Bedrooms)  
Fairgrounds (2 ~ 5 Bedrooms)

**Public Housing Elderly/Disabled:**      Olesen Plaza (1 & 2 Bedrooms)  
Midvale (1 & 2 Bedrooms)  
North Main (1 & 2 Bedrooms)  
Summit Green (1 & 2 Bedrooms)  
Park Terrace (1 & 2 Bedrooms)  
Buckbee (1 & 2 Bedrooms)

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Your application will be sent to one of the following upon bedroom size availability.

**Project Based Developments:**      Mulford Park Apartments (2 Bedrooms)  
Capra & Associates (2 Bedrooms)  
Winnebago Homes Association (1 ~ 4 Bedrooms)  
Infinity Assets (2 & 3 Bedrooms)  
Anchor VIII (1, 2, & 3 Bedrooms)  
Shelter Care Ministries (1, 2, & 3 Bedrooms)  
Bridge-Rockford Alliance (2 & 3 Bedrooms)  
Valley View (1 Bedroom, Elderly/Disabled ONLY)

**MOD Rehab Developments:**      Furman Manor (1 & 2 Bedrooms)  
23rd St. (3 Bedrooms)

**ELDERLY/DISABLED**

**APTS. FOR 50+YRS. AND/OR PERSONS WITH DISABILITIES**

To apply for Jane Addams please visit the onsite management office at 505 Seminary St. Rockford, IL 61104  
To apply for Faust Landmark please visit the onsite management office at 630 E. State St. Rockford, IL 61104

\*All programs are income based\*





**ROCKFORD HOUSING AUTHORITY  
APPLICATION FOR ASSISTED HOUSING  
THIS IS NOT AN APPLICATION FOR THE SECTION 8  
PROGRAM** (Be sure to answer all questions completely. Please **PRINT** legibly)

**CHANGES TO YOUR FAMILY STATUS, ADDRESS OR QUALIFIED PREFERENCES**

**MUST BE MADE IN WRITING!!!**

It is the applicant's responsibility to notify the Housing Authority's Application Center of any changes to the information provided on this application. Failure to update address and contact information may hinder the applicant's ability to be admitted into the program.

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Co-Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Current Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (if different from above) \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
 Primary language of the applicant: Oral \_\_\_\_\_ Written \_\_\_\_\_  
 Is Head of House or Spouse disabled? Yes/No \_\_\_\_\_  
 Is there a need for special accommodations? Yes/No \_\_\_\_\_  
 Marital Status: ( ) Single ( ) Married ( ) Divorced ( ) Separated ( ) Widow(er)  
 All other names used: \_\_\_\_\_

**A. HOUSEHOLD COMPOSITION:**

1. **List everyone**, including yourself, foster children/adults, and live-in caretaker who are necessary for the care of a family member, **who will be living in the assisted housing unit that you are applying for**. If you need more space continue on the back side of this paper. You must complete each box for each family member. **You (the applicant/head of household) are to be in the 1<sup>st</sup> line.**

	Last Name	First Name	MI	SSN	Relationship to Head of Household	Sex M/F	Date of Birth	Age	Place of Birth
1					Applicant/Head of Household				
2					Co-Head				
3									
4									
5									
6									
7									

2. Do you anticipate any changes in your household composition during the next 12-months? \_\_\_ Yes \_\_\_ No.  
 If yes, please explain \_\_\_\_\_

3. Is any member of your household temporarily away from the residence? \_\_\_ Yes \_\_\_ No.  
 If yes, please explain \_\_\_\_\_



4. Have you or anyone in your household ever lived/been assisted in:  
 \_\_\_ Public Housing \_\_\_ Section Eight If yes, what housing authority? \_\_\_\_\_
5. Have you or anyone in your household used any other name or Social Security #?  
 ( ) Yes, please give # \_\_\_\_\_ ( ) No
6. Have you or any household member ever been arrested or convicted of any crime other than traffic?  
 ( ) Yes ( ) No  
 If yes, please explain: \_\_\_\_\_

## B. PREFERENCE INFORMATION

Admission to the Subsidized Housing program is based upon local preferences. **Please indicate and provide supporting documentation for the preference category(s) that your household falls under. You will not receive the point(s) until documentation is provided. You must check at least 1 of the following and check all that apply: (Points will be assigned by program criteria).**

- Local Preference** - Applicant household has a permanent physical residence in Winnebago County, IL.
- Local Employment Preferences** – Families whose head spouse or co-head is a resident of or works within the City of Rockford.
- Employment Preferences** – Families whose head of household is working at least 10 hours a week.
- Involuntarily Displaced Preference** – Applies to victims of Natural Disaster that has to be declared by a local, state, or federal government entity (fire, flood, earthquake, etc.) Participant is a State or Federal Witness Protection Program verifiable by local, state or federal government entity.
- Elderly and/or Disabled Preference** – Elderly preference applies when the head of the household, spouse, or co-head is aged 62 or older. Disabled preference applies to any adult member of the household who is disabled.
- Homeless Preference** – Designated social service agencies certifies the family is homeless or providing a letter from a homeless shelter.  
 ❖ **ARE YOU A PARTICIPANT OF THE CITY OF ROCKFORD CONTINUUM OF CARE PROGRAM: Yes \_\_\_ No \_\_\_**
- Veteran Preference** – Applies to applicant that the head of household, spouse, or co-head is a current member of the military, a veteran, or the surviving spouse of a veteran.  
 ❖ **WERE YOU DISCHARGED: Honorably \_\_\_ Dishonorably \_\_\_**
- Near Elderly** – Applies to persons who are 50 to 61 years of age that are the head of household, spouse, or co-head.
- Educational Preference** – If the head of household, spouse, or co-head is currently enrolled in, or a graduate in the last six months of a school training program designed to prepare enrollees for the job market.  
 ❖ **WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU COMPLETED \_\_\_\_\_.** Your voluntary cooperation in providing this information is appreciated.
- None of the Above**

**C. ESTIMATED INCOME:**

1. Based upon all sources of **income for all members of your household**, what is the estimated annual income for the household? Sources of income include, but are not limited to the following: Employment, V.A. Benefits, Welfare (TANF, LINK or SNAP, General Relief), Social Security, SSI, Disability, Unemployment, Scholarships, Worker’s Compensation, Pensions, Annuity, Child Support, Alimony, Foster Care, and earned income tax credit. This **includes any regular contributions or donations to the family** from organizations or other persons who do not live in the unit or payments made on behalf of the family by an outside organization/person(s).

Name of Household Member	Income Source	Rate(\$ per day, week, month, year)	Name of Household Member	Income Source	Rate(\$ per day, week, month, year)

Bank Account: \_\_\_\_\_  
Name of Bank
Checking or Savings

\_\_\_\_ Check if you are claiming ZERO income. Will you have financial help? \_\_\_\_Yes \_\_\_\_No

**D. RACE/ETHNICITY**

This following information is for statistical purposes only and will not affect your place on the waiting list. Your voluntary cooperation in providing this information is appreciated.

❖ **Please indicate the ethnicity of the Head of Household:**

Caucasian  Hispanic  Black  Asian/Pac Islander  American Indian/Alaskan Native

**E. REASONABLE ACCOMMODATIONS**

If you or a member of your household is mobility impaired, you may be assigned to an accessible unit at your request, providing such a unit is available. There are two types of accessible units, fully accessible units designed for wheelchair access and one story or “flat” units.

Please indicate if your family requires an accessible unit and if so, what type.

- No, I/we do not require an accessible unit
- Yes, I/we require an accessible unit (Please indicate below which type)
  - Fully accessible, those designed for wheelchair access
  - One story or “flat” units (all the rooms are on the ground floor)
  - Hearing or Visually Impaired
  - Other. Please specify \_\_\_\_\_



## F. VAWA

The Violence Against Women Reauthorization Act of 2013 (“VAWA”) protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

### APPLICANT CERTIFICATIONS

I/We understand that I/we must provide verification that I/we are qualified for a preference and this must be my/our status at the time I/we are offered housing. I further understand that if I/we do not qualify for the preference at the time that my/our household is offered housing, my/our preference status will be withdrawn and my/our application returned to the appropriate place on the waiting list.

I/We certify that the statements made on this Application for Assisted Housing are true to the best of my/our knowledge and belief and understand that for verification purposes inquiries must be made by the Housing Authority. I/We authorize employer(s), the Department of Public Social Services, the Social Security Administration, and all others to release any and all information about me/us, which the Housing Authority deems necessary, in order to be approved for participation in the Housing Program. I/We understand that any false or incomplete statements made on this application will cause me/us to be ineligible. I hereby give all this information willingly. By filling out this form either electronically or manually, I/We give permission to Rockford Housing Authority to obtain a state and nation-wide criminal background check and credit check regarding outstanding debt to any Housing Authority and/or private or public utility. **WARNING:** 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_