



501 N. Market Street, Marion, IL 62959 Phone: 618-997-1258 Fax: 618-997-2680

Email: adeaton@marionhousing.org

Pre-Application Packet for Public Housing

Copies of General Information is Required for all Applicants. Please have the following items accompany your application. Your application WILL NOT be processed without these items.

- ___1. Birth Certificates for all household members.
- ___2. Social Security Cards for all household members (with current legal name).
- ___3. Current Driver's License and/or State ID for all household members 18 years of age and older.
- ___4. Marriage License and/or Divorce Papers if applicable.
- ___5. Verification of all income:
 - a. Social Security, SSI, VA Benefits, pensions
 - b. Cash Assistance and/or SNAP Benefits
 - c. Employment (three current pay stubs)
 - d. Other income (self-employment, child support, etc.)

Pre-Application Packets may be returned to the Housing Office at 501 N. Market Street, Marion, IL.

(Office Hours are 8:30 a.m. to 4:30 p.m.; closed 12:00 p.m. to 1:00 p.m. for lunch, Monday - Friday)

Once your pre-application is received in the office you will be contacted with a time to come in for an interview.

Pre-Application for Public Housing
 City of Marion Housing Authority
 501 N. Market Street, Marion, IL 62959
 Phone: 618-997-1258 Fax: 618-997-2680
 E-Mail: adeaton@marionhousing.org

Head of Household Name: _____
 Current Mailing Address: _____
 Current City/State/Zip: _____
 Primary Phone #: (____) _____ Alternate Phone #: (____) _____
 E-Mail Address: _____

How would you like to be contacted by City of Marion Housing Authority? (Check all that apply)
 Mail ____ Phone ____ E-Mail ____ Other: _____

*** Failure to keep current contact information on file with us could result in removal of your pre-application.**

Persons Who Will Live in the Rental Unit:

Name	Sex M/F	Date of Birth	Social Security Number	Disabled Y/N	Relationship to Head

List each person's income and source of income.
 Sources of income include: Wages, Social Security, TANF, Public Aid, Salary, SSI, SSDI, Unemployment, VA Benefits, Pension, Child Support, Alimony, Workman's Compensation, Cash Contributions, or any other monies coming into the household.

Name	Income	How Often Received (Monthly, weekly, etc.)	List the Source of Income If working-List Employer

Does anyone in the household require any type of reasonable accommodations to fully utilize our programs and services? Yes ____ No ____

If yes, household member's name and what they require:

Have you or any other household member ever used any name or Social Security number other than the one given on this Pre-Application? Yes ____ No ____ (For example your maiden name or other married names.) If yes, please list and explain:

Has any household member ever received housing assistance from this Housing Authority or any other Federally assisted housing program? Yes ____ No ____

If yes, when and where:

Has any household member ever been evicted from Public or Assisted Housing? Yes ____ No ____

If yes, when, where and reason for eviction:

Do you or any household member owe money to any Housing Authority? Yes ____ No ____

If yes, name of Housing Authority and amount owed:

Are you currently up to date on all your utilities (Electricity, Gas, Water, Etc.)? Yes ____ No ____

If no, please explain:

Has any household member ever been convicted of any crime other than traffic violations?

Yes ____ No ____

If yes, dates, details and where offense(s) occurred:

Have you or any one in your household ever committed fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?

Yes ____ No ____

If yes, please explain:

Rental History

Current Residence:

Street Address: _____ City/State: _____ Zip: _____

Landlord Name: _____ Street Address: _____

City/State: _____ Zip: _____ Phone: _____

Move-in Date: _____ (Month/Year) Is it Subsidized? _____ (Y/N)

Do you owe any back rent? _____ (Y/N) If yes, give reason and amount: _____

Prior Residence:

Street Address: _____ City/State: _____ Zip: _____

Landlord Name: _____ Street Address: _____

City/State: _____ Zip: _____ Phone: _____

Move-in Date/Move-out Date: _____ (Month/Year) Was it Subsidized? _____ (Y/N)

Do you owe any back rent? _____ (Y/N) If yes, give reason and amount: _____

Did you move voluntarily? _____ (Y/N) If no, explain: _____

Prior Residence:

Street Address: _____ City/State: _____ Zip: _____

Landlord Name: _____ Street Address: _____

City/State: _____ Zip: _____ Phone: _____

Move-in Date/Move-Out Date: _____ (Month/Year) Was it Subsidized? _____ (Y/N)

Do you owe any back rent? _____ (Y/N) If yes, give reason and amount: _____

Did you move voluntarily? _____ (Y/N) If no, explain: _____



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Applicant Certification

I/We here by certify that the information given to the City of Marion Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/We understand that this information will be verified. I/We also, understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date

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



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, do hereby authorize any agencies, offices, groups, organizations or business firms to release to the City of Marion Housing Authority any information or materials which are deemed necessary to complete my application/recertification for the Low Income Public Housing Program. These organizations are to include but are not limited to:

Financial Security, Past or Present Employers, Social Security Administration, Welfare Departments, Veteran's Administration, County Clerks, Utility Companies, Workmen's Compensation Payers, Hospitals, Public and Private Retirement Systems, Law Enforcement Agencies and Attorneys, Current and Previous Landlords and Credit Reporting Agencies.

This release includes but is not limited to information relating to my past criminal history, violations of the law, disposition of criminal or civil cases and verifications of assets.

It is with my understanding and consent that a photocopy of this authorization may be used for the purpose stated above.

Signature

Signature

Social Security Number

Social Security Number

Birth Date

Birth Date

Date

Date