**LEISURE ACRES ANNUAL RECERTIFICATION APPLICATION**

**INSTRUCTIONS: PLEASE PRINT CLEARLY, DO NOT LEAVE ANY QUESTIONS UNANSWERED- IF IT DOES NOT APPLY TO YOU WRITE N/A. ONLY USE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER WHEN FILLING THIS APPLICATION OUT.**

**SECTION ONE: PERSONAL DECLARATION**

NAME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** PHONE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MAILING ADDRESS: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CITY: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** STATE: **\_\_\_\_\_\_\_\_\_\_** ZIP: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

EMAIL: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I PREFER TO BE CONTACTED BY: PHONE**\_\_\_\_\_\_** EMAIL**\_\_\_\_\_\_** MAIL**\_\_\_\_\_\_**

**SECTION TWO: HOUSEHOLD COMPOSITION**

**INSTRUCTIONS: LIST THE HEAD OF HOUSEHOLD AND ALL MEMBERS CURRENTLY LIVING IN YOUR HOUSEHOLD, INCLUDING LIVE-IN-AIDES, ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED. IF YOU ARE NEEDING TO ADD SOMEONE TO YOUR HOUSEHOLD, YOU WILL NEED TO CONTACT THE OFFICE PRIOR TO MOVING THEM IN!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL NAME** | **RELATION TO HEAD** | **DOB** | **GENDER (M/F)** | **STUDENT**  **(Y/N)** | **STUDENT**  **(FT/PT)** |
|  | **SELF** |  |  |  |  |
|  |  |  |  |  |  |

**INSTRUCTIONS: PLEASE CIRCLE YES/ NO, PLEASE EXPLAIN ALL YES ANSWERS**.

1. DO YOU HAVE A LIVE-IN AIDE? YES / NO

IF YES, PLEASE EXPLAIN AND LIST LIVE-IN AIDE’S NAME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

IF YES, PLEASE LIST NAME **AND** PHONE NUMBER OF DOCTOR’S OFFICE: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION TWO: HOUSEHOLD COMPOSITION CONTINUED**

1. HAS ANYONE IN THE HOUSEHOLD BEEN CONVICTED OF/ INVOLVED IN ANY CRIMINAL ACTIVITY IN THE LAST TWELVE MONTHS? YES / NO

IF YES PLEASE EXPLAIN **AND PROVIDE ALL COURT/ INCIDENT DOCUMENTATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION THREE: HOUSEHOLD INCOME**

**INSTRUCTIONS: PLEASE ANSWER THE FOLLOWING HOUSEHOLD INCOME QUESTIONS COMPLETELY FOR ANY/ ALL MEMBERS WITH INCOME IN THE HOUSEHOLD, PLEASE PROVIDE SUPPORTING DOCUMENTATION FOR ALL INCOME REPORTED.**

1. DOES ANYONE IN THE HOUSEHOLD HAVE INCOME FROM FRIENDS/ FAMILY, **CHILD SUPPORT, EMPLOYMENT, SS, SSI, UNEMPLOYMENT, DHS, VA, PENSIONS, TRUST, SELF EMPLOYMENT, OR ANY OTHER INCOME**? YES / NO

**IF YES PLEASE FILL OUT THE NEXT SECTION OF BOXES. EXAMPLE: WAGES: $150/ WEEK or SS: $740/ MONTH**

**IF NO PLEASE MOVE TO SECTION FOUR.**

|  |  |  |
| --- | --- | --- |
| **FAMILY MEMBER** | **INCOME SOURCE** | **GROSS AMOUNT (BEFORE TAXES/ OTHER DEDUCTIONS)** |
| FAMILY MEMBER:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | INCOME SOURCE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PER: (CIRCLE/ HIGHLIGHT)  **HOURLY**  **WEEKLY**  **MONTHLY**  **YEARLY** |
| FAMILY MEMBER:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | INCOME SOURCE:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PER: (CIRCLE/ HIGHLIGHT)  **HOURLY**  **WEEKLY**  **MONTHLY**  **YEARLY** |

**SECTION FOUR: HOUSEHOLD ASSETS**

**INSTRUCTIONS: PLEASE CIRCLE YES/ NO, PLEASE EXPLAIN ALL YES ANSWERS. PLEASE PROVIDE ANY/ ALL SUPPORTING DOCUMENTATION (BANK STATEMENT, IRA/ 401K/ INVESTMENT STATEMENT, ETC.)**

1. DOES ANYONE IN THE HOUSEHOLD HAVE A CHECKING/ SAVINGS ACCOUNT?

YES / NO

IF YES WHAT IS THE BANK NAME **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. DOES ANYONE IN THE HOUSEHOLD HAVE A DEBIT CARD? YES / NO

IF YES PLEASE PROVIDE STATEMENT AND EXPLAIN **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. DOES ANYONE IN THE HOUSEHOLD OWN ANY STOCKS/ BONDS, CERTIFICATES OF DEPOSITS, PENSIONS, IRA’s OR ANY OTHER TYPES OF ASSETS? YES / NO

IF YES WHAT IS THE BANK NAME **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. DOES ANYONE IN THE HOUSEHOLD OWN A HOME, COMMERCIAL PROPERTY OR ANY OTHER REAL ESTATE? YES / NO

IF YES PLEASE LIST ADDRESS, VALUE, AND EXPLAIN WHAT IT IS USED FOR **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. HAS ANYONE SOLD ANY REAL ESTATE OR ASSETS IN THE PAST TWO YEARS FOR LESS THAN FAIR MARKET VALUE?

YES / NO

IF YES PLEASE LIST ADDRESS **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. DOES ANYONE IN YOUR HOUSEHOLD HAVE ANY LIFE INSURANCE POLICIES WITH PERMANENT CASH VALUE? YES / NO

IF YES PLEASE LIST NAME AND PHONE NUMBER OF COMPANY, POLICY NUMBER AND CURRENT CASH VALUE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION FIVE: HOUSEHOLD EXPENSES/ DEDUCTIONS**

**INSTRUCTIONS:** **PLEASE ANSWER THE FOLLOWING QUESTIONS AND IF THERE ARE ANY OUT-OF-POCKET EXPENSES; PLEASE SUPPLY ANY/ ALL SUPPORTING DOCUMENTATION (RECEIPTS, SPENDDOWNS, MEDICAL INSURANCE, PRESCRIPTIONS/ ETC.)**

1. DOES ANYONE IN YOUR HOUSEHOLD HAVE ANY **OUT-OF-POCKET** MEDICAL EXPENSES INCLUDING, BUT NOT LIMITED TO MEDICAL INSURANCE, DOCTOR VISITS, MEDICAL BILLS, MEDICATION, SUPPLIES, AND TRANSPORTATION? YES / NO

IF YES PLEASE PROVIDE SUPPORTING DOCUMENTATION.

1. DOES ANYONE IN THE HOUSEHOLD HAVE MEDICARE THAT IS DEDUCTED FROM SOCIAL SECURITY? YES / NO

IF YES PLEASE PROVIDE SOCIAL SECURITY AWARD LETTER.

**DISCLOSURE:**

AFTER VERIFICATION BY THE EAST PEORIA HOUSING AUTHORITY IS COMPLETE, THE INFORMATION WILL BE TRANSMITTED TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ON FORM HUD-50058. SEE THE FEDERAL PRIVACY ACT STATEMENT FOR MORE INFORMATION ABOUT ITS USE. TITLE 18 SECTION 101 OF THE UNITED STATES CODE, STATES A PERSON IS GUILTY OF A FELONY WHEN KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

**TENANT STATEMENT:** I/ WE CERTIFY THAT THE ABOVE INFORMATION GIVEN/ BEING REPORTED TO THE EAST PEORIA HOUSING AUTHORITY ON INCOME, HOUSEHOLD COMPOSITION, GROSS FAMILY ASSETS/ EXPENSES/ DEDUCTIONS IS ALL ACCURATE AND COMPLETE TO THE BEST OF MY/ OUR KNOWLEDGE. I/ WE UNDERSTAND THAT FALSE STATEMENTS/ INFORMATION ARE GROUNDS FOR TERMINATION UNDER FEDERAL AND STATE LAWS. I/ WE UNDERSTAND THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL, BUT MAY BE REVIEWED BY A HUD AUDITOR.

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**SIGNATURE OF HEAD OF HOUSEHOLD** **DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF SPOUSE/ CO- HEAD** **DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PERSON ASSISTING THE APPLICANT WITH THIS FORM DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF EPHA STAFF** **DATE**

**ADDITIONAL ADULT STATEMENT**

THE REGULATIONS OF THE HOUSING AUTHORITY PROGRAM STATES THAT THE ONLY PERSON/ PERSONS AUTHORIZED TO RESIDE IN THE SUBSIDIZED UNIT ARE THOSE LISTED ON THE LEASE AND HAP CONTRACT. ANY ADDITIONAL PERSONS STAYING IN THE UNIT FOR A PERIOD OF 10 CONSECUTIVE DAYS OR MORE WILL BE IN VIOLATION. FAILURE TO GET PRIOR LANDLORD AND EPHA AUTHORIZATION/ APPROVAL FOR ADDITIONAL PERSONS TO RESIDE IN THE UNIT AND FAILURE TO REPORT THIS PERSON/ PERSONS ALONG WITH THEIR INFORMATION/ INCOME MAY RESULT IN TERMINATION OF YOUR HOUSING ASSISTANCE ON THE HOUSING CHOICE VOUCHER PROGRAM.

**TENANT STATEMENT**: I/ WE HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT AND WILL COMPLY WITH THE REGULATIONS OF THE HOUSING CHOICE VOUCHER PROGRAM AS WELL AS THE RULES AND REGULATIONS OF THE EAST PEORIA HOUSING AUTHORITY.

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF SPOUSE/ CO-HEAD**  **DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PERSON ASSISTING THE APPLICANT WITH THIS FORM DATE**

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**SIGNATURE OF EPHA STAFF** **DATE**

**UTILITY ALLOWANCE DISCLOSURE**

**TO: HEAD OF HOUSEHOLD**

**FROM: LATOYA BROWN**

**EXECUTIVE DIRECTOR**

**EPHA**

PLEASE BE ADVISED THE EPHA HAS UPDATED AND ADOPTED A NEW UTILITY ALLOWANCE SCHEDULE. IT MAY AFFECT HOW MUCH YOU PAY FOR RENT OR IN SOME CASES HOW MUCH YOU RECEIVE AS A UTILITY REIMBURSEMENT PAYMENT FROM THE EPHA. IN CONSIDERATION OF THIS CHANGE.

THIS UTILITY ALLOWANCE SCHEDULE WILL BE USED AND TAKE EFFECT IN **\_\_\_\_\_\_\_\_\_\_\_\_**

IN ASSOCIATION WITH YOUR ANNUAL RECERTIFICATION DATE. THIS SERVES AS YOUR 60 PLUS DAY NOTIFICATION OF THIS CHANGE.

**TENANT STATEMENT**: I/ WE HAVE READ AND FULLY UNDERSTAND THE ABOVE DISCLOSURE.

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**SIGNATURE OF HEAD OF HOUSEHOLD** **DATE**