

A Safe Place Housing Program

2710 17th St
Zion, IL 60099

APPLICATION

PERSONAL INFORMATION					
Full Name of Applicant		Age	Date of Birth		Home Phone Cell Phone
Social Security No.		Drivers License No.	State		Race: (Optional) (Circle One) White Black Hispanic Oriental/Pacific Islander American Indian/Alaskan Native Other
Marital Status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Applicant's Present Address (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> Leased Home <input type="checkbox"/> Own Home <input type="checkbox"/> Other					
Present Street Address Apt.#		City		State	Zip
Present Landlord/Mortgage Co.		Account No.		Monthly Rent or Mortgage	
Present Landlord/Mortgage Co. Address		City	State	Zip	Phone Number Is Landlord a Relative?
Was your lease/mortgage in another name? _____ If yes, explain & provide explanation.					Reason for Moving/Displacement
Was household displaced because of government action _____ Yes _____ No					
List all others who will occupy the apartment					
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
Name	Date of Birth	Age	Social Security #	Relationship to Head	Student Y/N
OTHER INFORMATION					
Have you or any other occupant listed above ever:		Yes or No		Yes or No	
1) Been denied an apartment?				5) Been evicted or asked to move out?	
2) Broken a rental agreement or lease contract?				6) Been sued for damages to rental property?	
3) Filed bankruptcy?				7) Been convicted of a felony?	
4) Had legal action taken against you for nonpayment of a bill or rent?				8) Been a registered sex offender?	
If you answered "YES" to any of the above questions, #1-7, please explain:					
In case of emergency, notify:		Relationship		Street Address	
Home Phone # (Include Area Code)		Work Phone#		City/State/Zip	
Are you or any household member in need of an accessible unit or feature? _____ Yes _____ No					
Are you receiving Section 8 Assistance		Agency Name		Contact Person & Phone Number	

In the event of serious illness or death of resident, I give permission to the management office to permit the following person to enter my apartment to remove and / or store all contents found in the dwelling, common areas or mailbox. _____

NAME OF PERMITTED PERSON

I/We certify that answers given herein are true and complete to the best of my/our knowledge. I/We authorize verification or investigation of all statements contained herein in this application via consumer credit reports, rental history reports, criminal history reports and other means. Such authorization does not require the owner or its agents to make verifications or investigations. Failure to answer any of the above inquiries shall entitle owner to reject this application. False information given above shall entitle owner to (1) reject this application, (2) retain the application fees and deposit as liquidated damages for owners time and expense of processing this application.

No fees or application deposits are required for section 8 applicants.

(3) terminate residents right of occupancy. Owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by residents. Such information may be reported at any time and may include both favorable and unfavorable information regarding a residents compliance with the lease rules and financial obligations. Owner and/or property manager have no duty to provide emergency care or give notice of emergency to any person and shall not be liable to applicant, Resident, any occupant, or any guest for failure to do so.

NOTICE OF NO AGENCY IS BEING PROVIDED AS REQUIRED BY ILLINOIS LAW

Ludwig & Company has previously entered into an agreement with the property owner to provide certain property management and real estate brokerage services to the property owner. Neither Ludwig & Company nor any of its employees will be acting as your agent but will instead be acting as the agent for the property owner.

Signature of Applicant or Occupant _____ Date _____

Signature of Applicant or Occupant _____ Date _____



**A SAFE PLACE
APPLICANT QUESTIONNAIRE**



Date of Application _____

ALL QUESTIONS MUST BE ANSWERED.....DO NOT LEAVE ANY BLANKS

APPLICANT NAME

Current Address: _____
 City, State, Zip: _____
 Work Phone _____ Fax No _____
 Email Address: _____

Home Phone _____
 Date of Birth _____
 Social Security No. _____
 Drivers License or State ID _____
 Marital Status _____

Present Address Is (circle one) APARTMENT LEASED HOME OWN HOME OTHER

Present Landlord/Mortgage Co: _____ Phone: _____
 Address _____
 City, State, Zip: _____

Monthly Amt \$ _____
 Occupancy Dates From: _____ To: _____
 Reason for moving _____

IF LESS THAN 3 YEARS AT ADDRESS ABOVE, PLEASE PROVIDE PREVIOUS

Previous Address Is (circle one) APARTMENT LEASED HOME OWN HOME OTHER

Present Landlord/Mortgage Co: _____ Phone: _____
 Address _____
 City, State, Zip: _____

Monthly Amt \$ _____
 Occupancy Dates From: _____ To: _____
 Reason for moving _____

List all state(s) each person on this application have lived in since 1996? 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

EMERGENCY CONTACT

Name _____ Phone _____

Vehicle Information #1:

Make: _____
 Model: _____
 Year: _____ Color: _____
 License Plate #: _____ State: _____

List All Others Who Will Be Occupying Apartments?

	Name	M / F	Social Security No	Date of Birth	Relationship
1					
2					
3					
4					
5					

Vehicle Information #2:

Make: _____
 Model: _____
 Year: _____ Color: _____
 License Plate #: _____ State: _____

Answer all questions 'YES or NO' by placing an "X" in the appropriate box. Please make sure you have answered every question completely. If you answer YES, include the dollar amount indicated. If the question does not apply, answer NO.

	YES	NO	If yes, explain/agency
Have you or anyone on this application been evicted from assisted housing last (3) years?			
Do you or anyone on this application have an alcohol substance abuse that interferes with others health, safety, and right to peaceful enjoyment?			
Are you a current drug user?			
Is there anyone living with you now that will not be on the property?			
Do you expect any additions to your household in the next 12 months?			
Are there any absent household members who would normally live with you?			
Does an adult on this application have custody of every child listed?			
Will you have any pets other than service animals?			
Have you or anyone else on this application filed bankruptcy?			
Have you or anyone on this application been convicted of a felony?			
Have you or anyone else broken a rental agreement or lease contract?			
Have you or anyone else ever been convicted of dealing or manufacturing illegal drugs?			
Have you or anyone else on this application been sued for property damage?			
Are you or anyone else on this application a registered lifetime sex offender?			

INCOME INFORMATION
EMPLOYMENT

Include All Income Received or Anticipated For the Upcoming 12 Months

Are you employed or do you anticipate being employed in the next 12 months?

YES NO

TYPE	FREQUENCY	AMOUNT
Wages	Company	\$ _____
Overtime	Contact	\$ _____
Bonus	Address	\$ _____
Tips	City, State, Zip	\$ _____
Commissions	Phone	\$ _____
	Fax	_____

For Office Use Only

Sent	Rec'd	Amount

employer emprior
nonemp seasonal

Length of Time on Job _____ Yrs. _____ Mos. Occupation _____

Are you presently employed at more than one job (Not Self-Employed)?

YES NO

Wages	Company	\$ _____
Overtime	Contact	\$ _____
Bonus	Address	\$ _____
Tips	City, State, Zip	\$ _____
Commissions	Phone	\$ _____
	Fax	_____

Sent	Rec'd	Amount

employer
seasonal

Length of Time on Job _____ Yrs. _____ Mos. Occupation _____

Are you self employed?

YES NO

Annual Net Income \$ _____ Business Type _____

How Long in Business _____ *selfemp
2 Yrs Tax Returns

Do you receive income from the Armed Forces including the reserves, or do you receive any special pay or allowances?

YES NO

Regular	Branch/Contact	\$ _____
Special	Address	\$ _____
Allowances	Phone	\$ _____

Sent	Rec'd	Amount

militver

Do you receive or have you applied for Unemployment Benefits, Severance Pay, Workers Compensation? (circle)

YES NO

Unemployment	Branch/Contact	\$ _____
Workers Comp	Address	\$ _____
Severance	Phone	\$ _____

Sent	Rec'd	Amount

unemp
other

CHILD SUPPORT / ALIMONY

Amount

Do you have a court order or private agreement for receiving Child or Spousal Support?

YES NO

Child Support	Court Branch/Payee	\$ _____
Spousal Support	Address	\$ _____
	Phone	_____

Sent	Rec'd	Amount

childsup childnon

Copies of all court orders must be attached. Support will be counted whether or not it is received, unless legal action has been taken to remedy.

Support that is not ordered by the courts but received from a private party is also counted.

PUBLIC AID

Are you receiving AFDC (Aid for Dependent Children) or other public assistance?

YES NO

Public Aid	Caseworker	\$ _____
	Address	_____

Sent	Rec'd	Amount

publicver

Circle all that apply: Medicaid TANF Food Stamps

SOCIAL SECURITY

Are you receiving Social Security Income?

YES NO

SSA	\$ _____
SSI	\$ _____
SSD	\$ _____

Sent	Rec'd	Amount

socsecver

VETERANS, PENSION, RETIREMENT or ANNUITY BENEFITS

Do you receive any retirement benefits?

YES NO Type _____ \$

SourceName: _____
 Address _____
 City, State, Zip _____
 Telephone #: _____

Sent	Rec'd	Amount

vetver other

OTHER INCOME

Do you receive any of the following types of income & from whom?

YES NO

Regular payments or gifts from anyone outside your household?
 \$ _____

Source: _____
 Address: _____

Sent	Rec'd	Amount

Regular payments from any type of settlement?
 \$ _____

City, State, Zip _____

Regular payments-inheritances, lottery winnings or trust funds?
 \$ _____

Phone: _____
 Source: _____

other

Regular payments from rental property or other real estate?
 \$ _____

Address: _____
 City, State, Zip _____

Are you receiving any other form of periodic income?
 \$ _____

Phone: _____

ASSET INFORMATION

Include All Assets Held by You or Minor Children & Income Derived

Please circle the type of account

YES NO Checking, Savings Account or Prepaid Debit Card?

Cash Value \$ _____

Account # _____

Bank Name: _____

Address: _____

City, State, Zip _____

Sent	Rec'd	Amount

YES NO CD's, Money Markets, Mutual Funds or Treasury Bills?

Cash Value \$ _____

Account # _____

Phone: _____

bankver

Stocks, Bonds or Securities?

YES NO \$ _____

Source: _____

Sent	Rec'd	Amount

Pensions, IRAs, Keogh, 401K or other retirement accounts?

YES NO \$ _____

Address _____

Trust Funds, Life Insurance or other funds?

YES NO \$ _____

City, State, Zip _____

assetver

Please circle the type of account

YES NO Real Estate, rental property, land contract for deed or other real estate buildings?

Cash Value \$ _____

Address or Legal Description: _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

realestatever

Personal property held as an investment?

YES NO This includes paints, coin or stamp collections, artwork, collector or show cars, antiques. Do not

include personal items such as cars, furniture, etc.

Description: \$ _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

assetver

YES NO

Have you disposed of or given away any asset for Less than its fair market value within the past 2 years?

Explain:

Fair Market Value \$ _____

Given To _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

Disposal of Asset

YES NO

Have you received any lump sum payments in the past 2 years, or anticipate any in the next year?

Where is it now?

\$ _____

Rec'd From _____

Address _____

City, State, Zip _____

Sent	Rec'd	Amount

lumpsumcer

YES NO

OTHER ASSETS: Specify _____

\$ _____

STUDENT STATUS

Do you receive any of the following types of income & from whom?

YES NO

Are you currently a part or full-time student or expect to be one in the next 12 months or have you been in the current year? If YES, continue)

YES NO

Are you a single parent with minor children and neither of you or your children being claimed as a dependent on another persons tax return?

YES NO

Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act, or other federal, state & local laws?

YES NO

Are you married, filing a joint tax return with your spouse?

YES NO

Do you receive AFDC (Aid for Dependent Children)?

Please provide the name of the educational institution where you are or will be a student.

City: _____

Date Graduated or left school: _____

I understand that the owner is relying on this information in filing its federal tax returns and that a state agency and the Internal Revenue Service may further review this information to determine my eligibility to reside in housing provided under the Low Income Housing Tax Credit (LIHTC) Program. Further, I understand that it is a criminal offense to willfully make a false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction and that if any material representation is made, I could be subject to prosecution and/or that my application will be denied and/or my tenancy be terminated. And falsification or misrepresentation of information will be considered a material breach of the Lease Agreement. I hereby swear that to the best of my knowledge, the above information is true, correct, and complete.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I agree to provide all necessary information, including source names, addresses and account numbers whenever applicable. I understand that my occupancy is contingent upon meeting management's Resident Selection Criteria and the LIHTC Program requirements. I further certify that I do not expect any changes in the information provided or on the attached Application. I will notify management should any information change unexpectedly. Failure to do so may result in the cancellation of my application for occupancy.

I / We certify that answers given herein are true and complete to the best of my/our knowledge. I / We authorize verification or investigation of all statements contained herein via consumer, credit reports, rental and / or criminal history reports and any other means. Failure to answer any of the inquiries shall be cause for rejecting this application. False information will lead to rejection of this application and we retain the right to forfeit all deposits as liquidated damages for our processing time and expense.

Applicant Signature

Date

Applicant Signature

Date

Office use only:

Date Received _____

Time Received _____

Received by: _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing
OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2021

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Lake County Housing Authority
33928 N. US Highway 45
Grayslake IL 60030

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.
Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing Turnkey
- III Homeownership Opportunities Mutual
- Help Homeownership Opportunity Section
- 23 and 19(c) leased housing Section 23
- Housing Assistance Payments HA-owned
- rental Indian housing
- Section 8 Rental Certificate Section
- 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982) • Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report.

You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Lake County Housing Authority
33928 N. US Highway 45
Grayslake, IL 60030

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name



AUTHORIZATION FOR RELEASE OF INFORMATION ADDENDUM

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Housing Authority of the County of Lake, Illinois any information or materials needed to complete Rehabilitation, Low-Income Public and Indian Housing and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing And Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Inquiries and verifications that may be requested include, but are not limited to:

- | | |
|--------------------------------|----------------------------------|
| Identity and Marital Status | Employment, Income and Assets |
| Residences and Rental Activity | Medical or Child Care Allowances |
| Credit and Criminal Activity | |

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include (depending on program requirements), but not limited to:

- | | |
|--|-------------------------------------|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers |
| Welfare Agencies | Veterans Administration |
| Courts and Post Offices | Retirement Systems |
| Banks & other Financial Institutions | State Unemployment Agencies |
| Social Security Administration | Schools and Colleges |
| Law Enforcement Agencies | Credit Providers and Credit Bureaus |
| Utility Companies | Medical and Child Care Providers |
| | Support and Alimony Providers |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the PHA and will stay in effect for 18 months from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

(Head of Household)	(Print Name)	(Social Security Number)	(Date)
(Other Adult Member)	(Print Name)	(Social Security Number)	(Date)
(Other Adult Member)	(Print Name)	(Social Security Number)	(Date)

NOTE: The general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.



Request from Criminal Background Check

Authority: Title 24 Part 5 Section 903 of the Code of Federal Regulations authorizes any Public Housing Authority that administers the Housing Choice Voucher Program and/or a public housing program to obtain criminal conviction records from a law enforcement agency, defined in Section 902.

In signing this consent form, you allow the Lake County Housing Authority to request and obtain criminal background/conviction records from law enforcement agencies for each household member 18 years of age or older, including Live-in Aides.

First Middle Last Maiden

Address Apt City State Zip

Date of Birth Male/Female Social Security Number

I consent to allow Lake County Housing Authority to request and obtain criminal background/conviction records from the law enforcement agencies for the purpose of verifying my eligibility and/or continued assistance in the Lake County Housing Authority Program. This consent expires 18 months from the signature date below.

Signature Date

Monthly Budget Worksheet A Safe Place-Sanctuary of Hope Program

Income	Actual Amount	Notes
Income Total (after taxes)		
Other Income		
Expenses		
Mortgage/Rent		
Household Maintenance		
Taxes		
Medical Insurance		What kind of insurance?
Electricity		
Water		
Sewage		
Gas		
Trash		
Cable		
Cell Phone		
Groceries		
Entertainment		
Charity/Donations		
Car Fuel		
Auto insurance		
Car payment		
Child care		
Credit Cards/Debt		
School Loans		
Child Support		
Clothing		
Other		
Other		
Savings		
Retirement		
College		
Other		
Checking account		
Savings Account		
Totals		
Total Income - Total Expenses = _____		