



WAUKEGAN HOUSING AUTHORITY

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

LEAVE A MESSAGE FOR: _____

SECTION 8 (HCV) _____ PUBLIC HOUSING _____

TIME: _____ DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Please check all that applies

Non- participant of program ()

FSS Participant ()

New Applicant ()

Requesting an Adjustment: YES () NO ()

Income Increase ()

Income Decrease ()

Change in household composition ()

Message: _____

Blank lined area for writing.



WAUKEGAN HOUSING AUTHORITY

CHILD CARE VERIFICATION

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

Agency Name and Address

Company Phone# _____

Fax # _____

Date

Client Information

Name: _____

Address: _____

City/St/Zip: _____

Resident Phone # _____

Client Signature

PLEASE DO NOT COMPLETE ANYTHING BELOW THE DOTTED LINE

I do by certify that I provide child care for the following children:

Name of Child(ren): _____

Rate of Pay: Monthly \$ _____ Weekly \$ _____ Bi-Weekly \$ _____

Hours of care: _____ Am/Pm To: _____ Am/Pm Days per week: _____

Effective date of care: _____ Termination/End Date: _____

Is care provided during summer months ____ Yes ____ No / Or during school Holidays ____ Yes ____ No

If Yes, the rate of pay is: \$ _____ Relationship (If applicable) _____

Representative Signature

Date

Warning: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. ALSO AMOUNTS RECEIVED FROM PROVIDING CHILD CARE ARE REPORTABLE TO THE INTERNAL REVENUE SERVICE. (IRS).

Initial Intake: _____ Participant Certification Month: _____ Interim: _____



WAUKEGAN HOUSING AUTHORITY

MISCELLANEOUS CONTRIBUTION VERIFICATION

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Juan Gerena

Date: _____

Contributor: _____

Applicant / Resident Name / Address: _____

The Waukegan Housing Authority (WHA) is required to obtain all information concerning the income and expenses of applicants and tenants in order to determine their eligibility.

I hereby authorize the release of the following requested information to the Waukegan Housing Authority.

Applicant / Tenant Signature

Date

.....

The above named person has informed us that you make regular contribution for his/her support. We would appreciate you supplying the following information.

Please complete:

I _____,

Contributor Name

Address

City

State

Zip Code

Do hereby certify that I contribute \$_____ per week / month to support the above mentioned name.

Relationship: _____

Contribution Began: _____

Contribution End: _____

Signature: _____

Date: _____

Initial Intake _____ Participant Certification Month _____ Interim _____



WAUKEGAN HOUSING AUTHORITY

PENSION VERIFICATION

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

Date: _____

Company: _____

Applicant/Participant Name/Address:

Name: _____

Address: _____

City/St/Zip: _____

Date of Birth: _____

Social Security: _____ - _____ - _____

Applicant/Participant Signature _____

Date _____

The Waukegan Housing Authority is required to obtain all information concerning the income of applicant/participant in order to determine their eligibility for rental assistance. Waukegan Housing Authority would appreciate you supplying the following information requested below.

I hereby authorize the release of the following requested information to the Waukegan Housing Authority regarding any Township and/or Pension benefits.

PLEASE DO NOT COMPLETE ANYTHING BELOW THIS LINE

To be completed by the Representative:

The above named person receives monthly or weekly payments of:

\$ _____ From: _____

Detail: _____

Deduction: \$ _____ For: _____

Signature/Title _____

Title _____

Initial Intake _____ Participant Certification Month _____ Interim _____



WAUKEGAN HOUSING AUTHORITY

TOWNSHIP AND/OR PENSION VERIFICATION

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

Date: _____

Name: _____

Address: _____

City/State/Zip _____

Social Security Number _____ Date of Birth _____

Signature: _____ Date: _____

The Waukegan Housing Authority is required to obtain all information concerning the income of applicants/participants in order to determine their eligibility for rental assistance. The Waukegan Housing Authority would appreciate you supplying the requested information below.

I hereby authorize the release of the following requested information to the Waukegan Housing Authority regarding my Township and/or Pension benefits.

.....
Please complete the following:

The above named person receives monthly/weekly payments of :

\$ _____ From/For _____
(Gross Payment)

Deductions: \$ _____ for: _____

.....

Agency

Signature

Date

Title

Please return to _____ at fax number 847-244-8591.

Annual _____ Adjustment _____ New Applicant _____



WAUKEGAN HOUSING AUTHORITY

SCHOOL VERIFICATION FORM

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

Date: _____

School Name/Address:

Applicant/Participant Name/Address:

Name: _____

Address: _____

City/St/Zip: _____

Student Name or I.D. Number: _____

Federal Regulation requires the Waukegan Housing Authority to verify student of household family members for the purpose of determining the family's eligibility for rental assistance.

I hereby request that you furnish the Waukegan Housing Authority information regarding the student listed above. I understand that this information will be kept confidential and will be used only for the program purpose.

Signature

Date

PLEASE DO NOT COMPLETE ANYTHING BELOW THIS LINE

.....

This is to certify that the above name student is enrolled as a ____ Full Time or ____ Part Time student. Date of enrollment was/is _____. Anticipated completion date is _____.

Assistance and tuition per semester:

BEOG: \$ _____ G.I. Bill: \$ _____ NSDL: \$ _____

Work Study: \$ _____ Other: \$ _____

Please list cost per semester of:

Tuition: \$ _____ Books: \$ _____ Supplies: \$ _____

Is student enrolled for summer months? ____ Yes ____ No

Signature

Date

Telephone Number

Initial Intake _____ Participant Certification Month _____ Interim _____



WAUKEGAN HOUSING AUTHORITY

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

CHILD SUPPORT VERIFICATION

Date: _____

Applicant/Tenant: _____

Applicant/Tenant address: _____

City/State/Zip: _____

Applicant/Tenant Signature: _____

Applicant/Tenant Social Security #: _____

The Waukegan Housing Authority is required to obtain all information concerning the income and expense of applicants and participants in order to determine their eligibility for the Waukegan Housing Authorities programs. The above named person has informed the WHA that you make regular contributions for his/her support. We would appreciate you supplying the following information.

Case # _____ Child Support amount: _____

Weekly: _____ Bi-Weekly _____ Monthly: _____

Please return the appropriate information via fax to 847-244-8591 or 847-263-7525.

CASE MANAGER: _____

Annual _____ Adjustment _____ New applicant/tenant _____



WAUKEGAN HOUSING AUTHORITY

WAUKEGAN HOUSING AUTHORITY OUT OF HOUSEHOLD DECLARATION Declaracion sobre Mudanza del Hogar

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Demar Harris
Juan Martinez

To be completed by the Head of Household: / Para ser completado por el jefe de familia:

I / Yo _____ of _____
Print name/Nombre en letra de molde Address/Direccion

Do hereby declare that the individual(s) listed below no longer reside(s) in my household.
Con la presente declare y afirmo que la(s) persona(s) nombrada(s) a continuacion ya no reside(n) en me vivienda.

Name Nombre	Relationship Parentesco	New Address Nueva direccion	Move out date Fecha en que se mudo

PENALTIES FOR MISUSE OF THIS FORM: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or representative of the United States Government. This form is used to assist the WHA in making accurate calculations of assistance under the Public Housing and Housing Choice Voucher program as per the U.S. Department of Housing and Urban Development guidelines and any false or fraudulent statement on this form will have the same effect as a false or fraudulent statement to the U.S. Government.

SANCIONES POR MAL USO DE ESTA FORMA: Titulo 18, Seccion 1001 del codigo de Estado Unidos indica que una persona es culpable de un delito a sabiendas y voluntariamente por hacer declaraciones falsa o fraudulentas a cualquier departamento o representante del gobierno de Estados Unidos. Este formulario se utiliza para ayudar al WHA en hacer calculos precisos de asistencia bajo el programa de vivienda publica y vivienda bano de opcion segun las directrices del Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos y cualquier declaracion falsa o fraudulenta en esta forma tendra el mismo efecto que una declaracion falsa o fraudulenta al Gobierno de Estados Unidos.

Head of Household Signature (Firma dle jefe de familia)

Date / Fecha



WAUKEGAN HOUSING AUTHORITY

PUBLIC ASSISTANCE VERIFICATION

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

Date: _____

Applicant/Tenant: _____

Address : _____

Social Security #: _____ Date of Birth _____

Applicant/Tenant Signature _____

Date _____

I hereby authorize the IL Department of Human Services to furnish the Waukegan Housing Authority the information requested hereon. I acknowledge that the original of this authorization is on file with the WHA and agree that a faxed copy of this authorization may be used for the purpose stated below.

Effective Date of Grant: _____ Amount of Grant: \$ _____

Address shown on record: _____

Number in Family covered by Grant/SNAP _____ Child Support: \$ _____

Income from Employment/VA/SS/SSI benefits: \$ _____

Grant reduced to: \$ _____ Sanctioned: Yes _____ No _____

Beginning: _____ to (ending): _____

Completed by _____

Title/Date _____

Please return via Fax to 847-244-8591 or 847-263-7525 Attn: _____

Annual _____ Adjustment _____ New/applicant/tenant _____



WAUKEGAN HOUSING AUTHORITY

EMPLOYMENT FORM

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

Current/Past Employer

Company Phone# _____

Company Fax# _____

Signature _____

Date _____

Participant/Applicant

Name _____

Address: _____

City/St/Zip: _____

Participant Phone # _____

Social Security # _____

STOP: PLEASE DO NOT COMPLETE ANYTHING BELOW THE DOTTED LINE

Current Rate \$ _____ Overtime Rate \$ _____ Est. Annual \$ _____

Average hours per work week _____ Average Over Time hours per week _____

Tips per week \$ _____ Commission per week/month \$ _____

Does employee receive Workman's Comp/FMLOA? Gross amount per week \$ _____

Frequency of pay: Weekly _____ Bi-Weekly _____ Semi-Monthly _____

Position: _____ Original Hire Date: _____

Temporary Assignment : _____ Yes _____ No Seasonal: _____ Yes _____ No

Laid Off/Assignment End Date: _____

Rehire/Return Date: _____ Termination Date: _____

Employers Signature _____

Date _____

Employers Title _____

Phone # _____

Annual _____ Adjustment _____ New Admission _____



WAUKEGAN HOUSING AUTHORITY

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Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

Illinois Department of Employment Security Unemployment Compensation

SOCIAL SECURITY NUMBER _____

NAME _____

To be completed by applicant/tenant:

I hereby AUTHORIZE the release of the above information regarding my unemployment compensation to the Waukegan Housing Authority.

Applicant/Tenant Signature

Date

Stop: DO NOT complete anything below your signature and date.

Please provide the following information so we may determine eligibility and rental assistance amount.

Date Benefits began: _____ Weekly Benefit amount with taxes \$ _____

Anticipated Week of Compensation: _____ Date of Benefits Ended: _____

Date of Benefits 1st Check: _____ was extension approved _____ Yes _____ No

If extension approved when was extension approved _____.

The above information was verified by: _____.

Date: _____ Title: _____

.....
Please return via FAX to 847-263-7525 or 847-244-8591 to: _____

Annual Certification: _____ Adjustment month: _____ New Applicant _____