

WORK ORDER REQUEST

DATE _____ **TIME** _____ **ADDRESS** _____ **APT#** _____

PERMISSION TO ENTER: YES: _____ NO: _____ (MARK WITH AN X PLEASE)

PROBLEM: **PLEASE BE SPECIFIC AND STATE AREA WHERE THE PROBLEM EXISTS:**

TENANTS NAME _____ **PHONE#** _____



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: _____

.....

<u>Please check all that applies</u>	<u>Requesting an Adjustment:</u> YES () NO ()
Non- participant of program ()	Income Increase ()
FSS Participant ()	Income Decrease ()
New Applicant ()	Change in household composition ()

Message: _____



WAUKEGAN HOUSING AUTHORITY

SOCIAL SECURITY VERIFICATION

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

Date: _____

Applicant/Participant

Social Security Administration
1930 N. Lewis Ave.
Waukegan, IL 60085

Name: _____

Address: _____

City/St/Zip: _____

Social Security #: _____ - _____ - _____

The Social Security Administration is hereby authorized to release the requested information to the Waukegan Housing Authority as required by the Department of Housing and Urban Development (HUD).

Applicant Signature

Date

STOP.....PLEASE DO NOT COMPLETE ANYTHING BELOW THE DOTTED LINE

Please complete the following:

Status:

_____ Child _____ Widow _____ Eligible by Age _____ Eligible by Disability

Date benefits started: _____

Amount of benefits (Medicare Included): _____

Medicare Premium: _____

Amount of Social Security: _____

Claimant Date of Birth: _____

SS Administrator Signature/Title

Date

Initial Intake _____ Participant Certification Month _____ Interim _____



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

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
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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 _____



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# _____

Participant/Applicant

Name _____

Address: _____

City/St/Zip: _____

Participant Phone # _____

Signature _____

Date _____

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

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

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 _____

Personal Declaration

This form must be completed yearly and during every interim. Below are the guidelines for completing the form.

1. This form **MUST** be completely filled out personally by the Head of Household or spouse. You must use the correct legal name for each member of the household as it appears on their Social Security Card.
2. All adult members 18 or older must sign at the end of this form on the last page certifying the information is correct.
3. **Do not leave any section blank.** If one section does not pertain to you, either X out that section or indicate "**Not Applicable**" by inserting a large N/A in the section.
4. Incomplete forms are not acceptable.
5. All information must be printed clearly.
6. All information must be true and complete.

Federal Regulation REQUIRES you to declare the race of family members as:

- A. White
- B. Black
- C. American Indian/Alaskan Native
- D. Asian/Pacific Islander

Federal regulation also states that you must declare the Ethnicity as:

- A. Hispanic
- B. Non-Hispanic

Your application cannot be processed until ALL information is provided to the Waukegan Housing Authority. You may obtain assistance in order to complete the form from anyone except a Waukegan Housing Authority Staff. The person assisting you must sign the form on the last page.

HOUSEHOLD COMPOSITION:

List everyone who will be or whom is currently residing with you in the following order:

1. Head of Household
2. Spouse
3. All Adults in order of age
4. All minor children in order of age

No.	Last Name	First Name	Middle Initial	D.O.B.	Race	Age	Social Security #	Relationship 2 Head
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

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

How long at current address: _____ months _____ Year Email Address: _____

Current Phone Number: _____ / _____ / _____
Home Work Cell

HOUSEHOLD INCOME VERIFICATION FOR THE PAST 12 MONTHS

Family Member	Employer Name	Employer Address	Job Type Seasonal/Non-Seasonal	Dates From	To

Family	Hours per week	Rate of pay/Tips/Bonus/Commission	Avg. overtime H/P/W	Rate of overtime pay

****Do you or anyone in your household work for cash?** _____

****If yes please explain.**

Other Household Income Social Security/SSI/Tanf/Child Support/Pension/Unemployment ETC.

Family	Source of Income	Income Amount	How often received monthly/bi-weekly/weekly	

Child Care and Medical Expenses for Disabled and Elderly members

Family	Expense	Expense Amount	How often paid monthly/bi-weekly/weekly	

FAMILY ASSESTS:

Family	Name of Bank/Credit Union	Type of Account	Account #	Account Value

Does anyone 18 or older attend school full time? Yes _____ or No _____

Family Member	Name of School/University	School/University Address/City/State/Zip

Miscellaneous Information:

1. Do you and/or any household member own or has any real estate, boat, or mobile home? Yes or No
2. Have you sold any real estate in the last 2 years? Yes or No
3. Does anyone outside of your household pay for any of your bill or give you money? Yes or No
4. Have you or any other adult member ever used any name (s) or social security number (s) other than the one you are currently using? Yes or No
5. Have you or any other household member lived in public housing or in any other unit where help with rent was given through a rental assistance program. Yes or No
6. Have you or any other household member ever been evicted or terminated from Public Housing/ Section 8/ or any Subsidy Unit? Yes or No
7. Have you or any other household member abused alcohol/drugs to the extent that such alcohol/drug abuse caused behavior that interfered with the health, safety or peaceful enjoyment of premises of others were disturbed? Yes or No

