



HOUSING AUTHORITY
OF THE CITY OF PEKIN

Name of Applicant(s): _____

Date of Application: _____

Date Received: _____

Time Received: _____



I/We, _____, have completed the attached application. I/We acknowledge receipt of the following forms:

Section A:

Dear Applicant Letter
Tenant Selection & Assignment Plan
Things You Should Know Form
Housing Rights
Community Service Policy

I/We have read and fully understand these forms and acknowledge that the above forms have been explained to me/us.

Also attached to my/our application were the following forms:

Section B:

Previous Rental History	Race and Ethnicity Data Collection
Needs Assessment	Supplement to Application for Federally Assisted Housing
Request for Reasonable Accommodation Form	
Personal Declaration	
Authorization for Release of Information	
Application for Admission	

I/We have kept for my/our records the documents listed in Section A and have returned to the Housing Office the documents listed in Section B.

Signature: _____ Date: _____
Head of household

Signature: _____ Date: _____
Spouse/Other Adult

Signature: _____ Date: _____
Housing Authority

Previous Rental History

Please list in order, starting with your current Landlord, the Names and Addresses of all Landlords for the past five years. If your current Landlord is a relative, please give us the names of previous Landlords. **If we do not receive previous residency information your application may be denied.**

Applicants Name: _____ Address: _____
While in residence Street City State Zip

Landlords Name: _____ Address: _____
Street City State Zip

Applicants Name: _____ Address: _____
While in residence Street City State Zip

Landlords Name: _____ Address: _____
Street City State Zip

Applicants Name: _____ Address: _____
While in residence Street City State Zip

Landlords Name: _____ Address: _____
Street City State Zip

Please circle either yes or no to the following questions:

Do you currently have a lease? Yes No

Have you ever lived in Public Housing before? Yes No

Are you related to anyone that lives in our complexes? Yes No

Do you know anyone that lives in our complexes? Yes No

Do you currently have an outstanding balance with Cilco? Yes No If yes, have arrangements for payment been made? Yes No

Needs Assessment

Reasonable Accommodation

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the City of Pekin Housing Authority's housing programs and related services. When such accommodations are granted, they do not infer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. This policy clarifies how people can request accommodations and the guidelines the City of Pekin Housing Authority will follow in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the City of Pekin Housing Authority will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations.

Communication

Anyone requesting an application will also receive a Request for Reasonable Accommodation form. All decisions granting or denying requests for reasonable accommodations will be in writing.

Definition

A person with a physical or mental impairment that substantially limits one or more major life activities, has record of such impairment, or is regarded as having such impairment. (The disability may not be apparent to others, i.e., a heart condition).

Request for Reasonable Accommodations

I _____ am hereby requesting that the City of Pekin Housing
Requesting Party

Authority, Grant me a reasonable accommodation for _____
Person who needs accommodation

Please explain the nature of the Accommodation:

Please circle yes or no to the following question:

Is the requested Accommodation related to a disability? Yes No

Signature: _____
Person requesting accommodation

Date: _____

Please list the name of a qualified third party that can verify that the person's disability exists

Name: _____ Address: _____
Street City State Zip Code

Phone: _____

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. **PLEASE PRINT**

I. HOUSEHOLD COMPOSITION: LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME, LISTING HEAD OF HOUSEHOLD FIRST.

Adults(legal name)	Date of Birth	Relationship to head of household	Social Security Number	Indicate if: Married (M) Widowed(W) Separated (S) Divorced (D)
1.				Year
2.				Year
3.				Year
4.				Year

Children (Name as it appear on SS card)	Date of Birth	Relationship to head of household	Social Security Number	Absent Parent's Name	Absent Parent's Address
1.					
2.					
3.					
4.					
5.					
6.					

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name

Name

Street Address

Street Address

City, State, Zip

City, State, Zip

II. **TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Worker's Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST AMOUNTS RECEIVED BELOW:

Household Member Name	Employer	Total Weekly Wages	TANF	Child Support Benefits	Social Security Benefits	Unemployment Benefits	All Other Income
1.							
2.							
3.							
4.							

III. **Assets:** If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? _____ Have you sold any real estate in the last two years? _____ Do you own any stocks or bonds? _____ do you have a savings accounts? _____ If yes, give bank, account numbers, and amounts below. Do you own a car? _____ Model/Year _____ Tag No. _____ Do you own a second car? _____ Model/Year _____ Tag No. _____

IV. **Account Numbers:** Name of Bank _____ Account # _____ Amount _____

- Does anyone outside of your household pay for any of your bills or give you money? Yes/No _____ If yes, explain below:
- Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes/No _____ If yes, explain below:
- Have you or any member lived in any assisted housing? Yes/No _____ If yes, list where and when below:
- Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No _____ If yes, explain below:
- Have you ever committed any 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, explain below:

I, do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in Writing Immediately.

Signature of Head of Household _____ Date _____

Signature of Spouse _____ Date _____

Signature of Other Adult _____ Date _____

Signature of Other Adult _____ Date _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES

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. 1/31/2014

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

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

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(l)(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	Other Family Member over age 18	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.

Application For Admission

Name: _____

Address _____

Phone _____ Race () Ethnicity ()
(Statistical purposes only)

1. Family Composition:

Family Member No.	Name of Family Member	Relation To Family Head	Date of Birth	Age	Sex	Driver's License Number
1.	SS#	Head				
2.	SS#					
3.	SS#					
4.	SS#					
5.	SS#					
6.	SS#					
7.	SS#					
8.	SS#					
9.	SS#					
10.	SS#					

2. Income

Family Member No.	Name, Address and Phone No. of Employer	How long employed	Position	Salary

3. Assets:

Other Income: _____ Source: _____ Amount: _____

Please circle one:

- a. Checking/Savings Account Yes No Value \$ _____
- b. Stocks/Bonds Yes No Value \$ _____
- c. Real Property Yes No Value \$ _____

4. Expenses:

- a. Medical Expenses (Elderly Only) Amount \$ _____
- b. Childcare Expenses Amount \$ _____

5. Emergency Contact:

Name: _____ Phone# _____

Address: _____ Relationship: _____

Please answer the following question:

1. Will there be any children under 12 yrs. of age left unattended at anytime? _____
2. Do you have any pets? _____ Specify _____
3. Do you own a motorcycle or other vehicular apparatus? _____
4. Will you have any musical instruments? _____ What are they? _____
5. How many vehicles do you have? _____ Make _____ License No _____
6. Do you plan to keep a boat, trailer or camper on the premises? _____
7. Have you ever had any suits, judgements or collections filed against you? _____
8. Have you ever had a house or car repossessed? _____
9. Have you ever been convicted of a Felony? _____
10. Have you ever been evicted or refused housing elsewhere? _____

6. Housing Conditions:

A. Homelessness	Yes	No
1. Disaster, such as fire or flood that resulted in uninhabitability of applicant's unit.....	_____	_____
2. Activity by Government agency in connection with public improvement or development programs.....	_____	_____
3. Activity by housing owner beyond applicant's control (not a rent increase).....	_____	_____
4. Domestic Violence.....	_____	_____
5. Displacement to avoid Reprisals.....	_____	_____
6. Displacement by Hate Crimes.....	_____	_____
7. Displacement by Unit Inaccessibility.....	_____	_____

Applicant/Tenant Certification

I certify that the information given is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal and State laws. I also understand that false statements or information are grounds for denial of housing or assistance, termination of housing assistance and termination of tenancy. This application is made with the understanding that it is to be processed for both credit and character references. I have no objection to inquiries for the purpose of verification of the above statement. **This includes a police check.** It is understood that the above information will be held in strict confidence. I also understand this application is good for only 6 months from the date of application. I must renew this application each 6 months thereafter if I desire my application to remain active.

Signature _____ / _____
Head of Household Date

Signature _____ / _____
Spouse/Other Adult Date

RACE AND ETHNICITY DATA COLLECTION

Title VI of the Civil Rights Act of 1964 requires "Race and Ethnic" data collection from beneficiaries of federally assisted programs. Please note "Disclosure Clause" below:

"The following information is requested by the federal government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race/ethnicity on the basis of visual observation or surname".

If you do not wish to provide the information, please check the box below:

I do not wish to furnish this information.

Ethnicity: (Mark only one)

Hispanic or Latino
 Not Hispanic or Latino

Race: (Mark one or more)

American Indian Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Gender:

Male Female

Information provided by Management

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



Screening Reports

220 Gerry Drive
Wood Dale, IL 60191

Tel: 866.389.4042

Fax: 866.389.4043

www.screeningreports.com

RELEASE OF INFORMATION

COMMUNITY YOU ARE APPLYING FOR: _____

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on my application. I have personally filled in and/or reviewed and approved all information listed on my application and hereby affirm that it is true, correct and complete. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. My signature below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

ARBITRATION AGREEMENT ("AGREEMENT")

I agree to arbitrate all disputes and claims arising out of or relating to actions taken by SRI or its agents and assigns in acquiring and reporting information relating to my application. Before I seek arbitration, I will first provide written Notice of Claim or Dispute ("Notice") to SRI, 220 Gerry Dr., Wood Dale, IL 60191 ("Notice Address"). The Notice must: (a) describe the nature and basis of my claim or dispute; and (b) include all supporting documentation to substantiate the basis for my claim or dispute. If I do not reach an agreement with SRI to resolve the claim or dispute within 30 days after the Notice is received, I may commence an arbitration proceeding.

To the fullest extent permitted by applicable law, no arbitration under this Agreement shall be joined to an arbitration involving any other party subject to this Agreement, whether through class arbitration proceedings or otherwise. I may bring claims against SRI in my individual capacity only, and not as a plaintiff or class member in any purported class or representative proceeding.

The arbitration shall be governed by the Commercial Dispute Resolution Procedures and the Supplementary Procedures for Consumer Related Disputes of the American Arbitration Association ("AAA"), as modified by this Agreement, and shall be administered by the AAA. The AAA rules are available at www.adr.org or by writing to the Notice Address.

PRIVACY POLICY

Your privacy is very important to us. Accordingly, we have developed this Policy in order for you to understand how we collect, use, communicate, disclose and make use of personal information. The following outlines our privacy policy.

- Before or at the time of collecting personal information, we will identify the purposes for which information is being collected.
- We will collect and use personal information solely with the objective of fulfilling those purposes specified by us and for other compatible purposes, unless we obtain the consent of the individual concerned or as required by law.
- We will collect personal information by lawful and fair means and, where appropriate, with the knowledge or consent of the individual concerned.
- Personal data should be relevant to the purposes for which it is to be used, and, to the extent necessary for those purposes, should be accurate, complete, and up-to-date.
- We will protect personal information by reasonable security safeguards against loss or theft, as well as unauthorized access, disclosure, copying, use or modification.
- We will make readily available to customers information about our policies and practices relating to the management of personal information.
- We are committed to conducting our business in accordance with these principles in order to ensure that the confidentiality of personal information is protected and maintained.

Applicant Name

XXX - XX - _____
Social Security #

Date of Birth

Applicant Signature

Today's Date

Applicant Name

XXX - XX - _____
Social Security #

Date of Birth

Applicant Signature

Today's Date

Applicant Name

XXX - XX - _____
Social Security #

Date of Birth

Applicant Signature

Today's Date



HOUSING AUTHORITY
OF THE CITY OF PEKIN

Verification of Receipt of the revised (2017) "Domestic Violence Policy", "Emergency Transfer Policy, and HUD Forms 5380 & 5382-"Notice of Occupancy Rights Under the Violence against Women Act" and the "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternative Documentation".

I, _____, certify that I have
Please print name
received and read the copy of the policies listed above.

Signature Head of Household

Date

Address



***UPDATED* HOUSING RIGHTS**

What you need to know if you are a victim of violence

Under a federal law called the Violence Against Women Act, you are PROTECTED...

→ Admissions

Public Housing Authorities (PHAs), landlords, and property owners/managers CANNOT use your history of domestic violence, dating violence, sexual assault, or stalking as a reason to deny housing assistance if you otherwise qualify.

→ Evictions

In certain circumstances, you are protected from evictions. PHAs, landlords, and property owners/managers CANNOT evict you for actual or threatened domestic violence, sexual assault, dating violence, or stalking (including related criminal activity) by a member of your household, any guest, or other person against you or your family.

→ Ending the Abuser's Lease

If you share a lease with the abuser, PHAs, landlords, and property owners/managers may evict the abuser WITHOUT affecting your housing.

For all PUBLIC HOUSING, PROJECT-BASED SECTION 8, HOUSING CHOICE VOUCHERS, SECTION 202, SECTION 811, SECTION 236, and SECTION 221(d)(3) BMIR PROJECTS, properties with HOME, HOPWA, or MCKINNEY-VENTO FUNDING, and RURAL DEVELOPMENT MULTIFAMILY and LIHTC HOUSING

CALL FOR HELP

In Cook County

Domestic Violence Help Line: 877-TO END DV
Rape Crisis Hotline: 888-293-2080
Legal Assistance Foundation: 312-341-1070
CARPLS Legal Services: 312-738-9200

Outside Cook County

Land of Lincoln Legal Help: 800-252-8629
Prairie State Legal Services: 800-531-7057
Domestic Violence Assistance: 217-789-2830
Sexual Assault Assistance: 217-753-4117

Shriver Center: 312-368-2679



SHRIVER