



McHenry County Housing Authority
Serving McHenry County since 1947

CDBG CAREs Act Emergency Rental Assistance APPLICATION

Applicant Name: _____ **Date:** _____

Address: _____

Email: _____

Phone: _____

Landlord Name: _____

Address: _____

Phone#: _____

Email: _____

Please email your signed application and copies of your documents to Raquel Lemus at: Rlemus@mchenrycountyhousing.org Additionally, we have a secure drop box outside the front door at our 1108 N Seminary, Woodstock, location. Call 815/338-7752 X120 with questions.

60 Day Income Documentation required – Gross income (before taxes or other deductions). Note, we do not count the additional stimulus money in your unemployment in determining income eligibility. However, we do count the gross income of every household member 18 years of age or older.

CDBG Rental Income limits up to 80% AMI per number of members in the household					
1	2	3	4	5	6
\$51,000 yr	\$58,250 yr	\$65,550yr	\$72,800yr	\$78,650yr	\$84,450yr
Note: If you are over income for the past 60 days, but have had a recent COVID related loss of income, we can project your income going forward to determine eligibility.					

Family Gross Income Last 60 Days: \$ _____

Monthly Rent: \$ _____ **Is your rent currently past due?** ___ YES ___ NO

Please explain how COVID has impacted your income:

CDBG Household Information.

Please list the head of household first.

1. Name _____ **Date of Birth** ____/____/____ **SS#** ____-____-____

Disabled ? Yes No US Military Veteran? Yes No High School Graduate or GED? Yes No

Highest education level achieved _____ Race: White Hispanic Black Asian American

Indian Pacific Islander Multi-racial (specify) _____ (Other (specify) _____)

Check if this member has: Food Stamps (SNAP) Medicaid Medicare Private Health Insurance

This member's income during the past 30 days (check all that apply): None Wages Unemployment Comp

Child Support GA Social Security SSI Pension TANF Veteran's benefits Private

Disability Payments Cash income Other Source of Income (describe) _____

Estimated monthly income before taxes for this household member only \$ _____

2. Name _____ **Date of Birth** ____/____/____ **SS#** ____-____-____

Disabled ? Yes No US Military Veteran? Yes No High School Graduate or GED? Yes No

Highest education level achieved _____ Race: White Hispanic Black Asian American

Indian Pacific Islander Multi-racial (specify) _____ (Other (specify) _____)

Check if this member has: Food Stamps (SNAP) Medicaid Medicare Private Health Insurance

This member's income during the past 30 days (check all that apply): None Wages Unemployment Comp

Child Support GA Social Security SSI Pension TANF Veteran's benefits Private

Disability Payments Cash income Other Source of Income (describe) _____

Estimated monthly income before taxes for this household member only \$ _____

3. Name _____ **Date of Birth** ____/____/____ **SS#** ____-____-____

Disabled ? Yes No US Military Veteran? Yes No High School Graduate or GED? Yes No

Highest education level achieved _____ Race: White Hispanic Black Asian American

Indian Pacific Islander Multi-racial (specify) _____ (Other (specify) _____)

Check if this member has: Food Stamps (SNAP) Medicaid Medicare Private Health Insurance

This member's income during the past 30 days (check all that apply): None Wages Unemployment Comp

Child Support GA Social Security SSI Pension TANF Veteran's benefits Private

Disability Payments Cash income Other Source of Income (describe) _____

Estimated monthly income before taxes for this household member only \$ _____

Continued on next page

4. Name _____ Date of Birth ____/____/____ SS# ____-____-____
Disabled? Yes No US Military Veteran? Yes No High School Graduate or GED? Yes No
Highest education level achieved _____ Race: White Hispanic Black Asian American
Indian Pacific Islander Multi-racial (specify) _____ (Other (specify) _____
Check if this member has: Food Stamps (SNAP) Medicaid Medicare Private Health Insurance
This member's income during the past 30 days (check all that apply): None Wages Unemployment Comp
Child Support GA Social Security SSI Pension TANF Veteran's benefits Private
Disability Payments Cash income Other Source of Income (describe) _____
Estimated monthly income before taxes for this household member only \$ _____

5. Name _____ Date of Birth ____/____/____ SS# ____-____-____
Disabled? Yes No US Military Veteran? Yes No High School Graduate or GED? Yes No
Highest education level achieved _____ Race: White Hispanic Black Asian American
Indian Pacific Islander Multi-racial (specify) _____ (Other (specify) _____
Check if this member has: Food Stamps (SNAP) Medicaid Medicare Private Health Insurance
This member's income during the past 30 days (check all that apply): None Wages Unemployment Comp
Child Support GA Social Security SSI Pension TANF Veteran's benefits Private
Disability Payments Cash income Other Source of Income (describe) _____
Estimated monthly income before taxes for this household member only \$ _____

6. Name _____ Date of Birth ____/____/____ SS# ____-____-____
Disabled? Yes No US Military Veteran? Yes No High School Graduate or GED? Yes No
Highest education level achieved _____ Race: White Hispanic Black Asian American
Indian Pacific Islander Multi-racial (specify) _____ (Other (specify) _____
Check if this member has: Food Stamps (SNAP) Medicaid Medicare Private Health Insurance
This member's income during the past 30 days (check all that apply): None Wages Unemployment Comp
Child Support GA Social Security SSI Pension TANF Veteran's benefits Private
Disability Payments Cash income Other Source of Income (describe) _____
Estimated monthly income before taxes for this household member only \$ _____

7. Name _____ Date of Birth ____/____/____ SS# ____-____-____

Disabled ? Yes No US Military Veteran? Yes No High School Graduate or GED? Yes No

Highest education level achieved _____ Race: White Hispanic Black Asian American
 Indian Pacific Islander Multi-racial (specify) _____ (Other (specify) _____)

Check if this member has: Food Stamps (SNAP) Medicaid Medicare Private Health Insurance

This member's income during the past 30 days (check all that apply): None Wages Unemployment Comp

Child Support GA Social Security SSI Pension TANF Veteran's benefits Private
 Disability Payments Cash income Other Source of Income (describe) _____

Estimated monthly income before taxes for this household member only \$ _____

8. Name _____ Date of Birth ____/____/____ SS# ____-____-____

Disabled ? Yes No US Military Veteran? Yes No High School Graduate or GED? Yes No

Highest education level achieved _____ Race: White Hispanic Black Asian American
 Indian Pacific Islander Multi-racial (specify) _____ (Other (specify) _____)

Check if this member has: Food Stamps (SNAP) Medicaid Medicare Private Health Insurance

This member's income during the past 30 days (check all that apply): None Wages Unemployment Comp

Child Support GA Social Security SSI Pension TANF Veteran's benefits Private
 Disability Payments Cash income Other Source of Income (describe) _____

Estimated monthly income before taxes for this household member only \$ _____

Please let us know if you need another form to add the names of additional household members

By signing below, I certify that the information that I have provided in this document is true and accurate to the best of my knowledge. I understand that if I have willfully provided inaccurate information or if I have purposefully omitted information, I will be denied the assistance for which I am applying.

Signed _____ **Date** _____

I Accept By selecting the "I Accept" checkbox, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual signature on this document.



McHenry County Housing Authority

1108 N. Seminary, P.O. Box 1109 Woodstock, Illinois 60098
Phone and TDD: 815/338-7752 Fax: 815/338-1217

AUTHORIZATION TO RELEASE INFORMATION

Name: _____,

I authorize the exchange and release of my information between the McHenry County Housing Authority (MCHA) and other agencies, organizations and/or individuals. I also authorize the exchange of my information between departments within MCHA including but not limited to: Community Services, LIHEAP, Section 8, Public Housing, and Senior/Disabled Housing. This information will be used to determine my qualifications and eligibility for McHenry County Housing Authority programs and to determine my qualifications and eligibility for assistance from other agencies and programs. Information exchange may include but is not limited to: social service organizations; past and present employers; banks; past and present landlords; shelters; schools; health care providers; mental health providers; county, state and federal agencies; law enforcement agencies; correctional facilities; and other public or private agencies/organizations. I also agree to allow my information to be entered into the computer databases that are used by each department within MCHA, including but not limited to HMIS, STARS, Tracker, and Service Pointe. I authorize the release and exchange of my information at this time and as needed within one year of the date of my signature below.

Signature: _____ Date: ____/____/____

I Accept By selecting the "I Accept" checkbox, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual signature on this document.

MCHA Staff Signature: _____ Date: ____/____/____



McHenry County Housing Authority

1108 N. Seminary, P.O. Box 1109 Woodstock, Illinois 60098
Phone and TDD: 815/338-7752 Fax: 815/338-1217

AUTHORIZATION FOR RELEASE OF INFORMATION

Organization requesting release of information: **McHenry County Housing Authority**
1108 N. Seminary Ave., P.O. Box 1109
Woodstock, IL 60098
815-338-7752, Fax 815-338-1217

The above organization may use this authorization and the information obtained from it to administer and enforce program rules and policies.

Authorization – I authorize the release of any information about me or my family (including documentation and other materials) pertinent to eligibility for or participation under the following programs:

- | | |
|--|--------------------------------------|
| Section 8 Housing Choice Voucher Program | RHS (Rental Housing Support) Program |
| Low-income Public Housing | Project-Based HCV Programs |
| Senior and Disabled Housing | HOME TBRA |

to the above-named organizations and HUD. I further authorize HUD or a Public Housing Agency to obtain information on wages or unemployment compensation from the State Employment Securities Agencies.

Individuals Or Organizations That May Release Information: Any individual or organization including governmental organization may be asked to release information. For example, information may be requested for:

- | | |
|---|---|
| Banks and Other Financial Institutions | Social Security Numbers |
| Courts | U.S. Social Security Administration |
| Law Enforcement Agencies | U.S. Department of Veteran's Affairs |
| Credit Bureaus | Department of Human Resources |
| Employers, Past and Present | Department of Children and Family Services |
| Landlords | Information Covered Inquiries may be made about: |
| Public Housing Authorities | Child Care Expenses |
| Providers of: | Credit History |
| Alimony | Criminal History |
| Child Care | Family Composition |
| Child Support | Employment, Income, Pension, and Assets |
| Credit | Federal, State, Tribal, or Local Benefits |
| Handicapped Assistance | Handicapped Assistance Expenses |
| Medical Care | Identity and Marital Status |
| Pension/Annuities | Residences and Rental History |
| Schools and Colleges | Medical Expenses |
| Utility Companies | |

Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. This consent form expires 24 months after signed.

_____	____/____/____	____-____-____
Head of Household	Date	Soc. Sec.
_____	____/____/____	____-____-____
Spouse/Other Adult	Date	Soc. Sec.
_____	____/____/____	____-____-____
Other Adult	Date	Soc. Sec.
_____	____/____/____	____-____-____
Other Adult	Date	Soc. Sec.

Certification of Non-Duplication of Benefits for the use of CDBG Funds

Name of Client:
Address of Client:

Please write the amount of any rental assistance you have received from the following agencies in the past year.

Township Assistance:

Amount of rental assistance provided \$_____

Local/CC/SA/Foundation Funding:

Amount of rental assistance provided \$_____

Community Services Block Grant Program (CSBG):

Amount of rental assistance provided \$_____

Emergency Solutions Grant (ESG):

Amount of rental assistance provided \$_____

Illinois Housing Development Authority:

Amount of rental assistance provided \$_____

By signing below, I certify that the information that I have provided in this document is true and accurate to the best of my knowledge.

Date _____

I Accept By selecting the "I Accept" checkbox, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual signature on this document.

McHenry County Housing Authority

CDBG CAREs Act Rental

Assistance

DOCUMENT LIST

All applicants for Rental Assistance must provide documents that will be used to determine their eligibility and rent amount. The list below is a starting point. Additional documents may be required depending on each household's situation.

THE FOLLOWING DOCUMENTS ARE REQUIRED FROM ALL APPLICANTS:

- Social Security Cards for all household members.
- Current IL Driver's Licenses (or IL State ID card if no Driver's License) for all household members age 18 and older.
- Proof that the household has resided in McHenry County for at least all of the past 90 days (for example: utility bills, lease, doctor bills, letter from a McHenry County agency, etc.). Personal mail cannot be used as proof of residency.
- Signed No Duplication of Services Form

THE FOLLOWING DOCUMENTS ARE REQUIRED IF THEY APPLY TO YOUR HOUSEHOLD:

- If you are a renter, provide your current lease. If you have past due rent submit a late notice from your landlord showing your total past-due amount.
- If you are experiencing homelessness, you will need a letter verifying your homelessness from an agency that is located in McHenry County that serves those who are homeless. If you are already working with MCHA, we can provide the letter.
- Checking and savings account statements for all household members, including minors, for the past 3 months
- Social Security and/or SSI award letters showing current benefit amounts for all household members (see next page for additional instructions for those who receive SS or SSI)
- Pay stubs for the past 90 days for all household members ages 18 years or older who have been employed at all during the past 90 days
- Documentation of money earned from "cash" jobs during the past 90 days
- Pension benefit amount letters
- Veteran's benefit letters showing the amount received during the past 90 days
- Documentation of any unemployment benefits received within the last 90 days.
- Child support and/or Maintenance/Alimony documentation (for example: court orders, check stubs, direct deposit statements, etc.) and all payments received during the past 90 days.
- Divorce decree to show child custody arrangements.
- SNAP and TANF benefits award letter from DHS for the past 90 days
- Medicaid benefits verification from DHS

Continued on next page →

- General Assistance benefits letter showing what you received from your township or any other agency during the past 90 days
- Letters from family or friends who provide you with money or assistance on a regular basis (not just cash, but also assistance such as making your car insurance payment or paying your cellphone bill, etc.) for the past 90 days
- Debit/direct benefit cards transaction reports (e.g. Comerica, Direct Express, etc.), for the past 90 days.
- Current quarterly statements for any interest-bearing accounts (e.g. Certificates of Deposit, stocks, bonds, annuities, money market funds, trust funds, IRA's, 401-Ks, company sponsored retirement plans, etc.)
- Statement regarding cash-surrender value of life insurance policies or copy of policies
- Full-time and part-time students age 18 or older, who are not in high school, must provide a current course schedule and documentation of tuition amounts and current financial aid/assistance.
- Name and address of child care provider and a copy of your latest bill for child care services. If you are making partial payment and an agency is paying on your behalf, provide a letter from the agency (such as 4-Cs)
- Last year's tax returns and W-2 wage and tax statement for each household member who worked
- Other:

ADDITIONAL INFORMATION MAY BE REQUIRED