

FELLOWSHIP CENTER



301 LAFAYETTE EAST
MATTOON, ILLINOIS 61938

TO ALL PROSPECTIVE APPLICANTS

If you are interested in applying for an apartment in our complex, the following information is needed in order to establish your eligibility.

INCOME & ASSETS: Social Security, Pensions, Interest, Dividends, Annuities, etc.
Appraised value of real estate, trailers, land, businesses, etc.
Bank Accounts – produce six months current bank statements.
Verifications of CD's, Treasury notes, Bonds, etc.

If the collective gross incomes from all sources do not exceed the following guidelines, you would be eligible for consideration of an apartment.

Single person.....\$31,400
Two persons.....\$35,900

We require documentation of the above items and have forms in our office, which we forward to the proper organizations for verification.

After establishing your gross income, we take into consideration the following medical expenses before computing your rent.

1. Out-of-pocket costs of medications and/or prescriptions, which are not reimbursed by Medicare, Insurance, etc.
2. Medicare insurance premium.
3. Supplemental health insurance premiums.
4. Unusual medical items that you would anticipate purchasing, such as: hearing aids, dentures, eyeglasses, etc. and for which you would receive no reimbursement from insurance or organizations.

Your out-of-pocket medical expenses help lower rent. Your rent is based on 30% of your net income after all allowable deductions are defined or 10% of your gross annual income; whichever is greater or \$25 minimum rent. Every resident is entitled to the utility allowance, which is currently \$81 per month. If you feel that you qualify according to the above guidelines, you are entitled to fill out an application and have an interview with Management personnel.

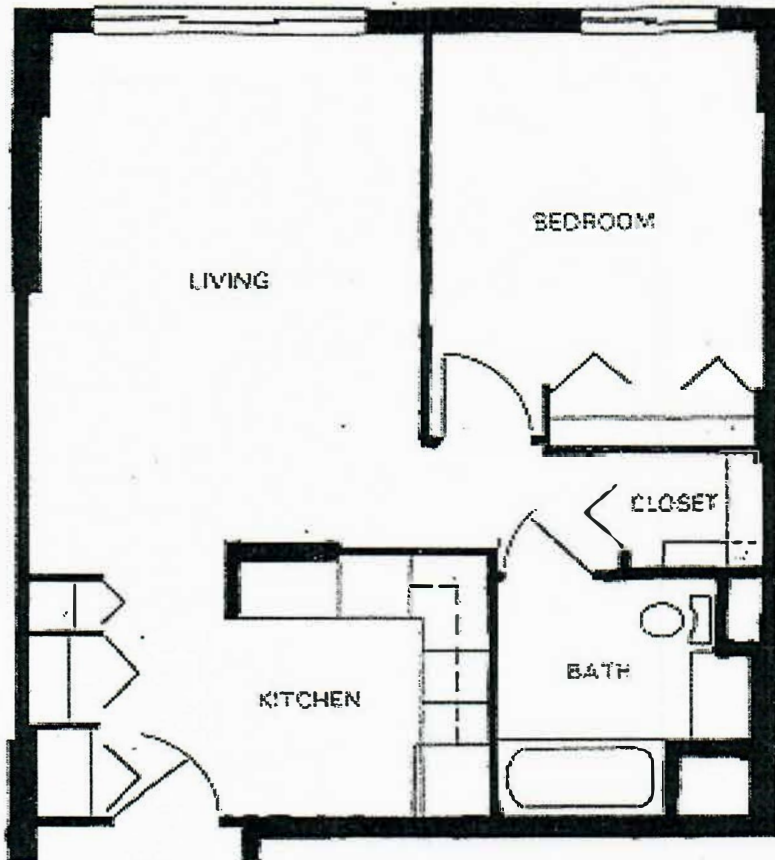
Jana Dalton, Property Manager

Effective May 1, 2026



PHONE: (217) 235-5414
OWNED BY ODD FELLOW-REBEKAH HOUSING, INC.





- Carpeted Living Rooms, Halls, and Bedrooms
- Electric Range and Refrigerator
- Vinyl Flooring in Kitchen and Baths
- Air Conditioning and Heating with individual controls for your personal comfort
- Smoke Alarms
- Access to Each Apartment by Interior Heated Hallways
- Ample Closets and Storage Space
- Large and Plentiful Windows
- Excellent sound control between apartments
- Modern Baths and Vanities
- Cable TV Outlets
- Telephone Connections Pre-wired in convenient locations
- Emergency Alarm System
- Plenty of Electrical Outlets and Switches located at convenient heights
- Some Apartments Specially Designed for Disabled Residents
- All Apartments Feature Neutral Colors in Wall and Floor Coverings so that you can decorate to reflect your personal tastes

Living Room	15'-10" X 11'-9"
Bedroom	10'-3" X 10'
Kitchen	6' X 6'
Bath	5½' X 5½'

- Free off-street parking
- Recreational Program in a fully equipped community area
- On Call Emergency Maintenance
- Coin operated laundry facilities
- Professionally designed and extensive landscaping
- Sprinkler systems in all hallways, stairs, and public areas
- Security locks and Phone/Fob Entry System

Application for Admission and Rental Assistance

Name _____ Address _____
 Phone _____ Email _____ Date of Application _____ Time of Application _____



Fellowship Center

301 Lafayette Ave E
 Mattoon, IL 61938
 Telephone: 217-235-5414 Fax: 217-235-5465
 Owned by Odd Fellow-Rebekah Housing, Inc.

PLEASE NOTE: The information you provide on this application will be treated as confidential. It includes both information necessary for determining your eligibility for housing, and information required for statistical purposes. The race, ethnicity, and gender information is requested in order to assure the Federal government that Federal laws prohibiting discrimination against applicants are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. Please answer each question as completely as possible. Any information found to be incomplete and/or falsified will cause the application to be denied and not processed.

For marketing purposes, please let us know how you heard of us:

____ Newspaper Ad ____ Drove by ____ Resident Referral ____ Word of Mouth ____ Web Site ____ Other: _____

State your current living situation:

____ Own my Home ____ Live with Friend/Family ____ Renting ____ Lacking Nighttime Residence ____ Fleeing Violence

List all States you or any household member have lived in: _____

Applicant Household Information: List below all of the people you expect to live in your household at Move-In.

Full Name	Relationship to Head of Household (HOH)	Race White/Caucasian Black/African-Amer. Asian Am. Indian/AK Native Hawaiian/Pacific Is. Other Leave blank if you wish not to report	Ethnicity Hispanic Non-Hispanic Leave blank if you wish not to report	Citizenship Enter one of the following: Citizen Immigrant/Refugee Visa Holder	Gender Male Female Leave blank if you wish not to report	Date of Birth	Social Security Number	Student of Higher Education Yes or No
	HOH							

Rental History

Present Landlord/Contact Name	
Address	
Phone	
Move In and Move Out Dates	
Reason for Leaving	
Previous Landlord/Contact Name	
Address	
Phone	
Move In and Move Out Dates	
Reason for Leaving	

Please answer each of the following questions:

- ___ YES ___ NO Are you expecting any future additions to your family due to pregnancy, adoption, foster child(ren), or 50% custody of child(ren)? If yes, explain: _____
- ___ YES ___ NO Do you have a child away at school who will live at your residence during school recesses?
- ___ YES ___ NO Do you have a family member who is temporarily absent from the home due to:
 employment, military service, placement in foster care, nursing home, or hospital?
- ___ YES ___ NO Do you have a family member who is permanently confined in a nursing home?
- ___ YES ___ NO Do you have a live-in attendant for whom you have a doctor's verification showing a medical need?
- ___ YES ___ NO Are you or any member of your family currently in the US military or a US military veteran?
- ___ YES ___ NO Are you or any member of your family a victim of a recent Presidentially Declared Disaster?
- ___ YES ___ NO Do you currently live in, or have you ever lived in, Public or HUD-assisted housing, or been in HUD's Housing Choice Voucher Program? If yes, Landlord Name/Address/Date: _____
- ___ YES ___ NO Do you or any member of your household owe money to HUD, an apartment community, or previous landlord? If yes, Name/Address/Amount: _____
- ___ YES ___ NO Are you or any member of your household subject to a state lifetime sex offender registry? If so, which family member and what states? _____
- ___ YES ___ NO Have you ever committed fraud in a HUD-assisted housing program, been asked to repay money for knowingly misrepresenting information for such housing programs, or ever been evicted from rental housing? If yes, explain:

- ___ YES ___ NO Does a member of your household have a criminal/juvenile record? If yes, describe: _____

- ___ YES ___ NO Have you or any member of your household been convicted of a misdemeanor/felony or any crime other than a traffic violation? If yes, give details: _____
- ___ YES ___ NO Are you or any member of your household a current user of a controlled substance, including marijuana?
- ___ YES ___ NO Have you or any member of your household been convicted of the illegal manufacture or distribution of a controlled substance, including marijuana?
- ___ YES ___ NO Are you or any member of your household an abuser of alcohol, or exhibit a pattern of alcohol abuse, which has interfered with the health, safety, or right to peaceful enjoyment of your premises by other residents?
- ___ YES ___ NO Has any family member ever used any name or social security number other than the one they are currently using?

Disabled Families and Reasonable Accommodations

Elderly families are defined by HUD as families where the head, spouse, or co-head is 62 years of age, or 18 years of age and a person with disabilities. If you wish to be considered as an elderly family due to a disability, HUD requires that we receive your consent to verify your disability. In addition, persons with disabilities have the right to request reasonable accommodations, which include changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified disabled person to participate fully in a program, take advantage of a service, live in a dwelling, or perform a job. Please complete both questions below.

- ___ YES ___ NO Are you 18 years of age and a disabled person, and give consent to have your disability verified?
- ___ YES ___ NO Do you or any family member require a special accommodation in your unit, or have need for an accessible unit? If yes, explain: _____

Total Household Income

YES NO Does anyone regularly give you cash or help you financially in any way? If yes, explain: _____

YES NO Does anyone regularly pay some of your bills such as utilities, rent, phone, electric/gas? If yes, explain: _____

YES NO Do you receive SS benefits under someone else's number? If yes, list number: _____

Below list all money earned or received by each member of your household, such as wages, self-employment, unemployment, child support, alimony, family financial support, Social Security/SSI, Workman's Compensation, retirement benefits, pensions, trusts, annuities, AFDC, Welfare, Veterans benefits, Military Pay, insurance benefits, etc.

Family Member Name	Employment (Rate times hours)	Monthly Public Assistance	Monthly Child Support/Alimony	Monthly SS/SSI/Pension	Weekly Unemployment	Other
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Asset Information

YES NO Has any household member given away any asset for less than fair market value during the past two years?

If yes, give date and explanation: _____

YES NO Has any household member sold any real estate in the last two years? If yes, describe: _____

YES NO Does any household member own or have an interest in any real estate or mobile home? If yes, describe: _____

YES NO Does any family member (including children) have assets such as cash, checking, savings, CDs, 401K, etc? If so, list in chart below.

Account Type	Family Member Name	Account Number	Bank Name	Value	Annual Income from Asset
Cash/Deposit Box				\$	NA
Direct Express Debit Card				\$	NA
Checking				\$	\$
Savings				\$	\$
CD/Stocks/Bonds				\$	\$
Trusts				\$	\$
Retirement Fund				\$	\$
Real Estate				\$	\$
Life Insurance				\$	\$
Funeral Account				\$	\$
Other				\$	\$

Eligible Deductions from Income to Reduce Rent

HUD has allowed certain deductions to be subtracted from annual income, to enable residents to pay rent based on their ability to pay. Answering the following questions regarding deductions is voluntary. Your answers will be kept strictly confidential and the information provided will be used to help us determine any eligible deductions that you may or may not qualify for.

___ YES ___ NO Does any household member 18 or older, that is not the Head/Spouse/Co-head, attend an institution of higher education either part-time or full-time?

___ YES ___ NO Does any household member pay childcare expenses to enable them to work, seek work, or attend school?

___ YES ___ NO Does any household member pay handicap expenses to enable them to work?

___ YES ___ NO Does any household member pay medical expenses? If yes, see medical deduction qualifications below.

Medical Deduction Qualifications

When a household has a Head or Co-head/Spouse that is disabled or elderly, that household qualifies for deductions when medical expenses are not covered by insurance and are paid out-of-pocket. If any family member qualifies for medical deductions, you may list their medical expenses below. Providing this information is voluntary, and any information provided will be kept strictly confidential.

Doctors:

Name of Doctor	Address	Phone
_____	_____	_____
_____	_____	_____

Prescription Medication Information:

Name of Drugstore	Address	Phone
_____	_____	_____
_____	_____	_____

Over the Counter Medication/Supplies:

Medication/Supply	Cost	Most Often Used	Number per Package
_____	_____	_____	_____
_____	_____	_____	_____

Medical Insurance: Do you have Medicare or Medicaid? YES ___ No ___

Name of Company	Amount paid	How Often Paid	Deductible Amount
_____	_____	_____	_____
_____	_____	_____	_____

Vehicles

Make/model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle registered to _____ Driver's license number _____

Make/model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle registered to _____ Driver's license number _____

Emergency Contacts

In cases of emergency management requests that you provide the information below. An emergency is broadly defined as a case where management feels a resident's well being is threatened and/or where management feels a resident's actions/conduct appear to be a lease violation. Some examples of this type of emergency are non-payment of rent; perceived criminal activity against persons/property; perceived abuse of an illegal substance; behavior violating the quiet enjoyment of other residents; and, housekeeping that violates safe and sanitary rules. An emergency is also defined as an urgent need for assistance or relief, or when there are unforeseen circumstances that call for immediate action.

In Case of Emergency		
First Family Member to Notify Is:		
Full Name: _____	Relationship: _____	Phone: _____
Address: _____		
Second Family Member to Notify Is:		
Full Name: _____	Relationship: _____	Phone: _____
Address: _____		

Please describe any other information that will help us to process your application:

Certification and Consent to Release of Information

NOTE: All household members 18 and older must sign this Application. By signing this application, I certify the accuracy of the information contained herein. I understand that the Department of HUD is authorized to collect this information to determine eligibility, appropriate bedroom size, and the amount my family will pay for rent. I also understand that this will be my **only** residence. I authorize management to contact my present/prior landlords for information regarding my tenancy, and to access records pertaining to me which may be on file with credit bureau authorities. I authorize a criminal background check and a check of the state/national sex offender registry for all adult family members. I understand that all information I have listed is subject to verification and that a final decision on eligibility cannot be made until all verifications are complete. I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in, and/or, for the purpose of securing a lower rent in, a subsidized housing unit, and that the penalty for knowingly providing false information is up to five years in prison and/or \$10,000 fine upon conviction.

I hereby do swear and attest that all of the information herein about me is true and correct. I understand that if no unit is currently available and I am put on a waiting list, I must **update** all information about me and all family members at the time a unit is available to be offered.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Applications are recorded according to the date of receipt. Incomplete applications will be rejected.

Managing Agent's Fair Housing and Section 504 Designated Representative

It is the policy of this company to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, color, national origin, ancestry, sex, age, disability, religion, familial status, marital status, sexual orientation, gender identity, or medical condition. If you feel you have been discriminated against in the processing of this application, please call the following representative of this company:

Name Jana Dalton Title Property Manager Phone 217-235-5414

Address 301 Lafayette Ave E, Mattoon, IL 61938 Email fellowshipctr@consolidated.net

For Official Use Only:

Date Application Received _____ Time Received _____ Signature _____

Section 8 Checklist for Family Composition, Income, Assets, & Deductions

This checklist must be completed at each Annual, Interim and Initial Certification. Each adult member of the household age 18 or older must complete and sign a separate form. Failure to comply could result in denial or termination of assistance.

Last Name _____ First Name _____ M.I. _____

Yes **No** Answer Yes or No to Each Item: If there is not enough room to list all items, use additional pages.

Family Composition

- I have a family member in the unit who will be turning 18 years of age in the next 12 months.
- I have a child away at school who will live at my residence during school recesses.
- I have a family member in the unit who is temporarily absent from the home due to:
 - employment, military service, placement in foster care, nursing home, or hospital.
- I have a family member who is permanently confined in a nursing home.
- I have a family member in the unit who is a US military veteran.
- I have a person in my unit who is being housed temporarily pursuant to a Presidentially Declared Disaster.
- I have a live-in attendant for whom I have a doctor's/licensed health care provider's verification showing a medical need.
- I am expecting an addition to my family due to:
 - pregnancy, pending adoption, pending foster child/adult, pending child custody.
- I currently have a foster child/adult in my household. Name(s) _____
- I have joint custody of child(ren) living with me. If yes, check all of the following that apply:
 - The child(ren) listed in my joint custody agreement will live in my HUD unit at least 50% of the time.
 - I am (or will be) claiming these child(ren) as deductions on my current HUD paperwork.
 - The other parent in the joint custody agreement also receives HUD assistance.

Student of Higher Education in Section 8 Properties

- I am currently a student of higher education (whether PT or FT), and fall under the item(s) checked below.
 - I am an 18-23 year old student, and am a veteran.
 - I am an 18-23 year old student, am married, and my spouse lives in the unit with me.
 - I am an 18-23 year old student, and have one or more children living in the unit with me.
 - I am an 18-23 year old student, am an individual with disabilities, and was receiving Section 8 assistance on 11-30-05 when the Student Law was enacted by Congress.
 - I am an 18-23 year old student, and am currently living with my parent(s).
 - I am an 18-23 year old student, have established independence from my parent(s) for at least one year, am not included as a dependent on their tax filings, and am of legal contract age in the state where I reside.
 - I am an 18-23 year old student, am classified as an independent student for Title IV aid, and meet the US Dept of Education's definition of an independent student.
 - I am an 18-23 year old student and have parents who are HUD-income eligible in the county where they live.
 - I am at least 24 years old, am a student of higher education, and have no dependents.
 - I am at least 24 years old, am a student of higher education, and have one or more dependents.
- I intend to be a student of higher education (whether PT or FT) within the next 12 months.

Divestiture of Assets

- I have sold, given away, or transferred an asset for less than it was worth in the last 2 years. Date of divestiture: _____

Declaration of Assets

- I have cash held in savings, checking, safety deposit boxes, homes, or _____
- There are children in my household (including fosters) who have assets such as savings, bonds, or _____
- I have assets held in another state. Type: _____ List state(s): _____
- I have assets held in a foreign country. Type: _____ List country(ies): _____
- I own a funeral or trust account that is: Revocable _____ Nonrevocable _____
- I have a life insurance policy that is a: Whole Life policy _____ Universal Life policy _____
- I have savings accounts. How many? _____ List all institutions: _____



Initials/Date _____

Yes No Answer Yes or No to Each Item. If there is not enough room to list all items, use additional pages.

- I have checking accounts. How many? _____ List all institutions: _____
- I have time certificates/CDs/money market accounts. List: _____
- I have IRA's/401(k)/Mutual Fund accounts. List: _____
- I have stocks. List all companies: _____
- I have bonds or treasury bills. List: _____
- I have a retirement/annuity account. List: _____
- I own real estate. How many properties? _____ Name location(s): _____
- I have equity in rental property or other capital investments. Name: _____
- I have another residence which I will continue to maintain. Name location: _____
- I receive rental income from real estate/farmland. Name location(s): _____
- I receive income from oil or gas rights. Name location(s): _____
- I own a land contract, mortgage or deed of trust. Name location(s): _____
- I own a mobile home. Name location(s): _____
- I own personal property for investment purposes (gems, jewelry, antique cars, coin or stamp collections).
- I have assets other than what are listed above. Describe: _____
- I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney, in case I become incompetent. These other persons do not own the assets, and receive no income from the assets.
- I have joint ownership on one or more of the above assets, and the other owner(s) pay taxes on their share of the income.

Income other than Asset Income

- I have a child under the age of 18 in my household with income other than employment.
- I am a student of higher education and receive Student Financial Assistance (SFA). Source: _____
- I am a student of higher education and am currently employed or expect to be employed during the summer months.
- I receive contributions or gifts (including utility, phone, cable, rent, car payments, insurance, etc. paid on my behalf).
- I receive unemployment or Worker's Compensation benefits.
- I am serving in the military. Check here if you also receive special pay for being exposed to hostile fire _____
- I am employed. List all of the companies you work for: _____
- I receive tips, bonuses or commissions.
- I am currently working overtime, or expect to work overtime in the next 12 months.
- I am self-employed. Type of business: _____

Yes No Answer Yes or No to Each Item. If there is not enough room to list all items, use additional pages.

Income other than Asset Income (cont)

- I am a member of an Indian Tribe receiving gaming payments.
- I receive periodic payments from lottery winnings.
- I own a small business. Name of business: _____
- I receive Social Security/SSI benefits under my own Social Security Number.
- I (or one of my dependents) receive Social Security/SSI benefits under someone else's SSN, which is _____
- I receive disability or death benefits other than Social Security.
- I am a military veteran and receive Veteran's Administration benefits or benefits from the GI Bill.
- I currently have a monthly income benefit reduced to adjust for a prior overpayment.
- I receive welfare and/or quarterly payments from the Family Independence Agency for the State-paid portion of SSI.



Initials/Date _____

- I receive alimony. Name of ex-spouse _____
- I receive child support. How many providers? _____ Is it paid directly to Social Services? _____
- I've been awarded a judgment for child support, have not been receiving payments, but have taken legal action to collect amounts due.
- I receive adoption assistance payments.
- I receive income from annuities, an inheritance, or a nonrevocable trust fund. List: _____
- I receive regular payments from insurance policies. List all policies: _____
- I receive income from retirement funds. List all companies: _____
- I receive income from one or more pensions. List all pensions: _____
- I have a pension where funds are paid directly to my former spouse pursuant to the terms of a court decree of divorce, annulment or legal separation.
- I receive pension funds from my former spouse pursuant to the terms of a court decree of divorce, annulment or legal separation.
- I received a cash settlement or a lump sum receipt in the last 12 months, or expect to in the next 12 months.
- I have received a delayed periodic receipt. List agency: _____
- I have income from other sources not listed above. Explain: _____

Deductions

- I am a full-time student, am 18 or older, and am not a head, spouse, co-head, or foster adult in my unit.
- I am elderly (62 or older), or am handicapped/disabled (18 or older).
- I pay medical expenses out of my own pocket.
- I pay expenses relating to a handicap or disability out of my own pocket.
- I pay medical or attendant care expenses for which I am reimbursed by an outside source or governmental agency.
- I pay child care expenses out of my own pocket during hours I am employed, looking for employment, or going to school.

CERTIFICATION

I certify under penalty of perjury that all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or termination of housing assistance.

Signature

Date

PENALTIES FOR MISUSING THIS CONSENT: 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 of the U.S. Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the S.S. Act at 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7) and (8).



HOUSING REQUIREMENTS QUESTIONNAIRE

Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant at Fellowship Center. It is used to determine whether your family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features. Completing this questionnaire is optional on your part. If you choose not to complete this form, please check the box that indicates that choice, sign and date the form, and return it to the manager. The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment.

If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the manager.

Applicant Election To Provide Special Needs Information

Household Head _____ Social Security # _____

I choose to complete this form. I choose NOT to complete this form.

Applicant's signature _____ Date _____

Manager's signature _____ Date _____

Information Relative To The Housing Requirements of Applicant's Family

1. Do you, or does any member of your family, have a condition that requires:

- Unit for hearing-impaired A barrier-free apartment
 Unit for vision-impaired Physical modifications to a typical apartment
 Other _____

2. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation. _____

3. What is the name of the family member who needs the features identified above? _____

4. Will you or any of your family members require a live-in aide to assist you? Yes No

5. Who should be contacted to verify your need for the features you have identified above?
(e.g., a doctor or social service agency).

Name _____ Tel. _____

Address _____

City, State, Zip _____

DISABILITY VERIFICATION

(For Accessible Units, Reasonable Accommodations, and Structural Modifications)

Date _____

To _____
Verification Source Name

Verification Source Address

From _____
Site Manager

Site Address

Subject: **Disability**

Household Member's Name _____

Address _____

The Household member named above has applied for, or is receiving, federal rental assistance at our site. The household member has requested an accessible unit, accommodation, or modification, as described below. We are required to verify that the household member qualifies as "disabled" under federal law and requires what he or she has requested.

We would appreciate your cooperation in answering the questions on this form and returning it to the site manager listed above. Enclosed is a self-addressed, stamped envelope for this purpose. The household member has consented to this release of information, as shown on the next page.

Household Member's Request

Instructions to the site staff: Describe what the household member has requested to help him or her cope with a disability (e.g., accessible unit, ground-floor unit, companion animal, special air conditioning).

Information Requested

1. Is the household member disabled as defined on the next page? Yes No
2. Does the household member require what he or she has requested? Yes No
3. Please describe any other accommodation or modification that could meet the household member's needs in place of what the household member has requested. For example, if there is a less expensive way to help the household

(Continued on next page)

DISABILITY VERIFICATION (Continued)

member cope with his or her disability, please detail it. _____

Definition of 'Disabled'

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition doesn't include any individual who is a drug addict and who is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3, and HUD Handbook 4350.3 (Glossary)].

Name and Title of Person Supplying Information _____

Firm/Organization _____

Signature _____ Date _____

Household Member Release

TO THE HOUSEHOLD MEMBER:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE SITE MANAGER OR THE VERIFICATION SOURCE IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____ Date _____

Penalties For Misusing This Verification 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 of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

Non-Citizen Rule – Declaration Form

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet.

Last Name _____ First Name _____

Relationship to Head of Household _____ Sex _____ Date of Birth _____

Social Security No. _____ Alien Registration No. _____

Admission No. _____ if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)

Nationality _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE Verification No. _____ (to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____ :
(print or type first name, middle initial, last name)

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____ Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed on the reverse side:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit proof of age together with this format, and sign below. If you checked this block and you are less than 62 years of age, you should submit a Verification Consent Form AND one of the 7 documents listed on the reverse side.

If this block is checked, sign and date below and submit the documentation required on the reverse side with this declaration and a Verification Consent Format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date on appropriate line. If for any reason the documents shown on the reverse side are not currently available, complete the Request for Extension block on the reverse side.

Signature _____ Date _____ Check here if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date on appropriate line.

Signature _____ Date _____ Check here if adult signed for a child: _____

Non-Citizen Rule - Declaration Form (continued)

If you checked Block 2 on the front side of this page, and are claiming to be a noncitizen with eligible immigration status, one of the following documents must be submitted with this format:

- (1) Form I-551, *Permanent Resident Card*.
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to Section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after 10-1-90) or from a DHS district director granting asylum (if application was filed before 10-1-90);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after 10-1-90).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

Verification Consent Form

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the Declaration Form. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature Date Check here if adult signed for a child: _____

Request for Extension

I hereby certify that I am a noncitizen with eligible immigration status, as noted in item 2 on the reverse side, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date Check here if adult signed for a child: _____

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Fellowship Center 07211085 301 Lafayette Ave E, Mattoon, IL 61938

Name of Property	Project No.	Address of Property
Odd Fellow-Rebekah Housing, Inc.		Section 8
Name of Owner/Managing Agent	Type of Assistance or Program Title:	

Name of Head of Household	Name of Household Member
---------------------------	--------------------------

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

The Family Summary Sheet

for the Non-Citizen Rule

HUD Handbook 4350.3 REV-1, Exhibit 3-4

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Policy for Drug Free Housing

Drug and Violent Crime Related Offenses

Fellowship Center Apartments
301 Lafayette Ave. East, Mattoon, IL 61938
217-235-5414

In consideration for housing at the Federally-assisted property, the owner and the resident agree at follows:

(The resident's initials on each paragraph indicate that the paragraph has been read and understood)

_____ The resident shall agree not to engage personally in or permit any unlawful activities in the dwelling unit, in the common areas, or on the property grounds. Such activities include, but are not limited to, acts of violence that damage or destroy the dwelling unit, common areas, or property grounds, or activities that disturb or injure other residents or their property.

_____ The resident, any member of the resident's household, or a guest or other person under that resident's control, shall not engage in any act intended to facilitate criminal activities, including drug-related criminal activity, and acts of violence, or threats of violence, including but not limited to, the unlawful discharge of firearms on the premises.

_____ The resident shall not knowingly permit any member of the resident's household, or a guest, or other person under the resident's control to engage in unlawful activity, including drug-related criminal activity, in the unit, in the common areas, or on the property grounds. Drug-related criminal activity means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use a controlled substance.

_____ Violation of the above provisions shall be a material violation of the lease and substantiate good cause for termination of tenancy. I understand and agree that a single violation of any provision of this policy shall be deemed a serious violation and material noncompliance with the lease, and a justifiable cause for termination of tenancy.

_____ Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.

_____ In case of conflict between provisions of this policy and any other provision of the lease, the provisions of the lease shall govern.

Resident Signature

Date

Owner/Agent Signature

Date

Warning to Residents when Signing the *50059 Facsimile*

The 50059 Data Requirements of the Accuracy of Information Provided to Receive Housing Assistance:

This certification covers the information provided by the Applicant/Resident in Parts 2, 3 and 4 of the 50059 Data Requirements. This information is used in determining eligibility and/or the level of benefits.

- I certify that the information I have provided is true and complete to the best of my knowledge and belief.
- I understand that if I furnish false or incomplete information, I can be fined up to \$10,000 or imprisoned up to five years, or lose the subsidy HUD pays and have my rent increased.
- I have read the Privacy Act Notice below.

Your signature means that you have read the Privacy Act Notice and agree with this certification statement.

Signature of Resident

Date

Notice to Residents on the Privacy Act:

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended; the Housing and Urban Rural Recovery Act of 1983; the Housing and Community Development Technical Amendments of 1984; and by the Housing and Community Development Act of 1987. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the resident(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a PHA may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Warning to Owners when Signing the *50059 Facsimile*

The 50059 Data Requirements of Compliance with HUD's Resident Eligibility and Rent Procedures:

I certify that the eligibility, rent and assistance payment of the resident listed above have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained. I also certify that the computations are based upon the data provided by the resident. I have read and understand the purpose and uses of collecting the required information from applicants and residents and I understand that misuse of this information can lead to personal penalties to me.

The owner's signature indicates that s/he agrees with this certification statement.

Signature of Owner/Agent

Date

Notice to Residents on Owner's Responsibilities to Provide Reasonable Accommodations

According to Par 4-24 B 13, HUD Handbook 4350.3 REV-1, Federal law prohibits owners of assisted housing from discriminating against individuals with disabilities. Owners have responsibilities for:

- making reasonable accommodations in policies
- providing auxiliary aids
- making units and facilities accessible
- permitting disabled persons to use assistance animals when they may provide the disabled resident with equal housing opportunities

Section 504 Equal Access Commitment

Mobility Impairments

For mobility impaired persons, this property is an accessible facility on an accessible route. Documents which the resident would like to review may be examined during regular business hours. Please contact the management office to make arrangements to examine any documents.

Vision Impairments

For vision impaired persons, this management company will provide assistance to a vision impaired person in reviewing or completing documents required to process the resident for recertification, etc. Assistance may include:

- describing the contents of the document,
- reading the document or sections of the document, or
- providing such assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

Hearing Impairments

For the hearing impaired, this management company will provide assistance to hearing impaired persons in reviewing or completing documents required to process the resident for recertification, etc. Assistance may include provision of a qualified interpreter at a time which is convenient to both the management agent's staff and the individual with disabilities.

Equal Access

This management company will provide assistance in a confidential manner and setting to insure equal access to a resident's documents.

Signature of Head

Date

Signature of Spouse/Co-Head

Date

Signature of Owner/Agent

Date



Verification from Previous Landlord

(of Rental History, Housekeeping Habits, Drug Usage, or Criminal Behavior)

To: _____ From: Lora Cline, Office Manager _____

_____ 301 Lafayette Ave E _____

_____ Mattoon, IL 61938 _____

Phone _____ Fax _____

Phone 217-235-5414 Fax 217-235-5465

Subject: Verification of rental history, etc., for the following applicant/participant of HUD-assisted housing:

Name _____ SS# _____

Address _____

The above person has applied for housing assistance under a program of HUD. HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the HUD-assisted property listed at the top of the page. Your prompt response will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information below.

Rental History

Did the above person pay rent to you in a timely manner? _____. If no, explain _____

Housekeeping Habits

While living in your unit, was the above person ever involved in any activity that would jeopardize the safety or health of others? _____

If yes, explain _____

Drug Usage/Criminal Behavior

While living in your unit, was there ever any evidence of drug usage or violent behavior by the above person? If yes, explain. _____

Name of Person Supplying the Information

Address of Rental Property

Signature

Date

Applicant/Resident Consent for Release of Information: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant/Resident: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT: 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 of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208a (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408a (6), (7) and (8).



Verification from Previous Landlord

(of Rental History, Housekeeping Habits, Drug Usage, or Criminal Behavior)

To: _____ From: Lora Cline, Office Manager _____

_____ 301 Lafayette Ave E _____

_____ Mattoon, IL 61938 _____

Phone _____ Fax _____

Phone 217-235-5414 Fax 217-235-5465

Subject: Verification of rental history, etc., for the following applicant/participant of HUD-assisted housing:

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Rental History

Did the above person pay rent to you in a timely manner? _____. If no, explain _____

Housekeeping Habits

While living in your unit, was the above person ever involved in any activity that would jeopardize the safety or health of others? _____

If yes, explain _____

Drug Usage/Criminal Behavior

While living in your unit, was there ever any evidence of drug usage or violent behavior by the above person? If yes, explain. _____

Name of Person Supplying the Information

Address of Rental Property

Signature

Date

Applicant/Resident Consent for Release of Information: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

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