

Madison County Housing Authority

Jameca Chapman, Executive Director

COMMISSIONERS

Bobby Collins, Sr., Chairman
Lisa Campfield
Yolanda Crochrell
Al Suguitan
Starrette Smith
Barney Mundorf, Attorney

2 Eastport Plaza Drive
Collinsville IL 62234
618.345-5142
Fax: 618.345-5148
TDD: 800.526.0844
Info@mchail.org



RENTAL APPLICATION

Dear Applicant:

Thank you for applying. Please take the time to answer all questions and if a question does not pertain to you, please enter N/A. Place a check mark next to the development you are applying for.

If there are any changes regarding your application, you must notify our agency in writing. These changes include, but are not limited to, mailing address, phone number, income, employment, education or family size.

Madison County Housing Authority
2 Eastport Plaza Drive
Collinsville, IL 62234

Once your application is processed, you will receive a status letter. When your name comes to the top of the waiting list, you will be notified by mail and/or phone.

Please do not call to inquire about your placement/number on our waiting list. We are unable to give that information due to status changes that occur daily.



Updated 01.08.2026



Do not write in this area. For office use only.

Date Application Mailed: ____/____/____

Time Application Received: ____:____ AM PM Date Received: ____/____/____

APPLICATIONS MUST BE RETURNED WITHIN 30 DAYS

It is the policy of Madison County Housing Authority to provide housing on an equal opportunity basis. Madison County Housing Authority does not discriminate on the basis of race, religion, sex, familial status, national origin, disability, sexual orientation, gender identity, or marital status.

PLEASE PRINT FIRST AND LAST NAME

☒ = MEANS THE WAITING LIST IS CLOSED AND YOU ARE UNABLE TO APPLY

Section 8 Housing Choice Voucher

☒ Tenant Based Voucher

***Alton Pointe Apartments 618-462-2660**
1001 Alton Pointe Circle Drive, Alton, IL 62002
1, 2 & 3 Bedrooms

☒ Public Housing
☐ Project Based Voucher (2 bedroom only)
☒ Tax Credit (Not HUD Assisted-Must have income to apply)

***Braner Building 618-344-6772**
150 South Aurora Street, Collinsville, IL 62234
Efficiency, 1 & 2 Bedroom

☒ Public Housing (Efficiency and 1 bedroom only)

Collinsville Commons 618-205-8200
814-820 St. Louis Road, Collinsville, IL 62234
Elderly and persons with disabilities
Mentally ill supportive services available
1 & 2 Bedrooms

☐ Project Based Voucher
(Other unit types available, call property direct)

***Community of Sunnybrook**
141 Sunnybrook Ct. Alton, IL
1, 2 & 3 Bedrooms

☐ Project Based Voucher
(Other unit types available, call property direct)

***Edison Avenue Lofts 618-502-0599**
2001 Edison Avenue, Granite City, IL 62040
1 & 2 Bedrooms

☐ Project Based Voucher (2 bedroom only)
(Other unit types available, call property direct)

***Edwardsville Senior Living 618-789-0073**
635 Hillsboro Avenue, Edwardsville, IL 62025
Development restricted to those 55 yrs & older
1 & 2 Bedrooms

☐ Project Based Voucher (2 bedroom only)
(Other unit types available, call property direct)

***Flax Meadow Townhomes 618-215-2250**
216 Flax Drive, Unit M, Highland, IL 62249
1, 2 & 3 Bedrooms

☐ Project Based Voucher (2 bedroom only)
(Other unit types available, call property direct)

***Flax Meadow Townhomes Phase 2**
216 Flax Drive, Unit M, Highland, IL 62249
1 & 2 Bedrooms

☐ Project Based Voucher
(Other unit types available, call property direct)

***Gateway Apartments 618-345-5147**
1676 Market Street, Madison, IL 62060
1, 2, 3 & 4 Bedrooms

☒ Public Housing
☒ Project Based Voucher
☐ Tax Credit (Not HUD Assisted-Must have income to apply)

***Grandview Senior Residences 618-215-2250**
835 West Division Street, Marine, IL 62061
Development restricted to those 55 yrs & older
1 Bedroom

☐ Project Based Voucher
(Other unit types available, call property direct)

***Greenwood Senior Apartments 618-345-5142 x1901**
12th & Greenwood Streets, Madison, IL 62060
Development restricted to those 55 yrs & older
2 Bedrooms

☐ Tax Credit (Not HUD Assisted-Must have income to apply)

***Highland Villas 618-651-6318**
2930 Herzog, Highland, IL 62249
Development restricted to those 55 yrs & older
1 & 2 Bedrooms

☐ Project Based Voucher
(Other unit types available, call property direct)

***Humboldt Senior Apartments 618-465-4936**
1028 East 6th Street, Alton, IL 62002
Development restricted to those 55 yrs & older
Efficiency, 1 & 2 Bedrooms

☐ Tax Credit (Not HUD Assisted-Must have income to apply)

***Madison Senior Apartments 618-345-5142 x1901**
1601 Market Street, Madison, IL 62060
Development restricted to those 55 yrs & older
1 & 2 Bedrooms

☐ Tax Credit (Not HUD Assisted-Must have income to apply)

***Market Street Homes 618-345-5147**
1676 Market Street, Madison IL 62060
4 Bedroom Homes

☒ **Tax Credit** (Not HUD Assisted-Must have income to apply)

***May Apartments 618-692-0076**
1701 Bryant Avenue, Edwardsville, IL 62025
Development restricted to those 62 yrs & older
and persons with disabilities
1 & 2 Bedrooms

☐ Public Housing
☐ Project Based Apartment (1 bedroom only)
☐ Tax Credit (Not HUD Assisted-Must have income to apply)

***Meachum Crossing Apartments 618-876-7731**
928 Bob Collins Street, Venice, IL 62090
1, 2 & 3 Bedrooms

☒ Public Housing
☒ Project Based Voucher (2-3 bedroom only)
☐ Tax Credit (Not HUD Assisted-Must have income to apply)
☒ Market Unit (Not HUD Assisted-Must have income to apply)

***Olin Building 618-259-6841**
310 Smith Street, East Alton, IL 62024
Efficiency, 1 & 2 Bedroom

☒ Public Housing

***Stevens Apartments 618-254-6568**
118 Haller Street, Wood River, IL 62095
Development restricted to those 62 yrs & older
and persons with disabilities
1 & 2 Bedrooms

☐ Project Based Apartment
☐ Tax Credit (Not HUD Assisted-Must have income to apply)

***Vintage Garden Apartments 618-345-5142 x1805**
1 Vintage Drive Granite City, IL 62040
Development restricted to those 55 yrs & older
1 & 2 Bedrooms

☐ Tax Credit (Not HUD Assisted-Must have income to apply)

Washington Avenue Apartments 618-877-1000
1530 Market Street, Madison, IL 62060
2 & 3 Bedrooms

☒ Public Housing
☒ Tax Credit (Not HUD Assisted-Must have income to apply)

***Woodland Park Apartments 618-344-6543**
1601 Olive Street, Collinsville IL 62234
1, 2, 3 & 4 Bedrooms

☒ Public Housing
☐ Project Based Voucher (4 bedroom only)
☒ Tax Credit (Not HUD Assisted-Must have income to apply)

***Smoke Free Developments**

Application

APPLICANT/HEAD OF HOUSEHOLD

FULL NAME		Applicant's Current Housing: <input type="checkbox"/> Rent Home <input type="checkbox"/> Own Home <input type="checkbox"/> Rent Apartment <input type="checkbox"/> Other	
BIRTHDATE	SOCIAL SECURITY NUMBER	Unit size preferred: <input type="checkbox"/> Efficiency <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR <input type="checkbox"/> 4BR	
STREET ADDRESS (INCLUDE APT #)			
CITY	STATE	ZIP CODE	
HOME/CELL TELEPHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL ADDRESS	
Do you need to request an accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select which type of unit: <input type="checkbox"/> Accessible <input type="checkbox"/> Hearing/Vision Enhanced			
Sex:(optional) <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Hawaiian / Other Pacific Islander	

SPOUSE OR CO-HEAD OF HOUSEHOLD

FULL NAME	BIRTHDATE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER
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OTHER ADULT FAMILY MEMBERS (Complete only for other adult family members that will occupy the unit)

#1	FULL NAME	BIRTHDATE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER
#2	FULL NAME	BIRTHDATE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER
#3	FULL NAME	BIRTHDATE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER
#4	FULL NAME	BIRTHDATE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER

MINOR CHILDREN (Complete only for children who will occupy the unit)

#1	FULL NAME	BIRTHDATE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER
#2	FULL NAME	BIRTHDATE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER
#3	FULL NAME	BIRTHDATE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER
#4	FULL NAME	BIRTHDATE	SEX (OPTIONAL)	SOCIAL SECURITY NUMBER

How many household members 18 years or older are, or will be full-time students? # _____

Gross Annual Household Income (Include income for ALL household members) \$ _____
 Is this income from: Wages? ☐ YES ☐ NO Social Security ☐ YES ☐ NO Other ☐ YES ☐ NO

Are you currently living in a Low Income Housing Tax Credit (LIHTC) property? ☐ YES ☐ NO

If yes, provide the name of the property: _____

Preferences

Madison County Housing Authority (MCHA) has established the following admission preferences. The more preference points an applicant has, the higher they will be placed on the waiting list. If you feel that you qualify for any of the preferences listed below place and "X" in the box beside that preference. Verification will be required at the time of selection for assistance. **If your name is selected and we are unable to verify your eligibility for a particular preference, your record will be updated and your name returned to the waiting list.** If changes in preference status occurs, due to changes in the household, the applicants file will be updated to reflect a change in preference points.

- | | | |
|--------------------------|---|------------------|
| <input type="checkbox"/> | Residency Preference
Families who live or work in Madison County. | 10 points |
| <input type="checkbox"/> | Veteran Preference
Families whose head, spouse or co-head is a current member of the U.S. Armed forces, a Veteran or the surviving spouse of a Veteran. | 10 points |
| <input type="checkbox"/> | Working Preference
Families whose head, spouse, or co-head is employed 20 or more hours a week.

This preference is automatically extended to elderly families (62 year or older) or or families whose Head of Household or spouse meets the HUD/Social Security definition of disability. | 20 points |
| <input type="checkbox"/> | Educational/Training Participants Preference
Families whose head, spouse or co-head is a graduate of (within 1 year) or a participant in educational or training programs designed to prepare for the job market. | 10 points |
| <input type="checkbox"/> | Involuntary Displacement Preference
Families who are being or have been recently displaced due to either a formally declared natural disaster, a government action, actions taken by the owner/agent of the unit or Urban renewal (land redevelopment) | 30 points |
| <input type="checkbox"/> | Transitional Housing Program Preference/OTHER (please circle what applies)
Families who are: <ul style="list-style-type: none"> • Graduates or current participant from Madison County Community Development's Rapid Rehousing program • Nursing Home Residents • Group Home Residents | 10 Points |
| <input type="checkbox"/> | Need for Onsite Support Services for Seriously Mentally Ill
Applies only to Collinsville Commons Apartments. Must have a locus score between 7 and 27 points. To be screened contact Chestnut Health Systems, Phone 618.205.8200 | 20 points |
| <input type="checkbox"/> | Domestic Violence Preference
Families who are current victims of domestic violence, dating violence, sexual assault, or stalking. | 20 points |

For Housing Choice Voucher (Section 8) applicants only:

- | | | |
|--------------------------|--|------------------|
| <input type="checkbox"/> | Affordable Housing Preference
Applicant who is Head of Household, living in a non-subsidized unit in a LIHTC property, located in Madison County. Applicants issued a Section 8 voucher with the Affordable Housing preference, must remain at the LIHTC property application address for a minimum of one year. | 20 points |
|--------------------------|--|------------------|

Do not write in this area. For office use only.

- ☐ Income Needed to Achieve De-Concentration

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late Payment </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.

1. Is the applicant or any other member of the household, subject to the State lifetime sex offender registration in any state?

Yes _____ No _____

2. Please list all the states that the applicant and all household members have lived in:

_____	_____
_____	_____
_____	_____
_____	_____

3. If you do not have a Social Security number, were you or any member of your household age 62 or older as of January 31, 2010, and receiving HUD rental assistance at another location on that date?

Yes _____ No _____

WHEN ANY APPLICANT IS FOUND TO HAVE SUPPLIED FALSE INFORMATION ON HIS/HER APPLICATION, THEIR APPLICATION SHALL BE DEEMED INELIGIBLE FOR A PERIOD OF NOT LESS THAN SIX MONTHS. THEY WILL NOT BE ABLE TO REAPPLY FOR HOUSING ASSISTANCE UNTIL AFTER THE SIX (6) MONTH PERIOD.

APPLICANT IS HEREBY NOTIFIED THAT A BACKGROUND INVESTIGATION WILL BE CONDUCTED BY MADISON COUNTY HOUSING AUTHORITY FOR THE FOLLOWING: DRUGS OR GUN POSSESSION, MISDEMEANOR AND FELONY CONVICTIONS, SEX OFFENDER, POOR RENTAL AND CREDIT HISTORY, ALCOHOLISM, VANDALISM, PROSTITUTION AND CONTINUAL ARREST RECORDS AND ANY OTHER NEGATIVE BEHAVIOR IN THE COMMUNITY.

APPLICANT'S STATEMENT

I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE MADISON COUNTY HOUSING AUTHORITY ON HOUSEHOLD COMPOSITION AND INCOME IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION WILL BE GROUNDS FOR DENIAL OF HOUSING ASSISTANCE OR TERMINATION OF HOUSING ASSISTANCE. I/WE CERTIFY THAT THE HOUSE OR APARTMENT WILL BE MY PRINCIPAL RESIDENCE AND WILL NOT OBTAIN DUPLICATE FEDERAL HOUSING ASSISTANCE WHILE THE HOUSEHOLD IS IN THE CURRENT PROGRAM.

SIGNATURES:

HEAD OF HOUSEHOLD

DATE

SPOUSE/CO-HEAD OF HOUSEHOLD

DATE

OTHER ADULT FAMILY MEMBER #1

DATE

OTHER ADULT FAMILY MEMBER #2

DATE

OTHER ADULT FAMILY MEMBER #3

DATE

OTHER ADULT FAMILY MEMBER #4

DATE

MCHA REPRESENTATIVE

DATE