

## **\*IMPORTANT\***

Enclosed is an application packet for the Housing Authority of the City of Tallapoosa. Several forms enclosed will require multiple copies if you are applying for more than one person in the household. Please pay close attention to each form so that you will have everything completed correctly. If you have questions about a form, you may call Emily Cooper @ 770-574-2207. Below is a list of all the forms required:

1. Criminal History Consent Form- Notary Required (required for anyone 18yrs. & up)
2. Declaration of Citizenship- (required for EVERYONE in household)
3. Student Questionnaire- (1 per household)
4. HUD-92006 Supplement & Optional Contact Info- (1 per household)
5. HUD-27061-H Race & Ethnic Data Reporting Form- (required for EVERYONE in household)
6. HUD-9887-9887A Applicant's/Tenant's consent Release of Information (1 per household)
7. Authorization of Release of Information (1 per household)
8. Certification of Asset Disposed of for Less than Fair Market (1 per household)
9. Application for Admissions pg. 1-8 (1 per household)

## **\*APPLICANTS ARE RESPONSIBLE FOR SUPPLYING THE FOLLOWING DOCUMENTS\***

(If all items are not turned in applicant will be given 7 working days to supply them. Failure to furnish the applicable information will result in your application being incomplete and placed inactive.)

1. Furnish valid driver's license or acceptable ID card with photograph for all members 18 years and older.
2. Social Security cards on ALL household members
3. Birth Certificates on ALL household members
4. Proof of Income (wages, social security benefits, child support, bank accounts etc.)
5. If divorced single parent, a copy of final divorce decree signed by judge.

When application is complete you RETURN IT AND REQUIRED DOCUMENTS above to the Housing Authority office.

Please contact Emily Cooper @ 770-574-2207 or [ecooper@tallapoosaha.com](mailto:ecooper@tallapoosaha.com) with questions.

ADDRESS TO OFFICE:  
304 Arbacoochee Road  
Tallapoosa, GA 30176



# HOUSING AUTHORITY OF THE CITY OF TALLAPOOSA

IS

**BRINGING HEALTHY AIR HOME**

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**ALL OF OUR PROPERTIES ARE  
SMOKE FREE**

**NO SMOKING IS ALLOWED  
ANYWHERE ON OUR PROPERTIES**

YOUR REASON  
FOR  
QUITTING IS TODAY

MAKE THE SWITCH  
WE ARE  
SMOKE FREE

IMPROVE YOUR  
HEALTH

CHANGE IS  
IN THE  
AIR



## **CRIMINAL HISTORY CONSENT FORM**

I hereby authorize the Housing Authority of the City of Tallapoosa to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia or any other state.

\_\_\_\_\_  
Full Name Printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

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## DECLARATION OF CITIZENSHIP / ELIGIBLE IMMIGRATION STATUS

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than (a) U.S. Citizens, (b) Nationals, or (c) certain categories of eligible non-citizens, in the Department of Housing and Urban Development (HUD) Housing Assistance Programs.

DECLARATION : Under penalty of perjury, I hereby declare that:

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<i>Full Name of Family Member</i>	<i>Relationship to Head of Household</i>	<i>Sex</i>	<i>Date of Birth</i>
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<i>Social Security Number</i>	<i>Nationality</i>	<i>Alien Registration Number</i>
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**Please check one:**

- ☐ (1) Is a United States Citizen.
- ☐ (2) \*Is a Non-citizen with eligible immigration status in one of the following categories:
- ☐ (A) Lawfully admitted for permanent residence as an immigrant, including special agricultural workers;
  - ☐ (B) Entered the U.S. before January 1, 1972 and has maintained continuous residence, thereafter, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General;
  - ☐ (C) Lawfully present in the U.S. pursuant to the granting of asylum (refugee status);
  - ☐ (D) Lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons deemed strictly in the public interest (threat to life or freedom);
  - ☐ (E) Lawfully present in the U.S. as a result of the Attorney General withholding deportation (threat to life or freedom);
  - ☐ (F) Lawfully admitted for temporary or permanent (amnesty grant under Immigration and Naturalization Act, Section 245).
- ☐ (3) Is not contending eligible immigration status and understand that I am not eligible for financial assistance.

\*If you checked #2 and are 62 years of age or older, you must submit proof of age and sign below.

\*If you checked #2 and are less than 62, you must sign a Verification Consent Form and provide one of the following HUD-approved documents:

1. Form I-551 – *Permanent Resident Card*;
2. Form I-94 - *Arrival-Departure Record* with one of the following annotations:
  - Admitted as Refugee Pursuant to section 207;
  - Section 208 or Asylum;
  - Section 243(h) or Deportation stayed by Attorney General; or
  - Paroled Pursuant to Sec. 212(d)(5) of the INA.
3. If Form I-94 is not annotated, it must be accompanied by one of the following documents:
  - A final court decision granting asylum (if no appeal is taken);
  - A letter from DHS asylum officer or district director granting asylum; or
  - A court decision granting withholding or deportation;
  - Letter from an asylum officer granting withholding of deportation (if app was filed on or after 10/1/90)
4. 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;
5. 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.)

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Signature of Adult Family Member or Adult For Minor Child

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Date

## STUDENT QUESTIONNAIRE

Applicant/Resident \_\_\_\_\_ Property: \_\_\_\_\_

### TO BE COMPLETED BY APPLICANT / RESIDENT

Is any household member a student at an institution of higher education? Yes    No  
☐    ☐

*\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you have answered no, please skip the following questions, sign and date at the bottom.

If you answered yes, the owner agent is required to determine eligibility of the student. Please complete the following questions, sign and date this form.

	Yes	No
1. Is student a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is student a part-time student?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is student living with parents?	<input type="checkbox"/>	<input type="checkbox"/>
4. If no:		
a. Are parents receiving or eligible to receive Section 8?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is student claimed as a dependent on parent's tax return?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is student a graduate or professional student?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is student at least 24 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is student a veteran of the United States military?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is student married?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does student have a dependent child?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does student have dependents other than a child or spouse?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has student been independent of parents for at least one year?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is student disabled?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, was student receiving housing assistance as of 11/30/2005?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is student receiving any financial assistance to pay for education?	<input type="checkbox"/>	<input type="checkbox"/>

**If so – Please list all sources of financial assistance including financial aid from school, any providers of scholarships or grants, parents, associations, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact: (Check all that apply)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 of rent </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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 of rent	<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: _____
<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 of rent	<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: _____		
<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.

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**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.

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 03/31/2014)

Tallapoosa Housing Authority GA06RD00036 304 Arbacoochee Road Tallapoosa, GA

Name of Property	Project No.	Address of Property
Housing Authority of the City of Tallapoosa		Section 8 - PBRA
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.



## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

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Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

## HUD-9887/A Fact Sheet

### Verification of Information Provided by Applicants and Tenants of Assisted Housing

#### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

#### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

#### Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

#### Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): 30303HUD Multifamily Office 40 Marietta Street Atlanta, Georgia 30303	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Tallapoosa Housing Authority 304 ARbacoochee Road Tallapoosa, Georgia 30176	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): Russell L. Nast, Executive Director Tallapoosa Housing Authority Tallapoosa, Georgia 30176
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**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent:** I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

## Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(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, the owner or management agent (O/A), or a public housing agency (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.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

# **Applicant's/Tenant's Consent to the Release of Information**

**Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance**

**U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner**

## **Instructions to Owners**

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## **Instructions to Applicants and Tenants**

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## **Authority for Requiring Applicant's/Tenant's Consent to the Release of Information**

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## **Purpose of Requiring Consent to the Release of Information**

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## **Uses of Information to be Obtained**

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## **Who Must Sign the Consent Form**

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

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Name of Applicant or Tenant (Print)

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Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

Russell L. Nast

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Name of Project Owner or his/her representative

Executive Director

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Title

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Signature & Date

cc:Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.



# AUTHORIZATION FOR RELEASE OF INFORMATION

## CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Housing Authority of the City of Tallapoosa any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the Housing Authority to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or Housing Authority policies.

## INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

## GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit Providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

## COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the Housing Authority may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

## CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

## SIGNATURES

Head of Household	Print Name	Date
Spouse	Print Name	Date
Adult Member	Print Name	Date
Adult Member	Print Name	Date

# HOUSING AUTHORITY OF THE CITY OF TALLAPOOSA

## CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

I/We have \_\_\_\_\_ / have not \_\_\_\_\_ disposed of any asset(s) for less than fair market value within the past two (2) years.

If asset(s) were disposed of for less than fair market value, describe below:

The asset(s) I/We disposed of was:

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Date of disposition:

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The fair market value of the asset(s) I/We disposed of was:

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The amount(s) received for the asset(s) I/We disposed of was:

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

### **PENALTIES FOR MISUSING THIS VERIFICATION**

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 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 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 \*\*208 (a) (6), (7) and (8). \*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8). \*\*





**PREFERENCES:** (Check all that apply)

☐ **First Priority: Local Residence:** Families who provide a verifiable local residence who live and/or work within the expanded market area (Haralson Co. GA) at the time of application would have priority over non-residents. Residence preference is developed, implemented, and executed in accordance with the nondiscrimination and equal opportunity requirements listed at 24CFR5.105(A)

☐ **Second Priority: Working Families:** A working family is defined as a family whose head, spouse and/or other adult member has been regularly employed for a minimum of three months from the date of the application. Regularly employed is defined as full-time or part-time employment which requires the employee to work on a regular basis which is not considered as temporary, non-recurring, or sporadic.

A working family also includes a family whose head, spouse or sole member is (1) aged 62 and older or (2) meets the HUD definition of a disabled family or a person with disabilities as contained in 24 CFR 5.403, D and E. Verification of disability may be evidenced by receipt of Social Security Disability, Supplemental Security Income (SSI), other payments based on an individual's ability to work, or a verification of disability from a licensed medical professional.

☐ **Third Priority:** Applicants not qualifying for the First or Second Priorities will be listed on the waiting list by date and time of application.

**DISABILITY or HANDICAP:** (It is not necessary to give details about your disability or handicap)

Will any member of the household require a unit having handicap accessible features?      Yes      No

☐ Mobility Unit

☐ Hearing Impairment Unit

☐ Sight Impairment Unit

If yes, what assistance will you request: \_\_\_\_\_.

If separated or divorced, list name and address or spouse/ex-spouse below.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If single, List name and an address of any boyfriend/girlfriend you are seeing.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Does any adult not in the household share custody of any of the children listed? Yes ( ) No ( )

If yes, who shares custody? \_\_\_\_\_

Is any member of the household 18 or older and a full-time student? Yes ( ) No ( ) If yes, who, and what is the name of the school? \_\_\_\_\_

Have you or any other adult members ever used any names or Social Security numbers other than the one you are currently using? Yes ( ) No ( ) If yes, list names and number. \_\_\_\_\_

**INCOME TYPE:**

Are you or any family member listed receiving any of the following types of income?

<b>INCOME TYPE (CHECK ALL THAT APPLY TO ANY/ALL HOUSEHOLD MEMBERS)</b>	<b>Yes</b>	<b>No</b>	<b>Household Member Receiving</b>	<b>Monthly Amount</b>	<b>Rate of Pay</b>	<b>Avg. Hours worked weekly</b>
Wages						
Social Security						
Social Security Disability						
SSI						
Retirement Pension or Annuity						
Veteran's Benefits/Military Pay						
TANF						
Alimony						
Child Support						
Self-Employment						
Unemployment Benefits						
Contribution from Family						
Income received from Babysitting or Daycare						
Income received from Rental Property						
Other Income (explain)						

For those household members receiving Dual Entitlement benefits, what are the Benefit Claim Numbers: \_\_\_\_\_

**Current Employment:**

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Immediate Supervisors Name: \_\_\_\_\_

**Previous Employment:**

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

**BANK and ASSET INFORMATION:** (Provide balances/value of asset)Do you have any of the following: ☐ Checking Account Bank/Institution: \_\_\_\_\_☐ Savings/CD Account Bank/Institution: \_\_\_\_\_☐ Financial Monies given By Whom: \_\_\_\_\_ \$ \_\_\_\_\_ / monthly☐ Stocks or Bonds Describe: \_\_\_\_\_

Does anyone outside of your household pay for any of your bills or give you money? Yes ( ) No ( )

If yes, explain. \_\_\_\_\_

Do you or any household member own or have interest in any real estate, house and/or mobile home? Yes ( ) No ( )

If yes, explain. \_\_\_\_\_

Have you or anyone in your household sold any Real Estate in the last 2 years? Yes ( ) No ( ) If yes, Explain: \_\_\_\_\_

Does any household member receive retirement benefits as periodic payments? Yes ( ) No ( ) If yes, Explain: \_\_\_\_\_

### **HOUSING HISTORY:**

List all previous landlords for the past ten years. Give their names, address, phone numbers and periods of time you resided with landlord.

**USE AN ADDITIONAL SHEET IF NECESSARY.**

	Name of Landlord/ Apartment Complex	Landlord/Complex Address & Phone #	Amount of Rent Paid	Address Rented (building #, Apt. #, Mobile lot, street address)	Date Moved In & Date Moved Out
Present Address					
Previous Address					
Previous Address					
Previous Address					
Previous Address					

When you vacated any previous residence or assisted housing program, did you leave owing a rent balance? Yes ( ) No ( )

If yes, how much and to whom owed. \_\_\_\_\_

When you vacated any previous residence or assisted housing program, did you leave on good terms? Yes ( ) No ( )

Were you evicted? Yes ( ) No ( ) If yes, explain. \_\_\_\_\_

Have you or any member of your household ever applied or lived in assisted housing or public housing before? Yes ( ) No ( )

If yes, list where, name of manage (landlord), under what name & address. \_\_\_\_\_

Have you or any member of your household ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes ( ) No ( )

If yes, explain. \_\_\_\_\_

Have you or any member of the household ever applied or lived at this Housing Authority? Yes ( ) No ( )

If yes, give date of residency, name of lessee, apartment number and reason for leaving. \_\_\_\_\_

From what source did you hear about our housing program? ( ) Another Resident ( ) Newspaper ( ) Sign on Property ( ) Other \_\_\_\_\_



All household members must report ALL States resided in since the age of 18, and the last address in each state, up to the above addresses in which members resided during the past five (5) years. All members over 18 are required to report this information.

Member	State:	From:	To:	Last Street Address in this State:	City:	County:
		/ /	/ /			
	State:	From:	To:	Last Street Address in this State:	City:	County:
		/ /	/ /			
	State:	From:	To:	Last Street Address in this State:	City:	County:
		/ /	/ /			
	State:	From:	To:	Last Street Address in this State:	City:	County:
		/ /	/ /			

### GENERAL INFORMATION:

Do you own a car? Yes ( ) No ( )

If yes: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_

Do you own a second car? Yes ( ) No ( )

If yes: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_

Do you own a pet you feel you could not part with? Yes ( ) No ( ) If yes, please indicate what kind of pet. \_\_\_\_\_

Do you currently pay child care expenses which allows you to work, seek employment or attend school? Yes ( ) No ( )

Are you or any household member a U. S. military veteran or displaced due to a Presidentially declared disaster? Yes ( ) No ( )

To allow for additional eligibility determinations, are there any students in the household? \_\_\_\_\_

### CRIMINAL HISTORY:

Have you or any member of your household ever been **arrested or convicted** of any crime, other than minor traffic violations?

Yes ( ) No ( ) If yes, give complete details such as charge, date of arrest, conviction date, sentence, parole officer's name, probation officer's name & phone number. \_\_\_\_\_

Have you or any household member ever used any illegal drugs? Yes ( ) No ( )

Have you or any household member ever been convicted of drug related criminal activity? Yes ( ) No ( ) If yes, explain. \_\_\_\_\_

Do you or anyone in your household use or have a pattern of alcohol abuse? Yes ( ) No ( ) If yes, explain. \_\_\_\_\_

Are you or any member of your household subject to any State Sex Offender lifetime registration requirement? Yes ( ) No ( )

If Yes, Who: \_\_\_\_\_ When: \_\_\_\_\_ In what State: \_\_\_\_\_

Have you or any member of your household been arrested or convicted for the possession, use, manufacturer or distribution of Methamphetamine or any other controlled substance? Yes ( ) No ( ) If yes, explain. \_\_\_\_\_

Have you or any member of your household ever been convicted of a violent criminal offense? Yes ( ) No ( )

Have you or any member of your household ever been on probation/parole or currently on probation/parole? Yes ( ) No ( )

If so, name of Probation/Parole Officer, location and phone number. \_\_\_\_\_

### **CREDIT HISTORY/ REFERENCES:**

List all credit history/references you have or had such as personal loans, car loans, furniture loan, and utilities.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Type of Credit: \_\_\_\_\_ Balance Owed: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Type of Credit: \_\_\_\_\_ Balance Owed: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Type of Credit: \_\_\_\_\_ Balance Owed: \_\_\_\_\_

### **PERSONAL REFERENCES:**

List at least three people who are NOT related to you.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

### **NEED FOR HOUSING STATEMENT:**

In your own words, give a detailed description of why you are in need of housing assistance with this Housings Authority.

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What are your household's current living arrangements? \_\_\_\_\_



## APPLICANT CERTIFICATION

### READ EACH STATEMENT BELOW AND INITIAL THAT YOU UNDERSTAND AND AGREE TO EACH

- \_\_\_\_\_  
(initial) I have read and understand the information in this application, in particular the instructions to Applicant, and agree to comply with all information and instructions.
- \_\_\_\_\_  
(initial) I have read and understand the Tenant Selection Plan that is posted in the Management Office and summarizes the procedures for processing applications.
- \_\_\_\_\_  
(initial) I certify that all the information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
- \_\_\_\_\_  
(initial) I understand that **ALL CHANGES in the income** of any member of the household, as well as **any changes in the household members** must be reported to Management **in writing immediately**.
- \_\_\_\_\_  
(initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment and that they will maintain no other place of residence.
- \_\_\_\_\_  
(initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.
- \_\_\_\_\_  
(initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources of information released to appropriate Federal, State or local agencies.
- \_\_\_\_\_  
(initial) 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 development.
- \_\_\_\_\_  
(initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.
- \_\_\_\_\_  
(initial) I have been instructed there are no site based waiting lists only THA wide waiting lists. If I am offered a unit, I will be given 7 working days to contact Management for inspection and acceptance. Should I decline or fail to respond to first offer, I understand my application will be placed at the bottom of the waiting list and all priorities will be relinquished. Application will be time/dated of date placed at bottom of the waiting list.
- \_\_\_\_\_  
(initial) I understand when my name comes back to the top of the waiting list for a second time and I decline or fail to respond within the required timeframe, my application will be placed inactive.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE