

PH



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

# Rental Application

To be completed by office staff:

Date Application Rec'd \_\_\_\_\_

Time Application Rec'd \_\_\_\_\_

Signature of Staff member receiving application \_\_\_\_\_

Please print or type:

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Household Member Information (List all household members who will be living in the unit at least 50% of the time.)**

Member's Name	Relationship to Head	Date of Birth	Age	Social Security Number (SSN) *
	HEAD			

**Marital Status:**     Single     Married     Divorced     Separated     Widowed

\*Applicants do not need to disclose or provide verification of a SSN for household members to be placed on the waiting list. However, prior to admission, all applicant and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 31, 2010, and whose initial determination of eligibility was begun before January 31, 2010.

**Residential History (10 years of rental history and/or 2 non-relation character references)**

1. Present Landlord/Property Name: \_\_\_\_\_  
 Present address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month  
 Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_
2. Previous Landlord/Property Name: \_\_\_\_\_  
 Previous address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month  
 Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_
3. Previous Landlord/Property Name: \_\_\_\_\_  
 Previous address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Landlord Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Rent Amt: \$ \_\_\_\_\_ per month  
 Dates Rented/From: \_\_\_\_\_ To: \_\_\_\_\_



## General Questionnaire

1. Have you or any members of your household ever lived at another assisted housing agency?  
 Yes  No  
If yes, Property Name: \_\_\_\_\_ City/State: \_\_\_\_\_
2. Have you or any members of your household ever been evicted from a rental property?  Yes  
 No  
If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_
3. Are you or any members of your household currently receiving assistance from HUD?  Yes  No  
If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_
4. Have you ever been convicted of a criminal offense?  Yes  No  
If yes, Offense: \_\_\_\_\_ City/State: \_\_\_\_\_
5. Have you or any members of your household been evicted in the last three years from federally assisted housing for drug-related criminal activity?  Yes  No  
If yes, Property/Landlord Name: \_\_\_\_\_ City/State: \_\_\_\_\_
6. Are you or any members of your household currently using an illegal substance or drug?  Yes  No
7. Are you or any members of your household subject to the State lifetime sexual offenders registration?  Yes  No     If yes, list the State where the offence occurred: \_\_\_\_\_
8. HUD requires criminal history background checks be completed in every state in which any household member has resided. List **all** the States in which any household member has ever resided:  
\_\_\_\_\_
9. Are you or any members of your household a U.S. Citizen or national of the United States?  
 Yes  No
10. Are you or any members of your household a noncitizen with eligible immigration status?  
 Yes  No  
If yes, list the names of the household members who are a noncitizen with eligible Immigration status: \_\_\_\_\_
11. Will the apartment for which you are applying be the family's only residence?  Yes  No
12. Do you or any members of your household need an accessible unit?  Yes  No
13. Do you or any members of your household smoke?  Yes  No
14. How did you hear about our apartment community? \_\_\_\_\_



<b>ADDITIONAL HOUSEHOLD INFORMATION</b>	<b>YES</b>	<b>NO</b>
Are any members of the household absent from the home due to: Employment, Military Service, and Placement in foster care, Temporarily or Permanently confined to a nursing home or hospital, Away at school, or any other reason? If yes, please explain:		
Do you expect any changes to the number of household members in the next 12 months? If yes, please explain:		
Are there any Live-in Attendants in the household? (Live-in Attendants will be subject to the criminal/sex offender screening outlined in the Tenant Selection Plan)		
Are any members of the household enrolled as a student at an institution of higher education as defined under Section 102 of the Higher Education Act of 1965?		

**INCOME - List all income sources and monthly income amount:**

<b>Are you or any other members of the household currently receiving income from any of the following sources?</b>	<b>YES</b>	<b>NO</b>	<b>MONTHLY INCOME</b>
Wages, salaries (includes overtime, tips, bonuses, or commissions) If yes, list name(s) and address(es) of employer(s):			
Does any member of the household work for someone who pays them in cash? If yes, list name(s) and address(es) of employer(s):			
Wages earned through a government program such as Workforce Investment Act (formerly the Job Training Partnership Act) or Senior Aides, Older American Community Service Employment Program, AmeriCorps: If yes, which program:			
Income from the operation of a business If yes, provide a copy of most recent income tax return.			
Scholarships, Educational Grants, Work Study If yes, list the name and address of the college:			
Social Security Benefits If yes, list the name of the household member receiving the benefit and the claim number for the benefit:			



Are you or any other members of the household currently receiving income from any of the following sources?	YES	NO	MONTHLY INCOME
Death Benefits If yes, list the name and address of the agency paying the benefit:			
Pensions/Retirement Funds If yes, list the name and address of the agency paying the benefit:			
Periodic payments from IRA/Keogh/Any other Retirement accounts If yes, list the name and address of the financial institution:			
Annuities or non-revocable trust If yes, list the name and address of the financial institution:			
Unemployment Compensation or Severance Pay If yes, list the name and address of the agency paying the benefit:			

Military Pay If yes, list the name and address of the agency paying the benefit:			
Workman's Compensation If yes, list the name and address of the agency paying the benefit:			
Public Assistance/TANF/Cash Assistance If yes, list the name and address of the agency paying the benefit:			
Do you have a court order for Alimony or are you receiving Alimony payments? If yes, list the name and address of the agency paying the benefit:			
Do you have a court order for Child Support or are you receiving child support payments? If yes, list the name and address of the agency paying the benefit:			
Income from rent or sale of property If yes, provide a copy of most recent income tax return.			
Periodic payments other sources, such as lottery winnings If yes, list the name and address of the agency paying the benefit:			





Are you or any other members of the household currently receiving income from any of the following sources?	YES	NO	MONTHLY INCOME
Insurance Policies If yes, list the name and address of the agency paying the benefit:			
Are there any adult members of the household (18 years of age or older) receiving income not listed above? If yes, list the source of the income:			
Are there any adult members of the household (18 years of age or older) claiming zero income or no income from the sources listed above? If yes, list the name of the household member:			
Did you or any other members of the household file a federal tax return last year?			

**ASSETS - List all asset sources and the value of the asset:**

Do you or any other members of the household have money in any of the following assets?	YES	NO	VALUE OF THE ASSET
Checking Account If yes, list the bank or financial institution:			
Savings Account If yes, list the bank or financial institution:			
Certificate of Deposit (CD) If yes, list the bank or financial institution:			
Money Market Funds If yes, list the bank or financial institution:			
Stocks/Bonds/Treasury Bills If yes, list the bank or financial institution:			
Annuities If yes, list the bank or financial institution:			
Access to a revocable Trust Funds If yes, list the bank or financial institution:			
IRA/Keogh Account/Any other Retirement accounts If yes, list the bank or financial institution:			



Do you or any other members of the household have money in any of the following assets?	YES	NO	VALUE OF THE ASSET
Own any Royalties or Mineral Rights If yes, list organization that can verify the income:			
Whole Life or Universal Life Insurance Policy (This does <u>not</u> include term life insurance policies which have no cash value) If yes, list the insurance agency:			
Cash held in a safety deposit box <u>or</u> in your home			
Assets held in another state or foreign country			
Do you or any other members of the household have any assets not listed above? If yes, list the asset and the bank or financial institution:			
Is money received from any of the assets or income sources listed above being deposited onto a pre-paid debit card? (such as: Direct Express, ReliaCard, NetSpend, Citi Bank, Etc.) If yes, list the card type and provide verification documentation:			

Have you or any other household members disposed of (or given away) any asset(s) for less than fair market value in the past two (2) years? If yes, list them here:			
Are any of the assets listed above held jointly with another person? If yes, list the asset and who it is held with:			

**ASSETS – Lump Sum Payments (not received in periodic payments)**

Have you or any other members of the household received any lump sum payments, such as:	YES	NO	AMOUNT OF PAYMENT
Inheritances			
Lottery winnings			
Insurance settlements for health, accident, Workers Compensation, etc.			
Capital gains			
Social Security benefits, unemployment compensation, etc.			
Other (specify):			



## DEDUCTIONS

<p><b>HUD Regulations allow for certain deductions that may be subtracted from annual income based on allowable family expenses and family characteristics. Please answer the following questions to see if you qualify for any deductions.</b></p>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p>Are there any family members under the age of 18 in the household? If yes, list their name(s) here:</p>		
<p>Are there any family members who are a person with disabilities in the household? If yes, list their name(s) here:</p>		
<p>Are there any fulltime students 18 years of age or older in the household? If yes, list their name(s) here:</p>		
<p>Are there any household members who are elderly (age 62 or older)? If yes, list their name(s) here:</p>		
<p>Do you have medical expenses that are not paid for by an outside source such as insurance? (i.e. Services for doctors, health care professional, health care facilities, medical insurance premiums, prescriptions, dental expenses, eyeglasses, hearing aids and batteries)</p> <p>If yes, list the provider's name and address: (use additional paper if necessary)</p>		
<p>Do you pay child care expenses for a child (or children) under the age of 13 because you (check one box only) <input type="checkbox"/> work <input type="checkbox"/> are actively looking for work <input type="checkbox"/> attend school?</p> <p>If yes, list the provider's name and address:</p>		
<p>Is any part of the child care expense paid by another person or agency? If yes, list the name and address of the agency paying:</p>		
<p>Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work? If yes, enter the provider's name and address:</p>		



## FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION

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

This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

Head of Household	Date	Co-head of Household	Date
Household Member	Date	Household Member	Date

This project does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program; take advantage of a service; live in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. Requests for Reasonable Accommodations should be brought to the attention of management.

**Violence Against Women Act (VAWA) 2013 Notification Requirement:** VAWA 2013 provides the following protections relating to admission, occupancy, and termination of assistance policies. Being a victim of domestic violence, dating violence, or stalking, as these terms are defined in the law, is not basis for denial of assistance or admission to assisted housing if the applicant otherwise qualifies for assistance or admission.



**ONLY APPLICABLE FOR PUBLIC HOUSING**

**RE: PET POLICY**

Pet Information:

\_\_\_\_\_ A. I do not have a pet (Skip the following question but sign and date)

\_\_\_\_\_ B. I have a pet. Please continue to answer the following questions:

I have a \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Bird \_\_\_\_\_ Fish \_\_\_\_\_ Other

Weight: \_\_\_\_\_ Size: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Residents are hereby authorized to keep one (1) pet per dwelling unit. Authorization may be terminated sooner if resident's right to occupancy is lawfully terminated or if the pet rules are violated by resident(s) or residents' guest or occupants or resident(s) fail a housekeeping inspection at any time when personnel enter the apartment. Only one small pet (4-legged, warm-blooded) per unit is permitted. Doberman, Shepherd, Chow, etc. are considered large type animals. Your pet cannot weigh more than 25 lbs. A fish tank under 10 gallons will not be required to be registered, but anything exceeding is considered a pet and must be registered. Other animals such as snakes, reptiles, rabbits, ferrets, rodents and insects are not permitted as pets.*

*The tenant agrees to pay additional pet deposit of \$100.00 which will be added to the original security deposit.*



## Household Members

---

Head of Household (Full Name)	DOB	S.S. #
-------------------------------	-----	--------

---

Full Name	DOB	S.S.#
-----------	-----	-------

---

Full Name	DOB	S.S.#
-----------	-----	-------

---

Full Name	DOB	S.S. #
-----------	-----	--------

---

Full Name	DOB	S.S.#
-----------	-----	-------

---

Full Name	DOB	S.S.#
-----------	-----	-------

\*\* Must have copy of social security card for all members of the household

\*\* Must have a copy of birth certificate for all members of the household

\*\* If over 18, must have a copy of their driver's license and/or state ID

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:</b> (Check all that apply)	
<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.

--	--

**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.



**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

OpenHousing Authority  
 202 N. EK  
 6779 KS 67799



**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**Sappa Valley Manor  
Oberlin Housing Authority  
202 N. Elk  
Oberlin KS 67749**

**I hereby acknowledge that the PHA provided me with the  
Debts Owed to PHAs & Termination Notice:**

Signature

Date

Printed Name

**Release of Information**  
Office of Public and Indian Housing

U.S. Department of Housing and Urban Development

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

This form cannot be used to request a copy of a tax return. Instead Use  
IRS Form 4506, Request for a Copy of Tax Form

**Purpose:**

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**Authorization:**

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

Low-income Rental Indian Housing	Section 23 and 10(c) Leased Housing
Low-Income Public Housing	Section 23 Housing Assistance Payments
Mutual Help Homeownership Opportunity Program	Section 202
Rental Assistance Program (RAP)	Section 221(d)(3) Below Market Interest Rate
Rent Supplement	Turnkey III Homeownership Opportunities Program
Section 8 Housing Assistance Payments Program	

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize only HUD and Indian Housing Authority, or a public Housing Agency to obtain information on wages or unemployment compensation from State Employment Security Agencies.

**Information Covered:**

Child Care Expenses	Handicapped Assistance Expenses
Credit History	Identity and Marital Status
Criminal Activity	Medical Expenses
Family Composition	Social Security Numbers
Employment, Income, Pensions, and Assets	Residences and Rental History
Federal, State, Tribal, or Local Benefits	

**Individuals or Organizations that may Release Information:**

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and Other Financial Institutions	Providers of:	Handicapped Assistance
Courts	Alimony	Medical Care
Law Enforcement Agencies	Child Care	Pensions/Annuities
Credit Bureaus	Child Support	Schools and Colleges
Employers, Past and Present	Credit	U.S. Social Security Administration
Landlords	Handicapped Assistance	U.S. Department of Veteran's Affairs
	Welfare Agencies	

**Computer matching Notice & Consent:**

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

U.S. Office of Personnel Management	U.S. Department of Defense	State Employment Security Agencies
U.S. Social Security Administration	U.S. Postal Service	State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family.

**Conditions:**

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the Atchison Housing Authority. I/We agree that photocopies of this authorization may be used for the purposes stated above.

If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated.

This Consent form expires 15 months after signed.

**Signatures:**

Print Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Original is retained by the Requesting organization

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

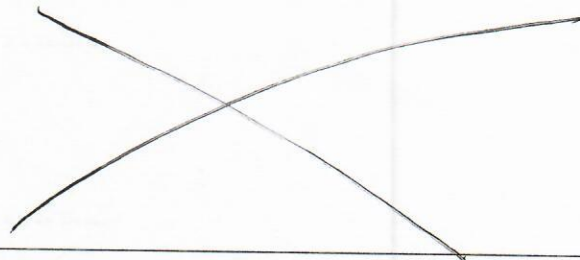
OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

OBERLIN HOUSING AUTHORITY  
202 N. ELK  
OBERLIN KS 67749

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



**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

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

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**EMERGENCY NUMBERS**  
**TO NOTIFY IN CASE OF EMERGENCY**

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_  
Work \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_  
Work \_\_\_\_\_

3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_  
Work \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

**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)

Oberlin Housing Authority

202 N. Elk; Oberlin, KS

Name of Property \_\_\_\_\_ Project No. \_\_\_\_\_ Address of Property \_\_\_\_\_

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.

**Declaration of U.S. Citizenship  
Or Non-Citizen With Eligible Immigration Status**

In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

- (A). United States Citizen(s)
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration Status

**Applicant Information (PLEASE PRINT)**

Name	Sex	Age	Relationship	A	B	C	Signature of Head of Household
Head of Household							
Spouse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.**

Signature, head of household \_\_\_\_\_

\_\_\_\_\_ Date

Signature, spouse/co-head of household \_\_\_\_\_

\_\_\_\_\_ Date

Signature, additional household member \_\_\_\_\_

\_\_\_\_\_ Date

**WARNING!** Title 18, Section 1001 of the United States Code, states that person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

# Sappa Valley Manor

202 North Elk  
Oberlin, Kansas 67749

Housing Authority of the City of Oberlin

Phone 785-475-3010

## ATTACHMENT 3

### Tenant Certification

I certify that the information\* given to the Oberlin housing authority on household composition, income, net family assets, and allowances and deductions are accurate and complete to the best of my knowledge and belief.

I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

---

Signature of Head of Household

Date

---

Signature of Spouse OR Other Household Member

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity Nation Toll - Free 1-800-424-8590.

\*After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 or HUD-50059 (Tenant Data Summary). See the Federal Privacy Act Statement for more information about its use.





**HOUSING AGENCY DISPOSAL OF ASSETS CERTIFICATION**

To meet eligibility and rent determinations it is required by Federal Regulations that the Head of Household and spouse certify in writing as to whether they have disposed of any assets for less than fair market value during the two years preceding the effective date of certification/re-certification of tenant eligibility.

**PLEASE CHECK ONE OF THE BOXES BELOW:**

**For Head of Household:**

1.  I certify that I have not disposed of any assets for less than fair market value in the past two years.
2.  I certify that I have disposed of the following asset (s) for less than fair market value in the past two years.

TYPE OF ASSET: \_\_\_\_\_

DATE DISPOSED OF ASSET: \_\_\_\_\_

AMOUNT RECEIVED FOR ASSET: \$ \_\_\_\_\_

MARKET VALUE OF THE DISPOSED ASSET: \$ \_\_\_\_\_  
(at the time of disposition)

X \_\_\_\_\_  
Head of Household Date

**For Spouse or Other Adult Household Member:**

1.  I certify that I have not disposed of any assets for less than fair market value in the past two years.
2.  I certify that I have disposed of the following asset (s) for less than fair market value in the past two years.

TYPE OF ASSET: \_\_\_\_\_

DATE DISPOSED OF ASSET: \_\_\_\_\_

AMOUNT RECEIVED FOR ASSET: \$ \_\_\_\_\_

MARKET VALUE OF THE DISPOSED ASSET: \$ \_\_\_\_\_  
(at the time of disposition)

X \_\_\_\_\_  
Spouse or Other Adult Household Member Date

**Criminal History NCIC Check Request Form**

In accordance with HUD Rules and Regulations, all applicants must be screened before a determination can be made concerning their eligibility for assisted housing.

A history of the following prohibited activities may exclude the applicant from receiving housing: Criminal activity, feuding, social problems, patterns of violent behavior, vandalism or destruction of property, drug related activities, alcohol abuse, rape, or sexual deviation, and threats against others.

I hereby grant my permission for the **Police Department of the City of Oberlin and the Decatur County Sheriff Office** to search their records and the records of any other law enforcement agency for records of myself and the members of my household as listed on my application and to provide any information contained therein to the **Housing Authority of Oberlin, Kansas**.

This information is to be used solely to determine eligibility for assisted housing and shall not be disclosed or released outside of the Housing authority, except as permitted or required by law.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Ethnicity:  Hispanic  Non-Hispanic

Race:  White  Black  American Indian/Alaskan Native  Asian/Pacific

Applicant Authorizing Signature: \_\_\_\_\_

---

To Be Completed by Decatur County Dispatch and Returned to Oberlin Housing Authority

\_\_\_\_\_ There is no additional information in the NCIC for the above-named person.

\_\_\_\_\_ There is a Criminal History Record of the above-named person and the Housing Authority should refer the person to the Decatur County Sheriff Office for finger-printing and further checks with the FBI.

---

Decatur County Dispatcher

Date



**Verification of Income from Employment**

Re. \_\_\_\_\_

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

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call 785-475-3010 . Fax Number 785-475-2652

Sincerely: Jacey Marcum  
executive director

**Sappa Valley Manor  
Oberlin Housing Authority  
202 N. Elk  
Oberlin KS 67749**

1. Employed Since: \_\_\_\_\_ 2. Job Title: \_\_\_\_\_
3. Pay Schedule:  Monthly  Semi-Monthly  Bi-Weekly  Weekly
4. Salary, Base Pay Rate: \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_ per week \$ \_\_\_\_\_ per month
5. Average hours worked at Base Pay Rate: \_\_\_\_\_ hrs/week, or \_\_\_\_\_ hrs/month in year.
6. Is this person likely to get Overtime?  Yes  No If yes, Overtime Pay Rate \$ \_\_\_\_\_ Hr
7. Average number of Overtime hours expected during the next 12 months: \_\_\_\_\_ Hrs/Month
8. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?  
For \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_
9. Is pay received for vacation?  Yes  No If yes, number of days/year: \_\_\_\_\_
10. Total Base Pay Earnings for last 12 months: \$ \_\_\_\_\_
11. Total Overtime Earnings for the last 12 months: \$ \_\_\_\_\_

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

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Applicant/Tenant Release**

I \_\_\_\_\_ hereby authorize the release of the requested information.

Signature

Date

**ASSET VERIFICATION**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT**

Financial Institution: \_\_\_\_\_

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

The individual/household named below has applied for residency or is currently residing in housing that requires verification of all assets and any income earned from the assets. The information will remain confidential. This Verification is being requested in connection with the undersigned's eligibility for residency in the following community:

Project Name: OBERLIN HOUSING AUTHORITY

*I certify that this verification has been sent directly to the financial institution and was not hand-carried by the applicant/tenant or any other interested party.*

\_\_\_\_\_  
Signature of Owner/Agent      executive director      Title      \_\_\_\_\_      Date

\*\*\*\*

**By my signature, I hereby authorize disclosure of the asset information requested below in order to determine my eligibility to rent as required by Section 42 of the Internal Revenue Code or other Affordable Housing Program.**

\_\_\_\_\_  
Applicant/Tenant Signature

**Return Form to:**

\_\_\_\_\_  
Printed Name of Applicant/Tenant

OBERLIN HOUSING AUTHORITY
202 N. ELK
OBERLIN, KS 67749
Fax # <u>785-475-2652</u>

\_\_\_\_\_  
Date      \_\_\_\_\_  
SSN Last 4 Digits

**THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION**

Please provide the information requested below:

<u>Asset Type</u>	<u>Open Date</u>	<u>Account No.</u>	<u>Account Balance *</u>	<u>% Rate</u>	<u>Annual Int. From Asset</u>
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____
_____	____/____/____	_____	\$ _____	_____	_____

\*Please provide the **average 6-month** balances for checking accounts and **current** balances for savings accounts listed.

**I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

**NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**