



SPRINGDALE HOUSING AUTHORITY



APPLICATION FOR ADMISSION

Name _____ Date _____

Check the Box for the Program(s) below:

☐ Public Housing ☐ Rental Assistance ☐ Housing Choice Voucher

Po Box 2085, Springdale, AR 72765-2085

Phone (479)751-0560 Fax: (479)756-8059

TTY/TDD 800-285-1131 o 711

Office Hours: Monday Through Friday 7:30 AM- 4:30 PM.
Closed from 12:00-1:00pm for lunch

We will not accept applications on Fridays
(For a waiver to this policy please call 479-751-0560 xt 200)

Please provide all documents listed below that apply to your family. The documents may be copied in our office at no charge to you.

All members in the family must have (if applicable):

Birth Certificate or acceptable documentation	Immigration / Alien status
Social Security Card	Marriage Certificate/ Divorce Decree
Picture ID	Custody/ Adoption Agreements (if applicable)
Income Information	Certificate of Deposit
Income	IRA /Keogh Accounts
Adult Family Members (over 18 yrs)	Stocks or bonds / Mutual Funds
Employment	Real State / Rental Income
Check Stubs	Elderly or Disabled Applicants:
Employer Statement (s)	Out of pocket medical expenses
Most recent tax return	Prescriptions
Benefit Income	Physicians / Clinics Statements
Unemployment	Medical Insurance Premiums
Social Security	Disability Assistance
SSI/ Other Disability Income	Families with children:
Pensions/Retirement	Statement from child care provider to allow one or more adults to work or attend school or training.
Child Support	<ul style="list-style-type: none"> This is expense to care for a disabled family member to enable the head of household to work.
Alimony	Public Housing only (Below)
Public Assistance	References:
Other Income	Landlord – Present and former landlords
Monetary support from family	Other references:
Self-Employment	Credit – (Examples –car dealers& utilities)
Assets	Other- Present and previous employers and/or supervisors
Savings Accounts	

If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority. Si necesita ayuda para entender este documento, puede venir o llamar a la oficina para la asistencia. (479)751-0560 ext. 200. If you need help understanding this document you can come to the office or call for assistance at (479) 751-0560 ext.200.



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Springdale, AR 72765-2085
Phone (479)751-0560 Fax: (479)756-8059
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How do we contact you?

Please Print:

Name:_____

Current physical address:_____

City/State/Zip Code:_____

Telephone number:_____

Alternate Message Phone

Number:_____

Current Mailing address:_____

City/ State/Zip Code:_____

Springdale Housing Authority Application for Admission

Springdale Housing Authority

Important Information

Please read carefully before completing the application form

- If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.
- The application must be completed in the handwriting of the head of household. Incomplete applications will not be processed.
- Persons with disabilities or persons, who are limited in their ability to read, write, speak, or understand English can seek assistance with the completion of the form at the housing agency office.
- Use the full legal name of each person listed don the application as it appears on their Social Security Card.
- Please print all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as “What is your telephone number,” and you do not have a telephone, write :“none”
- All yes/ no questions must be checked to indicate whether your response is a “yes” or “no”.
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household and spouse / co-head (if any) must sign and date the application form
- Where indicated on this form, the questions apply to all members of the family listed on the application.
- The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex offender registration checks on all adult household members, including live-in aides.

Springdale Housing Authority Application for Admission

In order to qualify for housing an applicant must:

- Be a family as defined in the Housing Agency's Admission and Continued Occupancy Policy (ACOP). A copy of the ACOP is either posted or available at the housing agency office.
- Meet the HUD requirements for citizenship or immigration status.
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the PHA's office.
- Provide documentation of Social Security Numbers for all family members, age 6 and older, or certify that they do not have a Social Security numbers.
- Pay any money owed to the PHA or any other Housing Authority.
- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms so that the PHA can verify the various eligibility requirements.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity.
- Public Housing Only - Qualify as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.

Americans with Disabilities Act

We need your help to ensure all of our programs, services, and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.

Springdale Housing Authority Application for Admission

Parte A: Information about Members of the Household

List all persons age 18 or older (Head/ Spouse/ Cohead regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed in this form may live in the unit.

Name	Relation to head	US Citizen Y / N	Disabled? Y / N	Sex M / F	Date of Birth	Soc. Security # or Allien. Registration #

Children 17 and younger

List all children who will be living in the home, oldest to youngest.

Name	Relation to head	US citizen: Y / N	Disabled? Y / N	Sex M / F	Date of Birth	Soc. Security # or Allien. Registration #	School name

Race: Check the appropriate race. (More than one category can be entered if applicable)

Answer the following questions about all members of the household:

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Contact Information: List names, addresses, and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.

1. Contact name: _____ Phone #: _____
Address: _____ City /State / Zip: _____
2. Contact name: _____ Phone #: _____
Address: _____ City /State / Zip: _____

Part B: Present and Previous Housing Information. (Public Housing Applicants Only)

List your current address and landlord information. Then list all prior addresses and landlords for the past five (5) years.

1. Current Landlord: _____ Phone: _____

Address: _____

City/State/Zip: _____

Amount of Rent: _____ How Long: _____

2. Previous Landlord: _____ Phone: _____

Address: _____

City/State/Zip: _____

Amount of Rent: _____ How Long: _____

3. 2nd Previous landlord: _____ Phone: _____

Address: _____

City/State/Zip: _____

Amount of Rent: _____ How Long: _____

4. 3rd Previous landlord: _____ Phone: _____

Address: _____

City/ State/Zip: _____

Amount of Rent: _____ How Long: _____

Springdale Housing Authority Application for Admission

Part C: Criminal Background and Other Information

These questions apply to you and all of the members of your household.

1. Has any household member ever been arrested for any crime? Yes _____ No _____, If yes, how many times? _____ Please explain. (Include when arrested, where arrested, and the reason for the arrest. Attach a separate sheet if needed).

2. Has any household member ever been convicted of any crime? Yes _____ No _____

If yes, how many times? _____ What crime (s) ? _____

3. Is any household member a subject to lifetime sex offender registration? Yes _____ No _____
Who? _____

4. Is any household member currently using illegal drugs? Yes _____ No _____
Who? _____

5. Has any household member ever been evicted from any type of housing? Yes _____ No _____

If yes, explain when, where and for what reason: _____

6. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons? Yes _____ No _____ If yes, please explain :

7. Has any household member received rental assistance in public housing or HCV? Yes _____ No _____ If yes, when? Years : _____

Provide the Housing Agency information below.

Housing Agency Name: _____

Under what name? _____

Who was head of household? _____

Springdale Housing Authority Application for Admission

Part D: Information about the income of members of the family.

(Income Includes money or contributions from any and all sources paid to or on behalf of a family member)

Did you or any family member file a federal income tax return for the past year? Yes _____ No _____

Who? _____

Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?

Wages, salaries, tips, fees, or commissions from an employer? (Full or part time) _____	Yes _____	No _____
Compensation for personal services? _____	Yes _____	No _____
Income from the operation of a business or profession? _____	Yes _____	No _____
Interest, dividends, or other income from real or personal property _____	Yes _____	No _____
Payments from Social Security _____	Yes _____	No _____
Payments for annuities _____	Yes _____	No _____
Payments from Insurance policies _____	Yes _____	No _____
Payments from retirement funds _____	Yes _____	No _____
Payments from pensions _____	Yes _____	No _____
Payments from disability benefits _____	Yes _____	No _____
Payments from death benefits _____	Yes _____	No _____
Lump-Sum Payments for the delayed start of periodic payments _____	Yes _____	No _____
Unemployment compensation _____	Yes _____	No _____
Disability Compensations _____	Yes _____	No _____
Worker's compensation _____	Yes _____	No _____
Severance Pay _____	Yes _____	No _____
Welfare Assistance Payments _____	Yes _____	No _____
TANF Payments _____	Yes _____	No _____
Alimony Payments _____	Yes _____	No _____
Child Support Payments _____	Yes _____	No _____
Regular contributions or gifts from anyone _____	Yes _____	No _____
Money from self-employment _____	Yes _____	No _____
Regular or special military pay _____	Yes _____	No _____
Regular contributions from anyone _____	Yes _____	No _____
Financial assistance to attend school _____	Yes _____	No _____

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1. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family member name	Income source	Amount \$	Frequency- (Circle one)
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

Part E: Information about the assets of all members of the family

(An asset is something of value that can be converted to cash)

1. Do you or any family member own or have Access to any of the following?

Savings account? Yes ____ No ____ Checking Account? Yes ____ No ____

Certificate of deposit Yes ____ No ____ Money market account Yes ____ No ____

Family Member Name	Bank Name	Account Number	Balance

Springdale Housing Authority Application for Admission

2. Do you or any family member own or have Access to any of the following?

Stocks	Yes _____ No _____	Bonds	Yes _____ No _____
Real property (Land)	Yes _____ No _____	Trust funds	yes _____ No _____
Pensions	Yes _____ No _____	Individual retirement accounts	yes _____ No _____
Inheritances	Yes _____ No _____	Life insurance policies	Yes _____ No _____
Any other type of capital investment _____		Yes _____ No _____	

Explain any "yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

Part F: Information about Household Expenses

1. Does any family member have expenses for child care of a child age 12 or younger?

Yes _____ No _____

If yes, complete the following:

Please provide Care Provider Name, Address, Phone Number below:

Minor's Name	Care Provider Name	Address	Phone Number	Amount Monthly

2. Is any portion of these childcare expenses reimbursed from an outside agency or person?

Yes _____ No _____

If yes, how much is reimbursed per month? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work?

Yes _____ No _____ If yes, complete the following:

Care Attendant Name	Address	Phone Number	Amount Monthly
			\$ _____

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities)

Yes _____ No _____ If yes, what is the anticipated monthly cost? _____

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5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent	\$		
Electricity	\$		
Gas	\$		
Water	\$		
Telephone	\$		
TV Cable	\$		
Car payment (s)	\$		
Car Insurance	\$		
Gas for car	\$		
Life Insurance	\$		
Health Insurance	\$		
Loans	\$		
Rentals	\$		
Furniture	\$		
Food	\$		
Credit Cards	\$		
Other	\$		

Medical Expenses (These questions only apply if the head, spouse or co-head is 62 years or older or disabled) Do you or any member of the family pay for any of the following items?

Medical Insurance Premiums? Yes _____ No _____

Long Term Care Insurance Yes _____ No _____

Out of pocket prescription expenses Yes _____ No _____

Past due medical bills yes _____ No _____

Other anticipated medical expenses Yes _____ No _____

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

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Part G.a. Public Housing Preference Questionnaire (Public Housing Only)

Public Housing Preference 1 - Did you leave your home in _____ (address and town where you lived) because of a Natural Disaster? Yes _____ No _____ if yes, did the Federal Government Issue a Federal Disaster Declaration?

Public Housing Preference 2 - Do you qualify for a priority that may be given if the head, spouse, co-head, or sole member of your family is at least 62 years of age or older or disabled? Yes _____ No _____

Public Housing Preference 3 - Do you qualify for a priority that may be given if the head, spouse, co-head, or sole member of your family is at least 50 years old but less than 62 years old and you have applied for a 0- Efficiency apartment or a 1 Bedroom apartment? Yes _____ No _____

I understand the Housing Authority will require me to verify this information.

Name _____

Address / Phone Number _____

Print Name and Sign _____

Part G.b. Section 8 Preference Questionnaire (Section 8)

Section 8 - 1 - Did you leave your home in _____ (address and town where you lived) because of a Natural Disaster? Yes _____ No _____ If yes, did the Federal Government issue a Federal Disaster Declaration?

I understand the Housing Authority will require me to verify this information.

Name _____

Address / Phone Number _____

Print Name and Sign _____

Springdale Housing Authority Application for Admission

APPLICANT CERTIFICATION

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the Housing Authority in writing (within __10 business days) if any member of the family moves out of the unit, and that that I cannot permit anyone to move into my unit without prior approval of the Housing Authority. I understand that I must notify the Housing Authority in writing of any changes to the household due to birth, adoption, or court –awarded custody. I also understand that any person who attempts to obtain housing assistance or rent deduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under federal and state law.

Warning: *Title 18, Section 1001 of the United States Code states that a person is guilty of a Felony for knowingly and willingly making false or fraudulent statements to any department or agency Of the United States and shall be fined not more than \$10,000 or imprisoned for not more than five years*

Signature of Head of Household

Date

Signature of spouse or co-head

Date

Certification of PHA representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

Signature of PHA Representative Date

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

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

OMB Approval No. 2577-0249

Exp. (07/31/2017)

Purpose of Form: The Violence Against Women Reauthorization Act of 2013 ("VAWA") protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as "Victim") has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

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

Date Written Request Received by Victim: _____

Name of Victim: _____

Names of Other Family Members Listed on the Lease: _____

Name of the Perpetrator*: _____

***Note:** The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

Perpetrator's Relationship to Victim: _____

**Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
Occurred:** _____

Location of Incident(s): _____

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature _____ Executed on (Date) _____

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. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

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. 1/31/2014

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

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		
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.



SPRINGDALE HOUSING AUTHORITY



P.O. Box 2085
Applegate Apts. Office
Springdale, Ar. 72765
Phone: 479-751-0560
Fax: 479-756-8059
TTY/TDD 800-285-1131 or 711

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

THE HOUSING AUTHORITY OF THE CITY OF SPRINGDALE IS REQUIRED TO VERIFY ALL INFORMATION SUBMITTED BY APPLICANTS / PARTICIPANTS IN THE PUBLIC HOUSING, SECTION 8 HOUSING, AND TBRA PROGRAMS.

AS AN APPLICANT/ PARTICIPANT OF THESE PROGRAM(S), I HEREBY AUTHORIZE THE HOUSING AUTHORITY TO VERIFY THROUGH ANY FEDERAL, STATE, LOCAL AGENCY, ORGANIZATION, BUSINESS, OR INDIVIDUAL ANY AND ALL INFORMATION RELEVANT TO DETERMINING MY ELIGIBILITY AND/OR CONTINUED ELIGIBILITY FOR ASSISTANCE. I FURTHER AUTHORIZE THESE AGENCIES, ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS TO RELEASE THE INFORMATION REQUESTED TO THE HOUSING AUTHORITY.

I FURTHER UNDERSTAND THAT THE INFORMATION MAY BE USED TO DETERMINE MY ELIGIBILITY AND/OR CONTINUED ELIGIBILITY TO RECEIVE ASSISTANCE FROM THE HOUSING AUTHORITY OF THE CITY OF SPRINGDALE. I ALSO UNDERSTAND THAT THE INFORMATION MAY BE GIVEN TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT IN ADMINISTERING AND ENFORCING PROGRAM RULES.

**VERIFICATIONS AND INQUIRIES MAY INCLUDE BUT NOT BE LIMITED TO:
CREDIT AND CRIMINAL ACTIVITY
IDENTITY AND MARITAL STATUS
MEDICAL OR CHILD CARE ALLOWANCES
RESIDENCES AND RENTAL ACTIVITY
EMPLOYMENT, INCOME AND ASSETS**

I UNDERSTAND THAT A PHOTOCOPY OF THIS AUTHORIZATION FOR RELEASE OF INFORMATION MAY BE ATTACHED TO THE HOUSING AUTHORITY VERIFICATION FORMS AND USED BY THE HOUSING AUTHORITY FOR PROGRAM MANAGEMENT PURPOSES. I FURTHER HAVE THE RIGHT TO REVIEW DOCUMENTS RECEIVED BY THE HOUSING AUTHORITY UPON REQUEST AND MAY ALSO REQUEST CORRECTION TO INFORMATION THAT I PROVE IS NOT VALID. THIS FORM IS VALID FOR A PERIOD OF 15 MONTHS.

HEAD OF HOUSEHOLD SIGNATURE
DATE

PRINT NAME

—
SPOUSE OR CO HEAD SIGNATURE PRINT NAME
DATE

—
OTHER ADULT MEMBER SIGNATURE PRINT NAME
DATE

—
OTHER ADULT MEMBER SIGNATURE PRINT NAME
DATE

Optional and Supplemental 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.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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 (PIH)



What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address.

Remember, you may receive rental assistance at only one home!

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/thiip/iviv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

Springdale Housing Authority
#5 Applegate Drive/ PO Box 2085
Springdale, AR 72765
PHONE 749-751-0560 FAX 479-750-4221
TTY/TDD 800-285-1131 OR 711

One of these forms needs to be filled out by each family member 18 years or older that will be living in the household.

Tenant PI Nationwide Background Check
SPRINGDALE POLICE RECORDS SECTION
WASHINGTON COUNTY SHERIFF’S OFFICE/RECORDS

PLEASE FURNISH INFORMATION ON THE PERSON BELOW. (ARREST OR COURT RECORDS) PH S8

PLEASE PRINT

DATE OF REQUEST	Housing Authority person making request Shannon Hill
NAME OF COMPANY Springdale Housing Authority	TITLE/POSITION Assistant Director-Springdale Housing Authority
SUBJECT OF CHECK – Your Name	OTHER NAME USED
DATE OF BIRTH	SOCIAL SECURITY
ADDRESS	CITY/STATE
OTHER IDENTIFIERS	

I hereby authorize the records of local arrest / court records to the Springdale Housing Authority.

Signature	Date
PLEASE NOTICE	

The following information is arrest data from the Springdale Police Records and Washington County Sheriff’s Records, only and is not to be considered a complete criminal history. The information does not reflect whether the person was convicted of a crime or not, nor does it reflect juvenile arrests. For information about convictions, you must contact the court of adjudication’s that should be able to provide information about the disposition of the case.

Arrest Date	Charge At Arrest



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 08/31/2016.

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.

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.

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:

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

Signature

Date

Printed Name

EAH SECTION 214 DECLARATION FORM

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable – from INS Form I-94, Departure Record) (Country to which you owe legal allegiance– may or may not be country of birth)

DECLARATION

INSTRUCTIONS: Complete the declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐
If you sign this box, no further information is required.

2. I am a non-citizen with eligible immigration status, as described on reverse.

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐
If you sign this box, you must go on to complete the reverse side including the Verification Consent.

REQUEST FOR AN EXTENSION

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

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐
If you sign this box, you must go on to complete the reverse side including the Verification Consent.

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

Signature _____ Date _____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐
If you sign this box, no further information is required. You are NOT eligible for housing assistance.

THIS SECTION TO BE COMPLETED BY MANAGEMENT

SAVE verification Number: _____

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. . . Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**



EAH SECTION 214 DECLARATION FORM (continued)

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes **MUST** be checked:

- ☐ 1. A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- ☐ 2. A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, 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 under Section 249 of the INA (8 USC 1259);
- ☐ 3. A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- ☐ 4. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- ☐ 5. A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- ☐ 6. A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- ☐ 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- ☐ 2. Form I-94, Arrival-Departure record, with one of the following annotations:
 - a. "Admitted as Refugee Pursuant to Section 207"
 - b. "Section 208" or "Asylum"
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"
 - d. "Paroled pursuant to Section 212(d)(5) of the INA"
- ☐ 3. If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- ☐ 4. Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ 5. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ 6. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified;
- ☐ 7. Form I-152, Alien Registration Receipt Card.

VERIFICATION CONSENT

CONSENT: I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **NOTIFICATION:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature _____

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐)

Date _____





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. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

December 2005