

Housing Application & Deposit Information

- Call the office to set up an appointment. We do not accept walk-ins.
270-472-1115

- **Before** the appointment, you must gather the following documents and **bring with you:**
 1. Completed application
 2. Birth Certificates for all household members
 3. Social Security Cards for all household members
 4. Picture I.D. for household members 18 years and older
 5. Proof of income (paystub, social security award letter, etc.)
 6. All household members 18 years and older must sign paperwork

- To move into a unit, the following deposits are required:
 1. Water deposit of \$235.00
 2. Electric deposit – 2 Options
 - \$30.00 connection fee & deposit of either \$0, \$130, or \$260 OR
 - \$30.00 connection fee & initial payment on account
 3. Housing Authority Security Deposit of \$200.00

- Rent calculations will be done at your appointment.

HOUSING AUTHORITY (PHA)

Administration Building

Street, City, State Zip

Telephone: (202) 472-1115

Fax: (202) 472-9519

APPLICATION for PUBLIC HOUSING

This is not a Section 8 application and cannot be used for the Housing Voucher program.

Instructions: Please read Carefully. Incomplete applications will not be processed.

1. This application is valid for all public housing properties operated by the Housing Authority
2. To be qualified for admission to public housing an applicant must:
 - (a) Be a family as defined in PHA's Admission and Continued Occupancy policy;
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices.
 - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
 - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;
 - (f) Pay any money owed to PHA or any other housing authority;
 - (g) Not have had a lease terminated by PHA in the past 12 months;
 - (h) Be able and willing to comply with the Housing Authority lease; and
 - (i) Not have any family members 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 family members engaged in any drug-related criminal activity.
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.
4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.
5. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.
6. PHA will conduct a criminal record check on all applicants age 15 years and older.

The Housing Authority is an Equal Housing Provider

16. Is the applicant family displaced by domestic violence? . Yes . No If yes, who can verify this?
Please give name, address, and phone number _____
17. Is any adult family member employed? . Yes . No If yes, name, address & phone # of employer: _____
18. Is any adult family member enrolled in a job training program, including one required under the Welfare program? . Yes . No If yes, who can verify this? Please give name, address & phone #: _____
19. Is any adult family member enrolled in an education program full-time? . Yes . No If yes, who can verify this? Please give name, address and phone #: _____
20. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSD, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount \$	Frequency - Per		
			Week	Month	Year
			. Week	. Month	. Year
			. Week	. Month	. Year
			. Week	. Month	. Year
			. Week	. Month	. Year

21. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? . Yes . No If yes, describe the type of asset(s) please: _____
What is the market value of all assets? _____
22. Do you own any real estate? . Yes . No If yes, what is the address? _____
23. Have you sold any real estate in the past two years? . Yes . No If yes, what was the address? _____
24. Current Landlord's name and phone # _____
Date Family Moved to this location _____
13. Most recent former address, Street, Apt. # _____
Most recent former City, State and Zip _____
Most recent former Area Code and Phone # _____
14. Most recent prior landlord's name, phone # _____
Date Family Moved to this location _____

Screening Questions: A "yes" answer will not necessarily disqualify you for admission.

15. Have you ever been evicted from housing? . Yes . No If yes, why? _____
16. Have you ever lived in public housing before? . Yes . No If yes, where? _____
 Dates: From _____ To _____ Name of Lessee: _____
 Do you owe any money to the housing authority? . Yes . No
17. Do you have any past due utility bills? . Yes . No If yes, please describe and give amount owed: _____
18. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? . Yes . No If yes, please explain the nature of the problem and who was involved: _____
19. Is anyone in your household currently on parole or probation? . Yes . No If yes, please explain: _____

Qualifying for Deductions in Calculating Rent:

20. Is the head of household or spouse age 62 or older or a person with a disability? . Yes . No If yes, please answer the following questions. If no, please skip down to question # 22.
21. Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? . Yes . No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: _____

 Monthly medical expense: \$ _____ Please give us the name, address & phone # of someone who can verify the expense: _____
22. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? . Yes . No If yes, describe the nature of the expense and the monthly amount: _____
 _____ Please give us the name, address & phone # of someone who can verify the expense: _____
23. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? . Yes . No If yes, please list the name, address and phone # of your child care provider: _____
 Monthly unreimbursed child care cost: \$ _____
24. Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with a disability? . Yes . No If yes, please give us the name of the family member and the name and address of someone who can verify this information:
 Name of family member: _____ Please give us the name, address & phone # of someone who can verify this information: _____
25. Drivers License or State ID #: Applicant: _____ Co-applicant: _____
 Automobile: Year: _____ Make: _____ Model: _____ License: _____

PHA will be contacting all former landlords for the period three years from the date of application

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for 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 was 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 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 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 is 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 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 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 use 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 requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor or a fine of 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.



AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit VeriScreen, Inc. aka VeriRent to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 3 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I am entitled to know if employment or promotion is denied because of information obtained by my prospective employer from a Consumer Reporting Agency.

I agree that a copy of this authorization has the same effect as an original and if my application is accepted I understand that VeriScreen will be allowed to perform a background check on a yearly/quarterly or during the process of determining a promotion, re-certification, continued qualification or as the result of reasonable suspicion. I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I authorize VeriScreen, Inc. aka VeriRent to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. NOTE: Except for those states where an annual release is required, i.e. California (CALIFORNIA – Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered. - CA Civ. Code 1786.22)

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California applicants or employees only: By signing below you also acknowledge receipt of the Notice Regarding Background Investigation Pursuant to California Law. Please check this box and return this page if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California Law.

Minnesota and Oklahoma applicants or employees only: Please check this box and return this page if you would like to receive a copy of a consumer report if one is obtained by the Company.

Full Name: _____

(Please print clearly)

Signature

Date

Address: _____ City: _____ State: _____ Zip: _____

International Address: If Applicable _____

DOB: _____ SS# _____ Driver's License Number: _____

Email: _____

Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury,¹ that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age²; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach USCIS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §§1001(a)(15) or 101(a)(20) of the INA³; or
 - Permanent residence under §249 of INA⁴; or
 - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA⁵; or
 - Parole status under §212(d)(f) of the INA⁶; or
 - Threat to life or freedom under §243(h) of the INA⁷; or
 - Amnesty under §245 of the INA⁸.

(Signature of Family Member)

(Date)

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

PHA: Enter USCIS/SAVE Primary Verification #: _____ Date: _____

[See reverse side for footnotes and instructions]

1 **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2 Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3 Immigrant status under §101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
- 4 Permanent residence under §249 of INA. A noncitizen who entered the U.S. before January 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 ineligible 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 §249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- 5 Refugee, asylum, or conditional entry status under §207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under §208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- 6 Parole status under §212(d)(5) of INA. A noncitizen 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 §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].
- 7 Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].
- 8 Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the PHA must enter USCIS/SAVE Verification Number and date that it was obtained. A PHA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.