

Requirements for your Application

<input type="checkbox"/>	All Adults (18 yrs. and older)	Need to be present at the application appointment.
<input type="checkbox"/>	Completed Application	Current and Past Landlords will be contacted and verified for rental history. Complete and accurate names and mailing addresses are critical to ensure that your application is approved as quickly as possible.
<input type="checkbox"/>	Picture I.D.(s)	For everyone 18 yrs. and older listed on the application.
<input type="checkbox"/>	Social Security Card(s)	For everyone listed on the application.
<input type="checkbox"/>	Birth Certificate(s)	For everyone listed on the application.

Required ONLY if it applies to you or a household member

<input type="checkbox"/>	Pay stubs	At least 3 current stubs.
<input type="checkbox"/>	Other Income	SS/SSI Award Letters, Pension, KTAP, VA, Disability, Tax Returns with Schedule C to verify Self- Employed, etc.
<input type="checkbox"/>	Bank Statement(s)	Current statement of Checking and/or Savings account(s).
<input type="checkbox"/>	Support Income	Child Support and/or Alimony.
<input type="checkbox"/>	Other documentation that may apply to your individual circumstances	Divorce Decree, Marriage License, Custody Papers, Certification of Pregnancy, Class Schedule, and proof of drug/alcohol rehabilitation.

**Your application will not be processed if you are missing
I.D.'s, Social Security Cards, and/or Birth Certificates.
No Exceptions.**

Housing Authority of Fulton
201 N. Highland Dr.
Fulton, Kentucky 42041
Phone: (270) 472-1115 • Fax: (270) 472-9519
Email: info@hafulton.org
Website: www.hafulton.org

APPLICATION for PUBLIC HOUSING

**All questions asked apply only to those persons listed on this application.
Instructions: Please read carefully. Incomplete applications will not be processed.**

This application is valid for all public housing properties operated by the Housing Authority of Fulton.

1. All forms **must** be signed by **all Adults** listed on this application. (**Adult: Anyone 18 or older**)
2. Fill out all forms as **neatly** and **legibly** as possible.
3. Photo ID **must** be presented for **all Adults** at time of application.
4. Birth Certificates **must** be presented for **all persons** listed on the application.
5. Social Security Cards **must** be presented for **all persons** listed on the application.
6. Verification of **all** income **must** be presented at the time the application is turned in, such as:
 - (a) At least six weeks of payroll check stubs.
 - (b) SS/SSI award letter from the Social Security Administration.
 - (c) Any state or local assistance such as K-Tap/TANF (food stamps are not included).
 - (d) Child Support Verification.
 - (e) Pension letter or Pension check stubs.
7. Pay any money owed to HAF or any other HUD Housing agencies, or show proof of payment.
8. Current checking or savings account statement.
9. Verification of any child care expenses.
10. If elderly or a person with a disability, provide verification of medical expenses such as prescriptions or *unpaid* doctor bills.
11. Verification of Continuing Education such as a **class schedule** or a **letter from the school**.

IMPORTANT: Only those listed on this application will be allowed to live in the unit. If you allow anyone to move into your unit who does not get approval through the application process, **your tenancy will be terminated**. If you have someone you want to live with you, put them on the application **NOW** so we can determine eligibility. **We monitor our sites!**

HAF use Only:

Date of application: _____ **Time of application:** _____ **Taken by:** _____

8. If anyone is a **student**, provide full name, address, city, state & zip of school: _____

PLEASE CONTINUE TO THE NEXT PAGE

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 KTAP/TANF, VA, Social Security, SSI, SSDI, Employment, Child Support, etc. Example: Wages \$150/week, SSI \$421/month.

Family Members Name	Income Source	Amount	Frequency of Pay
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> other

9. Do you have a checking or savings account or own any Certificates of Deposit, Stocks, Bonds, Life Insurance with a Cash value, IRA's, KEOGH, Retirement Account, Money Market Funds, Other Investments, etc.? Yes No If yes, Describe the type of asset(s): _____

What is the market value of all assets? _____

10. Do you own any real estate? Yes No If yes, what is the address? _____

11. Have you sold any real estate in the past two years for less than fair market value? Yes No

List all places you have lived for the past two years, starting with the most current. PHA will be contacting all former landlords for the period of two years from the date of application.

Current/Former address	Landlords Name and Address	Landlords City, State & Zip	Landlords Phone #	Date lived From	Date Lived To

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

12. Have you ever been evicted? Yes No If yes, Where and Why? _____

13. Has any applicant family member ever lived in Public or Section 8 Housing as an adult (18 years or older) where rent was based on your income? Yes No If yes, Where? _____
Dates: From _____ To: _____ Name of Lessee: _____
Do you owe any money to any HUD Housing Agencies? Yes No Who? _____

14. Has any family member (18 yrs or older) ever been convicted of a crime?
 Yes No If yes, please explain the nature of the problem and date of violation: _____

15. Is anyone currently on parole or probation? Yes No If yes, give name and explain: _____

16. List each person over 18 in the household and all states in which they have lived since turning 18 years old.

17. Do you have any animals? Yes No If yes, list details such as type, breed, and weight below:

Qualifying for Deductions in Calculating Rent:

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, list the name, address and phone # of your child care provider:

Monthly **Out of pocket** child care expense: \$ _____

If you are elderly or a person with a disability do you pay **Out of Pocket** medical expenses? Yes No

If yes, amount per year: \$ _____.

I/we certify that the statements on this application are true to the best of my/our knowledge and believe and understand that they will be verified. I/we understand that withholding information from this Housing Authority or providing false information to the Housing Authority is considered **FRAUD**. Under Federal Law, **FRAUD** is punishable by fines up to \$10,000 AND imprisonment for up to five (5) years. If a resident of this Housing Authority submits fraudulent information OR withholds relevant information, the resident will be charged back rent, face eviction proceedings, and will be turned in for prosecution for violating a federal law. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission. By signing below, I confirm that I have read the penalties for fraud, that I understand what fraud is, and that I understand the penalties for committing fraud.

Applicant Signature

Date

Co-Applicant Signature

Date

Other Adult Signature

Date

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]

Sample Forms for Noncitizens

- 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 of 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.

FHA 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.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(1)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US, Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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