

LYON COUNTY HOUSING AUTHORITY

Application Information Request Form

The following information must be submitted at time of placing your application.

1. **Application Form** completed and returned.
2. **Birth Certificates** on all family members that will be living in the household (if no birth certificate available, shot records, valid driver's license or passports will be accepted).
3. **Social Security Cards** (or printout from Social Security office of number).
4. **Current Food Stamp Summary** (within three (3) months).
5. **Proof of Income**
 - Statement printed on letterhead or stamped with business stamp of date hired, wages per hour, paid weekly or bi-weekly, and number of hours working per week.
 - Print out of Social Security or SSI benefits.
 - History printout from child support.
 - Notarized statement from friends or family stating the dollar amount they will be helping you with per week or per month: must have copies of paid checks or money orders to support notarized statement.
 - TANF summary.
 - Copies of any other source of income.
6. **Expenses**
 - **Child Care Expenses**
 1. Notarized statement from private individuals or family member stating the dollar amount paid per week or per month: must have copies of paid receipts, copies of checks or money order to support notarized statement.
 - **Medical Expenses (62 years and above)**
 1. 12-month print-out from local pharmacy
 2. Monthly health insurance expense verifications (copy of insurance policy)
7. **Any Assets** such as stocks, bonds, property, homes, or mobile homes must be accounted for so bring verification of the value of the assets.

Physical Address: 425 Linden Avenue, Eddyville, KY 42038

Mailing Address: P.O. Box 190, Eddyville, KY 42038

Office Hours: Monday – Thursday 9:00 a.m. to 3:00 p.m.

Offices closed for lunch from 12 noon to 12:30

For more information please contact the Lyon County Housing Authority/Amber Village
at 270-388-7108 or 2049.

(All applications must be submitted by appointment only!)

**** Due to time constraints, no children will be allowed to accompany parent for scheduled appointment**

All adults 18 and older applying must be present.





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

Applications accepted by appointment ONLY. To set up an appointment, call Janet Oliver at 270-388-7108 or 2049.

Lyon County Housing Authority
425 Linden Avenue
Eddyville, Kentucky 42038
Phone: (270) 388-7108 • Fax: (270) 388-4355
Email: lyoncoun@bellsouth.net

APPLICATION for PUBLIC HOUSING

THIS IS NOT A Section 8 application and cannot be used for the Housing Voucher program.

All questions asked apply only to those persons listed on this application.

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

*** Head of household must be 19 years of age or older.**

This application is valid for all public housing properties operated by the Lyon County Housing Authority.

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 18 and under**.
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 check stubs.
 - (f) DD.214 or a U.S. Uniform Services I.D to verify if you are a Veteran of the Armed Forces.
7. Pay any money owed to LCHA or any other HUD Housing agencies, or show proof of payment.
8. Current checking or savings account statement.
9. Verification of any daycare/babysitter expense.
10. If elderly or disabled, provide verification of medical expenses such as prescriptions or unpaid doctor bills.
11. Doctors Certification of Pregnancy.
12. 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 have a friend, a boyfriend, or girlfriend that you plan on moving in after you have moved in, **don't** - that will get you **evicted**. If you have someone you want to live with you, put them on the application **NOW** so everything and everyone is legal. **We monitor our sites!** If you are not married, you can only include someone if you have been on a signed lease together for the past 6 months.

LCHA use Only:

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

1. Full Name of **Head** of household: _____
 Marital Status: Married ___ Divorced ___ Separated ___ Single ___
2. Full Name of adult **Co-Head** of household: _____
3. Current address, **Street**: _____
 Current **City, State, and Zip Code**: _____
 Current **Phone #**'s including area code **Home** () _____ **Cell** () _____
Work () _____ **Message** () _____

For Statistical Purposes Only

4. Race of **Head**: Caucasian/White African American/Black Asian or Pacific Islander
 Native American/Alaskan Native
5. Ethnicity of **Head**: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the PHA unit, including foster children. Each box **Must** be completed for each family member. **No one except those listed on this form may live in the unit.**

	First & Last Name	Date of Birth	Sex	Social Security Number	Relation To Head	Place of Birth	Student Yes Or No
H					Head		
2	Race: Hispanic: Y N						
3	Race: Hispanic: Y N						
4	Race: Hispanic: Y N						
5	Race: Hispanic: Y N						
6	Race: Hispanic: Y N						
7	Race: Hispanic: Y N						
8	Race: Hispanic: Y N						

6. If anyone in the applicant's family is disabled do you require a unit with accessible features? Yes No
 Does the disabled family member require reasonable accommodations during the application process and/or after occupancy? Yes No
 Hearing Impaired Visually Impaired Physically Impaired
7. If anyone is a **student**, provide full name, address, city, state & zip of school: _____

8. **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, SSID, Employment, Unemployment, Worker’s Compensation, 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 If yes, what was The address? _____

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 arrested or 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 pets? Yes No If yes, list: Type of Pet (cat, dog, etc.) Breed Weight

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 disabled 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 belief 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 violation 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

Non Discrimination:

This property adheres to the Fair Housing Act and will not discriminate against any person because of race, color, creed, age, religion, sex, handicap, disabled, familial status, national origin or sexual orientation.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Lyon County Housing Authority
QUESTIONNAIRE OF INCOME & ASSETS

Name: _____ Phone Number: _____

1. **DO YOU OR ANY HOUSEHOLD MEMBER HAVE ANY OF THE FOLLOWING?**

- Checking Accounts..... Yes No
- Savings Accounts..... Yes No
- Money Market Funds..... Yes No
- Trusts..... Yes No
- If Yes, Is the Trust irrevocable?*..... Yes No
- IRA-KEOGH or other company retirement accounts..... Yes No
- Stocks / Bonds..... Yes No
- Certificates of Deposit..... Yes No
- Real Estate, Buildings or Structures of any kind..... Yes No
- Equity in Rental Property or other Capital Investments..... Yes No
- Personal Property Held as an Investment..... Yes No
- Other Accounts..... Yes No
- Cash Held (Safety Deposit Boxes, etc.)..... Yes No
- Deferred Income (401K, etc.)..... Yes No
- Life Insurance Policy..... Yes No

2. **HAVE YOU OR ANY HOUSEHOLD MEMBER RECEIVED ANY LUMP SUM PAYMENTS?**

- Inheritances..... Yes No
- Lottery Winnings..... Yes No
- Insurance Settlements (Health, Accident, Workers Compensation)..... Yes No
- Capital Gains..... Yes No
- Social Security Back Payments..... Yes No
- Unemployment Back Payments..... Yes No
- Other (Please List) _____ Yes No

3. **HAVE YOU OR ANY HOUSEHOLD MEMBER DISPOSED OF ANY ASSETS FOR LESS THAN FAIR-MARKET VALUE IN THE PAST TWO YEARS?**

Yes No

4. **DO YOU HAVE ANY ASSETS HELD JOINTLY WITH ANOTHER PERSON?**

Yes No

5. **DOES ANYONE IN YOUR HOUSEHOLD RECEIVE ANY OF THE FOLLOWING TYPES OF INCOME?**

- Retirement Funds..... Yes No
- Pension..... Yes No
- Annuities..... Yes No
- Disability or Death Benefits..... Yes No
- Social Security Benefits..... Yes No
- SSI..... Yes No
- SSD..... Yes No
- K-TAP/SNAP..... Yes No
- Child Support..... Yes No
- Maintenance-Alimony..... Yes No
- Unemployment Benefits..... Yes No
- Wages From Employment..... Yes No
- Workman's Compensation..... Yes No
- Other (Please List) _____ Yes No

6. **DO YOU RECEIVE MONETARY GIFTS OR NON-CASH CONTRIBUTIONS FROM PERSONS OUTSIDE YOUR HOUSEHOLD?**

- Utilities..... Yes No
- Groceries..... Yes No
- Clothing..... Yes No
- Miscellaneous Household Supplies..... Yes No
- Other (Please List)_____ Yes No

7. **ARE ANY HOUSEHOLD MEMBERS TEMPORARILY ABSENT?**..... Yes No

8. **ARE ANY HOUSEHOLD MEMBERS PERMANENTLY ABSENT?**..... Yes No

9. **DO YOU HAVE CHILD CARE EXPENSES THAT ENABLE YOU TO WORK OR CONTINUE YOUR EDUCATION?**..... Yes No

I/WE CERTIFY THAT THE INFORMATION PROVIDED TO THE Lyon County Housing Authority IN THIS QUESTIONNAIRE REGARDING INCOME, ASSETS, ALLOWANCES, AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE.

I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF MY LEASE AND MAY ALSO RESULT IN CRIMINAL CHARGES BEING FILED AGAINST ME/US.

Head of Household

Date

Spouse / Co-Head

Date

Housing Authority Representative

Date



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 10/31/2019.

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 or such other period consistent with State Law.

What are my rights?

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

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(I)(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.

Please complete one form for each household member.

CITIZENSHIP DECLARATION FORM

Complete a separate form for each member of the household listed on the *Family Summary Sheet*.

Last Name _____

First Name _____

Relationship to

Head of Household _____ Sex _____ Date of Birth _____

Social Security No. _____ Alien Registration No. _____

Admission Number (if applicable) _____

(This is an 11-digit number found on INS Form I-94, Departure Record)

Nationality _____

(The foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth).

Save Verification No. _____

(to be entered by owner if and when received)

Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3.

DECLARATION

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

1. A citizen or national of the United States.

If you checked this block, no further information is required. Sign and date below and forward this form to Win-field Village Cooperative, 425 Paddock Dr. West, Savoy, IL 61874. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child:

(Form continues on reverse) → →

2. A noncitizen with eligible immigration status in the category checked be-low:

- (i) A noncitizen 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 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).
- (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States 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 U.S.C. 1259).
- (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).

Signature

Date

Check if adult signed for a child:

REQUEST FOR EXTENSION (optional)

I hereby certify that I am a noncitizen with eligible immigration status, as noted above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be under-taken to obtain this evidence.

Signature

Date

Check if adult signed for a child:

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

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this form to Winfield Village Cooperative, 425 Paddock Dr. West, Savoy, IL 61874. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check if adult signed for a child:

Please complete one form for each household member.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Applications are Accepted by Appointment Only

My appointment date: _____ My appointment time: _____

Requirements for your Application Appointment

<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 18 and under 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, Unemployment, Workers Compensation, 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.**