

WARNING

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If found that an applicant or tenant has misrepresented the facts upon which his/her rent is based so that he/she is paying less than he/she should be paying, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subject to civil and criminal penalties.

The applicant/tenant is advised that any person who, by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme or device: 1) obtains or attempts to obtain, or 2) establishes or attempts to establish eligibility for public housing and/or 3) knowingly or intentionally aids or helps such person obtain or attempt to obtain public housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, shall be guilty of a misdemeanor. Upon conviction, the person shall be punished by a fine of not less than \$300 nor more than \$500, be punished at hard labor for the county not to exceed 60 days, or both fined and imprisoned, at the discretion of the court. (24-1-10, Code of Alabama, 1975)

Signature: _____

Date: _____

Documents to bring with you:

See Attached Checklist

- Birth Certificates for ALL household members 18 and older
 - Social Security Cards for ALL household members
 - Criminal Background Check for ALL household members 18 and older
-

Section 1

- Employment Verification or Last 6 paystubs
 - Child Support Verification
 _____ From the person(s) paying support -- NOTARIZED statement
 - TANF Verification
 - Social Security, SSI Verification -- Award Letter
 - Divorce Decree -- or a Notarized statement from you that spouse will not be living in unit
 - Marriage License
 - Other: _____
-

Section 2

FORMS TO BE COMPLETED AND SIGNED BY APPLICANT (and household members 18 and older)

- Public Housing Application -- Complete and Sign
- Questionnaire of Income and Assets - Complete and Sign
- Form 9886 Request for Release of Information - Sign
- Eligibility Consent Form - Sign
- Applicant/Tenant Certification - Sign
- State Lifetime Sex Offender Registration Certification - Sign
- Citizenship Forms - Complete and Sign
- Asset Verification - Complete and Sign
- Authorization for Release of Police Records -- Complete and Sign
- Landlord Reference -- Applicant Signature -- To be completed and signed by Landlord

NOTE: VERIFICATIONS THAT ARE OVER 60-DAYS OLD CANNOT BE ACCEPTED

Military Service: Is there any member of your household (listed above) now serving in military service (Army, Air Force, Marines, Navy, etc.)? If yes, give the following information on each military service person:

Name	Rank	Address	Service

INCOME: List all employment income (including self-employment) for each household member.

Household Member	Name & Address of Employer	Annual Income

OTHER SOURCES OF INCOME: (Examples: welfare, Social Security, SSI, pensions, disability compensation, unemployment compensation, interest, baby sitting, alimony, child support, annuities, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships, and/or grants.) include alimony and/or child support entitled to but not received.

Household Member	Source	Amount

BANK INFORMATION: List any checking, savings, credit union and/or certificate of deposit accounts:

Type of Account	Bank	Account Number	Amount

U.S. Savings Bonds Yes No If yes, current value \$ _____ Savings Bonds Yes No If yes, current amount \$ _____
 NOW own real estate? Yes No If yes, what is the value? _____
 EVER owned real estate? Yes No If yes, when? _____

CHILD CARE EXPENSES:

Pay for baby-sitting while a family member is employed? Yes No
 List child care provider's name, address and telephone number.

 Cost per week? \$ _____ or per month? \$ _____

misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I/We certify that all information given to the Housing Authority in this application is correct. I/We understand if these facts are not true, housing assistance or housing will not be provided and I/We will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U.S. Department of Housing and Urban Development (HUD) on Form HUD-50058. See the Federal Privacy Statement for additional information concerning the authorized use of this information. I also understand that the HA will verify this information and I authorize the HA to submit inquiries necessary for the purpose of verifying the facts herein stated.

Signature: _____
Head of Household

Date: _____

Signature: _____
Spouse or Other Adult

Date: _____

Signature: _____
HA Representative

Date: _____

Note: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590 or the HA will provide you with a HUD Housing Discrimination Complaint Form, HUD - 903. This form can be completed to report discrimination to the HUD Office of Fair Housing and Equal Opportunity.

Applicant: Do Not Write in this Section

Authority Use Only

Family Status

Head/Spouse 62 or over _____

Head/Spouse Disabled _____

Number in Family _____

Number of Minors _____

Number of Bedrooms _____

Type of Head _____

Sex of Head F M

Spouse & Wife Present (Y or N) _____

Spouse Deceased (Y or N) _____

Married (Y or N) _____

Divorced (Y or N) _____

Eligible Ineligible

**Authority 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: 2501-0044
exp. 10/2004

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

HA 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 1982, 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 benefit.

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 those 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 benefit.

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 sources used, 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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7405.1

Form HUD-9946 (7/94)

use to prove your eligibility and level of benefits under HUD's assisted housing programs. 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.

Signature:

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

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1957 (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 1967 (42 U.S.C. 3513) 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 disclosed 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. Omitting 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 for any employee of HUD, the HA or the owner may be subject to penalties for unauthorized disclosure or improper use of information collected based on this consent form.

Use of the information collected based on this 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 unauthorized disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the collector or employer of HUD, the HA, or the owner responsible for the unauthorized disclosure or improper use. Official is retained by the requesting organization.

- 5. Are you receiving or will you receive in the future Earned Income Tax credits from your IRS tax return?
 - 6. Are there any full-time students 18 years of age or older in your household?
 - 7. Do you pay Child Care?
 - 8. Do you pay Medical Expenses?
 - 9. Do you receive Food Stamps? Amount \$ _____
 - 10. Do you require Reasonable Accommodations regarding a handicap or disability?
 - 11. Are you married?
 - 12. Are you divorced?
 - 13. Are you employed?
 - 14. Do you live in Public Housing, Section 8 or any other federally assisted housing?
 - 15. Have you lived in Public housing, Section 8 or any other federally assisted housing?
- Have you been evicted from any Public Housing agency, Section 8 or any other federally assisted housing?

CERTIFY THAT I HAVE BEEN ASKED THE ABOVE STATEMENTS AND THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REPORT TO THE HOUSING AUTHORITY SUCH CHANGES IN INCOME, FAMILY COMPOSITION AND ASSETS WHENEVER THEY OCCUR (WITHIN 10 DAYS). SUBMITTAL OF FRAUDULENT INFORMATION IS PUNISHABLE UNDER FEDERAL LAW.

MUST BE COMPLETED BY ANY FAMILY MEMBER 18 AND OLDER.

Family Member

HA Representative

Date

Date



Housing Authority of Greene County

Post Office Box 891

429 Wm Branch Heights Drive

Eutaw, Alabama 35462

E-mail: gchauth@bellsouth.net

Phone: (205) 372-3342

Facsimile: (205) 372-3398

ELIGIBILITY CONSENT FORM

Each member of the family of an applicant or participant who is at least 18 years of age, and each family head and spouse regardless of age, shall sign this consent form. Applicants will sign the consent form when applying and participants will sign the form at the next regularly scheduled income re-examination.

I authorize the Department of Housing and Urban Development (HUD) and the Housing Authority (HA) to obtain from the State Wage Information Collection Agencies (SWICA's) any information or materials necessary to complete or verify the application for participation or maintain continued assistance under the program administered by the HA.

I also authorize HUD and the HA to verify income information necessary for determining eligibility or continue assistance for previous employers or current employers.

I also authorize HUD to request income return information from the IRS and the Social Security Administration for the sole purpose of verifying income information pertinent to the applicant's or participant's eligibility.

This consent form will expire 15 months after the date the consent form is signed.

Print Name (Head of Household)

Signature

Date

Print Name of Spouse

Signature

Date

Print Name of Other Adult

Signature

Date

Print Name of Other Adult

Signature

Date

Failure to sign this consent form will result in denial of assistance and/or termination of assistance.



P. O. Box 389
 423 WM Branch Heights Drive
 Eutaw, Alabama 35462
 E-mail: gchauth@bellsouth.net
 Facsimile: (205) 372-3398
 Phone: (205) 372-3342

APPLICANT/TENANT CERTIFICATION

Applicant/Tenant Statement

I/We certify that the information given to the Housing Authority of Greene County on household composition, income, net family assets, and allowances and deduction is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal and State law. I/We also understand that false statements or information are grounds for termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Adult Family Member

Date

Signature of Adult Family Member

Date

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

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

P. O. Box 389

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Eutaw, Alabama 35462

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Phone: (205) 372-3342

ASSET CERTIFICATION

_____ (Initial) I, the undersigned, certify that I/we do not have combined net assets that exceed \$5,000.00.

_____ (Initial) I, the undersigned, certify that I/we do not have any assets at this time.

Household Name: _____

Address: _____

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant /Date: _____

Applicant/Tenant /Date: _____



Housing Authority of Greene County

P. O. Box 389

423 WM Branch Heights Drive

Eutaw, Alabama 35462

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Facsimile: (205) 372-3398

Phone: (205) 372-3342

Certification for Low-Income Public Housing

Subject: State Lifetime Sex Offender Registration

In accordance with PIH Notice 2009-35 all Heads of Household must certify to the following:

I, _____, certify that no member of the household is subject to a lifetime registration requirement under the state sex offender registration program.

Signed on this the _____ day of _____, 20_____.

Head of Household

Housing Authority Representative

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, 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 a national of the United States;
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; or
- I have eligible immigration status as check below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act
 - Permanent residence under §249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5/;
 - Parole status under §212(d)(5) of the INA 6/; or
 - Threat to life or freedom under §243(h) of the INA 7/; or
 - Amnesty under §245A of the INA 8/;

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.

HA: Enter INS/SAVE Verification #: _____ Date: _____

1) **Warning:** 18 USC 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 matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, 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



P. O. BOX 389

429 W.M. Branch Drive
Eutaw, Alabama 35462-0389

E-mail: gchauth@bellsouth.net

Phone: (205) 372-3342 Facsimile: (205) 372-3398

LANDLORD REFERENCE

Date: _____

Applicant: _____

The Office of Housing and Urban Development (HUD) requires that we screen all applicants for public housing.

Please furnish us with the information listed on this form regarding the above referenced applicant. This information will be held in confidence for use only in pursuit of fair housing and sound management practices.

- 1) Date of Occupancy: FROM _____ TO _____
- 2) Has the full term of the lease agreement been completed? _____
- 3) Did the Tenant pay rent on a timely basis? _____
- 4) Were any written notices to vacate the premises issued to tenant? _____
If yes, for what reason? _____
- 5) Do you have any knowledge of criminal records or physical violence to persons or property? _____
- 6) Do you have any knowledge or any behavior that was detrimental or a nuisance to other tenants? _____
- 7) Did the tenant keep the residence in a clean and sanitary condition? _____
- 8) Did the tenant illegally sublet the unit? _____
- 9) Did the tenant vacate the premises owing a balance? _____ If yes, how much was the rent? _____
- 10) Did the tenant have a history of NSF checks? _____
- 11) Did the tenant live up to their Lease obligations? _____
- 12) Would you lease to this tenant again? _____

Signature of Landlord: _____ Telephone #: _____
Address: _____ Date: _____
HA Representative: _____ Date: _____

I have authorized the Housing Authority of Greene County to receive the information regarding my housing records.

Applicant: _____ Date: _____

RETURN TO: DeCharo Rice, P.O. Box 389, Eutaw, Alabama 35462-0389



Housing Authority of Greene County, Alabama

P. O. Box 389

429 W.M. Branch Drive

Eutaw, Alabama 35462-0389

E-mail: gchauth@bellsouth.net

Phone: (205) 372-3342 Facsimile: (205) 372-3398

AUTHORIZATION FOR RELEASE OF POLICE RECORD

Name: _____

Nickname(s): _____

Current Address: _____

Previous Address: _____

PERSONAL DESCRIPTION:

Date of Birth: _____ Height: _____

Weight _____ Race _____ Sex () Male () Female

Color Hair _____ Social Security Number _____

I do hereby authorize the HAGC, any City, County, State or Federal Agency, Department or Bureau, to release any information in their files or to conduct local, state or national criminal checks under the above name and other information supplied by me. I agree to submit to fingerprinting to be forwarded to the Identification Division of the Alabama Department of Public Safety or FBI if required by the housing authority. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomever from any liability arising out of or resulting from the release of this information.

If it is determined that a criminal record may exist and I am fingerprinted for further criminal record checks, my application will be delayed until the criminal reports, based upon the fingerprints, have been received and reviewed by the HAGC and a determination made as to my eligibility.

Signature _____ Date of Birth _____ Social Sec Number _____ Date _____

NESS - HA Representative

APPLICANT CHANGE OF ADDRESS FORM

Name:

Address:

Phone:

Previous Address:

Alternate Contact:

Relationship:

Address:

Phone:

Date:

Signature:
