

2nd Adult Application

# **COPIES OF THESE FORMS WILL NOT BE ACCEPTED!**

**We prefer applications be submitted in person for review Monday – Friday 8:00-3:30. JCHA is closed on major holidays. Please make sure you have completely filled out the application. If it is incomplete you must come to the office to finish it or it CANNOT be processed.**

- ✓ The application **must** be in order and stapled and **all** forms returned.
- ✓ Print clearly, if we can't read it, we can't process it!
- ✓ You must provide a date of birth and social security number for **ALL** members on the application.
- ✓ Complete all documents in **BLUE OR BLACK INK** and return all pages.
- ✓ **DO NOT USE WHITEOUT** - we cannot accept your application if whiteout has been used.
- ✓ If more than 1 adult will be in the household; both adults must sign the full application where more than 1 signature is required and the additional adult(s) must complete the additional adult packet(s)



## Initial Application Form

What is the Name of your current Landlord? (If living with parents/friend state living with parents/friend and provide their address.)

Landlord Name _____	Unit Address _____
Landlord's Street address _____	
Street	City State Zip Phone #

Please list all states you have ever lived in: \_\_\_\_\_

**Providing false information on this application will result in denial of your application and ban applicants from receiving assistance for a minimum of 6 months.**

Are you or anyone on this application **CURRENTLY** selling, manufacturing, or using illegal drugs? ☐ Yes ☐ No

Have you or anyone on this application **EVER** been:

Arrested, charged, convicted, arranged a plea, or ticketed for **ANYTHING, EVER?** ☐ Yes ☐ No

(including Traffic tickets, fishing and game violations, anything that could come up on your criminal history)

Are you or anyone on this application on **Parole?** ☐ Yes ☐ No

Are you or anyone in on this application required to register as a sex offender in any country/state/county? ☐ Yes ☐ No

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*

### You Must Select the Property(s) You Wish to Apply for:

- ☐ Family Public Housing ☐ Housing Choice Voucher (Section 8)  
☐ Capital City ☐ Linden Court (Mobility Impaired/ Disabled)  
☐ Ted J. Herron (55+) ☐ Dulle Towers/Hamilton Towers (50+ or Disabled)  
☐ Linden Campus Elderly LaSalette - 55+ ☐ Robert L. Hyder (age 62+)  
 Ken Locke I - 55+ ☐  
 Ken Locke II - 55+ ☐  
☐ Lewella Estes-Developmentally disabled before age 22

Office Use Only	
Date Received	
Time Received	
Local Preference	
Waiting List No	
Bed Room Size Required	
Screener Initials / Date	

By signing below, I certify that all the information provided on this application and all forms attached to this application are accurate to the best of my knowledge and further understand that any falsely stated information is grounds for denial and/or termination should I be approved for Housing Assistance.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY		OFFICE USE ONLY		Executive Director Approval If Applicable	
Items	Requested On or Yes	Received On or No	Explanation	Document Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal Check					Signature _____ Date _____
Additional info					
Owe Management \$					Reason for Denial _____
EIV / PIC Data					
Vacate List					Housing Supervisor Approval/Denial or Comments: _____ Date _____
NO Trespass list					
SEX Offender list					Credit Approval Override
Eligible to live off Campus					
Lived w/ Other Fed Sub					<div> <div>_____</div> <div>Initials</div> </div> <div> <div>_____</div> <div>Date</div> </div>
Asset Verification					
Credit Check					Date Letter Sent to Applicant on Approval or Denial _____

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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.

--	--

**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.

Form HUD- 92006 (05/09)

## RELEASE OF INFORMATION

Community you are applying for: Property owned or managed by:  
The Housing Authority of the City of Jefferson

I authorize Screening Reports, Inc. (SRI) to do a complete investigation of all information provided on my application. I have personally filled in and/or reviewed all information listed on my application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References and Personal Interviews with references. I acknowledge that SRI provides reports to apartments and does not participate in the approval or denial process. I acknowledge that SRI monitors criminal activity and reports it promptly to the community. My signature below authorizes all entities listed on application to release rental, job history (including salary) and criminal record information.

### Arbitration Agreement (“Agreement”)

I agree to arbitrate all disputes and claims arising out of or relating to actions taken by SRI or its agents and assigns in acquiring and reporting information relating to my application. Before I seek arbitration, I will first provide written Notice of Claim or Dispute (“Notice”) to SRI, 220 Gerry Dr, Wood Dale, IL 60191 866-389-4042 (“Notice Address”). The Notice must: (a) describe the nature and basis of my claim or dispute; and (b) include all supporting documentation to substantiate the basis for my claim or dispute. If I do not reach an agreement with SRI to resolve the claim or dispute within 30 days after the Notice is received, I may commence an arbitration proceeding.

To the fullest extent permitted by applicable law, no arbitration under this Agreement shall be joined to an arbitration involving any other party subject to this Agreement, whether through class arbitration proceedings or otherwise. I may bring claims against SRI in my individual capacity only, and not as a plaintiff or class member in any purported class or representative proceeding.

The arbitration shall be governed by the Commercial Dispute Resolution Procedures and the Supplementary Procedures for Consumer Related Disputes of the American Arbitration Association (“AAA”), as modified by this Agreement, and shall be administered by the AAA. The AAA rules are available at [www.adr.org](http://www.adr.org) or by writing to the Notice Address.

_____ Name of Applicant/Tenant	XXX-XX-_____ Social Security #	_____ Date of Birth
_____ Applicant/Tenant Signature	_____ Today's Date	

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*

**BetterNOI** 

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

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

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

---

Name of Applicant or Tenant (Print)

---

Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

---

Name of Project Owner or his/her representative

Diana Walters

Title

Executive Administrative Assistance

Signature & Date

cc:Applicant/Tenant

Owner file

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

# Student Questionnaire

(All Applicants 18 or older must fill out)

To live in subsidized housing without a parent or guardian, a student must meet special HUD rules. For the Housing Authority to determine if you meet these rules, please answer the following questions. ***It is a requirement that you provide verification of the following eligibility factors.***

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Answer the following questions with (Y) for Yes and (N) for No

1. **Are you a Student?**..... Y / N  
(If No, Sign and Date. You are finished with this form.)  
If Yes, what school? \_\_\_\_\_  
If Yes, are you a Full-time or Part-time Student?..... FULL / PART
2. Are you 18 years of age or older?..... Y / N
3. Have you maintained a separate household from your parent(s) and/or guardian(s)  
for at least a year before applying? ..... Y / N
4. Are any of the following true?  
I am an orphan or ward of the court and 18 years of age or younger..... Y / N  
I am a veteran of the U. S. Armed Forces..... Y / N  
I have legal dependants other than a spouse (e.g., a child or elderly parent)..... Y / N  
If yes provide names and ages: \_\_\_\_\_  
I am a graduate or professional student..... Y / N  
I am Married..... Y / N  
I am at least 24 years of age or will turn 24 this year ..... Y / N  
If yes provide your birth date (mm/dd/yy): \_\_\_\_\_
5. Did your parents or legal guardians claim you as a dependant on their most recent  
tax return?..... Y / N  
(Must provide us with a copy of your latest tax return and/or your parent(s) if you did not file)
6. Provide the following information for your parent(s)/legal guardian(s) or any other person(s) providing you with  
financial support. (We need this contact information even if your parent(s)/guardian(s) no longer provide support)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. **Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*

\_\_\_\_\_  
Student-Applicant Signature

\_\_\_\_\_  
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 04/30/2023.

#### 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:**

**Housing Authority of the City of Jefferson  
1040 Myrtle Ave  
PO Box 1029  
Jefferson City, MO 65102**

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

**Signature**

**Date**

**Printed Name**

**Citizenship Declaration** (Exhibit 3-5)  
**Declaration of Section 214 Status**

**This Section to be completed by the Applicant**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Relationship to the head of household: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

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

**Instructions:** Complete the declaration below by reviewing all four boxes and signing the ONE box that applies. A separate declaration form must be signed for each member of the household.

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

**If you sign this box, no further action is required.**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

**If you sign this box, complete the reverse side, including the Verification Consent**

**Request for an Extension**

**3. I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above,** and as described on the reverse, 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 taken to obtain this evidence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

**If you sign this box, complete the reverse side, including the Verification Consent.**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

**If you sign this box, no further action is required. You are NOT eligible for financial assistance.**

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. . Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*

## This Section to be completed by the Applicant

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

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

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

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

---

**If you checked box 2 or 3 on the reverse side, complete this consent form**

### Verification Consent (Exhibit 3-6)

I, \_\_\_\_\_ hereby consent to the following:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 11/29/2023

## Housing Assistance Verification

Date: \_\_\_\_\_

**Applicant: Complete the top section only, Please PRINT clearly**

**Name and address of previous Housing Assistance Provider:**

\_\_\_\_\_

The following person has applied with the Jefferson City Missouri Housing Authority

Applicant Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Dates of occupancy: \_\_\_\_\_

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*

I authorize the above-mentioned Housing Assistance Provider to release the following information.

\_\_\_\_\_  
**Signature of Applicant**

.....  
**This Section is for Previous Housing Assistance Provider**

**If no response within 7 days our agency will assume the applicant is in good standing.**

Does the applicant owe a debt to your agency? YES\_\_\_\_NO\_\_\_\_

If yes, amount owed. \$\_\_\_\_\_

Has the family been evicted from your program? YES\_\_\_\_ NO\_\_\_\_

If yes, Date of eviction \_\_\_\_\_ Reason\_\_\_\_\_

Is this family currently sanctioned from your program? YES\_\_\_\_ NO\_\_\_\_

If yes, date sanction ends? \_\_\_\_\_ Reason for sanction? \_\_\_\_\_

Is the applicant eligible to receive future assistance from your organization? YES \_\_\_\_ NO\_\_\_\_

If No, Why?: \_\_\_\_\_

Has the applicant used their 24 months of EID? \_\_\_\_\_ If not, How many months do they have left? \_\_\_\_\_

Name of person providing information: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_ Title:\_\_\_\_\_

Phone number\_\_\_\_\_ Fax number\_\_\_\_\_

RELEASE OF INFORMATION

Housing Authority of the City Jefferson  
P.O. Box 1029  
1040 Myrtle Ave  
Jefferson City, MO 65102  
573-635-6163

**Purpose**

The U.S. Department of Housing Urban and Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce programs rules and policies.

**Authorization**

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Low-Income Rental Indian Housing  
Low-Income Rental Public Housing  
Mutual Help Homeownership  
Opportunity Program  
Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance  
Payments Program  
Section 23 and 10(c) Leased Housing  
Section 23 Housing Assistance  
Payments  
Section 202  
Section 221(d)(3) Below Market Interest  
Rate  
Turnkey III Homeownership  
Opportunities Program

I authorize the above named organization about me or my family that is pertinent to eligibility for or participation is assisted housing programs.

I authorize only HUD, and Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered Inquiries may be made about:

Child Care Expense  
Credit History  
Criminal Activity  
Family Composition  
Employment, Income, Pensions and Assets  
Federal, State, Tribal or Local Benefits  
Handicapped Assistance Expenses  
Identity and Martial Status  
Medical Expenses  
Social Security Numbers  
Residences and Rental History

This form cannot be used to request a copy of a tax return. Use IRS form4506, Request for a Copy of Tax Form

**Individuals or Organizations That May Release Information**

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requisition from:

Banks and Other Financial Institutions  
Courts  
Law Enforcement Agencies  
Credit Bureaus  
Employers, Past and Present  
Landlords

Providers of:

Alimony  
Child Care  
Child Support  
Credit  
Handicapped Assistance  
Medical Care  
Pensions/Annuities  
Schools and Colleges  
U.S. Social Security Administration  
U.S. Department of Veterans Affairs  
Utility Companies  
Welfare Agencies

**Computer Matching Notice & Consent**

I agree that a Public Housing Agency, Indian Housing Authority or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

U.S. Office of Personnel Management  
U.S. Social Security Administration  
U.S. Department of Defense  
U.S. Postal Service  
State Employment Security Agencies  
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

**Conditions**

I agree that photocopies of this authorization may be used for the purposes stated above.

Individual consents to the release of information expiring 16 months after they are signed. Owner may use this release to verify information up to five years, if information is inconsistent and you were receiving assistance during that period. Not signing this authorization is grounds for housing assistance to be denied or terminated.

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. **Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **\*\*Social Security Act at 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)."

Signature, Printed Name of the Head of Household & Date:

Signature, Printed Name of Spouse Other Adult Member of Household & Date:

Signature, Printed Name of Other Adult Member of Household & Date:

Signature, Printed Name of Other Adult Member of Household & Date:

**When printing and the printer dialog box opens, mark All**