PUBLIC HOUSING APPLICATION

INSTRUCTIONS

EQUAL HOUSING OPPORTUNITY

Calera Housing Authority

1645 21st Ave.

P.O. Box 136

Calera, AL 35040

Office: (205)668-0783 FAX (205) 668-0784

Montevallo Housing Authority

1204 Island Street

P.O. Box 13

Montevallo, AL 35115

Office: (205)665-7250 FAX (205)665-7210

WE WANT TO THANK YOU IN ADVANCE FOR CONSIDERING US TO BE A HOUSING PROVIDER FOR YOU.

OUR MISSION HERE AT THE HOUSING AUTHORITY IS TO PROVIDE DRUG-FREE, SAFE AND SANITARY HOUSING FOR ELIGIBLE FAMILIES, TO PROVIDE OPPORTUNITIES AND TO PROMOTE SELF-SUFFICIENCY AND ECONOMIC INDEPENDENCE FOR RESIDENTS.

Important Information

Please read the following carefully before completing the application form

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our program and services, please contact the housing authority.

- ◊ The application must be completed in the handwriting of the head of household. Incomplete applications will not be processed.
- ◊ Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- ◊ Use the full legal name of each person listed on the application as it appears on their social security card.
- ◊ **Please type or print all answers using black or blue ink.**
- ◊ **Answer all questions on the application form. Do not leave any questions blank**. If a question does not apply to you such as "*What is your telephone number*" and you do not have a telephone, write none.
- ◊ All yes/no questions must be checked to indicate whether your response is a "yes" or "no".
- ◊ If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- ◊ The legal head of household and spouse/co head (if any) **must** sign and date the application form.
- ◊ Where indicated on this form, the questions apply to **all members** of the family listed on the application.
- ◊ The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- ◊ Be advised that the PHA **will conduct** criminal background checks, sex-offender registration and rental history checks on all adult household members, including live-in-aides. In order to qualify for Public Housing an applicant must not be subject to lifetime sex offender registration requirements.
- ◊ Be a family as defined in the Housing Agency's Admission and Continued Occupancy Policy (ACOP). A copy of the ACOP is either posted or available at the housing agency office.
- ◊ Meet the HUD requirements on citizenship or immigration status.
- ◊ **Have an annual income** at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the PHA's office.
- ◊ **Provide documentation** of Birth Certificates and Social Security Cards for all family members.
- ◊ Pay any money owed to the Housing Authority or any other Housing Authority, Subsidized Housing Dev. or Utility Co.
- ◊ Sign authorization forms so that the PHA can verify the various eligibility requirements.
- ◊ **Not have any household members** who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity.
- ◊ **Quality as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.**
- ◊ **Provide a good name, address and telephone number** to notify you if we need any additional information or to inform you of available housing. If we cannot get in contact with you at the numbers and addresses provided on the application, your application will be placed into inactive. **Notify the PHA of any changes as soon as possible**.

THE APPLICATION PROCESS TAKES APPROXIMATELY ***TWO-FOUR WEEKS*** TO COMPLETE. WE WILL CONTACT YOU BY MAIL OR PHONE IF WE NEED ANY ADDITIONAL INFORMATION. ONCE ALL THE INFORMATION IS PROVIDED TO DETERMINE YOUR ELIGIBILITY, YOU WILL BE PLACED ON THE WAITING LIST AND YOU WILL BE CONTACTED WHEN AN APARTMENT IS AVAILABLE

Americans With Disabilities Act

We need your help to ensure all of our programs, services and activities are fully accessible to persons with Disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.



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

ALL APPLICATIONS **MUST** HAVE ALL OF THE FOLLOWING DOCUMENTS IN ORDER TO BE PROCESSED:

- BIRTH CERTIFICATES
- SOCIAL SECURITY CARDS
- STATE-ISSUED PHOTO ID (18+)
- PROOF OF INCOME FOR THE HOUSEHOLD

IF THESE ITEMS ARE NOT INCLUDED FOR ALL MEMBERS OF THE HOUSEHOLD LISTED ON THE APPLICATION, YOUR APPLICATION **WILL NOT BE ACCEPTED.**

PHOTOCOPIES CAN BE MADE IN THE OFFICE, BUT MUST BE TURNED IN AT THE SAME TIME AS THE APPLICATION

APPLICATION FOR ADMISSION FOR PUBLIC HOUSING

PERFERED PROJECT LOCATIONS ( ) Calera ( ) Montevallo

DATE AND TIME OF APPLICATION: _____

NOTE: PLEASE PRINT AND ANSWER ALL QUESTIONS. If your application is not legible or all the questions are not answered completely, it may mean a delay in processing your application.

Name _____ Home Telephone: _____ Work Telephone_____

Cell Phone_____ Email _____

Address _____ City: _____ State _____ Zip_____

Is the Head of Household: ( ) White/Non-Minority ( ) Black ( ) American Indian/Alaskan Native ( ) Asian Pacific Island ( ) Other (specify)_____

( ) Married ( ) Single ( ) Divorced ( ) Never Married ( ) Spouse Deceased ( ) Separated

Spouse's Name if Divorced/Separated _____

Explain: _____

Are you and all family members American citizens? Y/N _____

Next of Kin _____ Relationship_____ Telephone Number_____

Next of Kin _____ Relationship_____ Telephone Number_____

I. Family: List below all persons who will live in the rental unit while you're on this program.

Name of Family Members	Relation to Head	Age	Sex M/F	Date of Birth	Disabled Y/N	Soc. Sec. # or Alien Reg. #	Citizen of US Y/N	Place of Birth City or Country only (Not USA)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Do you anticipate any changes in Family Composition? _____

If so, explain _____

II (A). INCOME: List all employment income for each household member.

Household Member's Name	Name and Address of Employer	Hourly Rate

Supervisor's Name and Telephone Number _____

_____

Does the head or spouse work a minimum of 30 hours per week? _____

Is the head or spouse a full-time student? _____ Name & Address of School: _____

II(B). OTHER INCOME: *List income from*: TANF, Social Security, SSI, Pensions, Disability Comp., Unemployment Comp., Interest, Baby-Sitting, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserves, Scholarships, and/or Grants, Insurance, Retirement, Worker's Comp.
Lump Sum Payments, Severance Pay, Self-Employment, Food Stamps

Household Member's Name	Source of Other Income

Does anyone outside of your household pay for any of your bills or expenses? □ Yes □ No

If yes, who, when, and for what _____

_____

Are you entitled to or receive: □ Child Support □ Alimony □ Scholarships □ Food Stamps

If yes, list all amounts:

_____

II(C) ASSETS:

List all checking and savings accounts of all household members:

Checking Accounts Bank Name _____ Acct No. _____ Balance _____

Passbook Savings Bank Name _____ Acct No. _____ Balance _____

Certificates of Deposit, IRA's Keogh Account - Bank Name _____ Acct No. _____ Amount _____

Credit Union Shares Credit Union Name _____ Acct No. _____ Amount _____

Address _____

Stocks, bonds, trusts, pensions or other assets owned by household member (Value) $_____

Do you now own real estate _____ If yes, what is its value? _____

List the value of any assets disposed of for less than fair market value during the last two years: $_____

_____

II(D). EXPENSES: (Handicapped, disabled, or elderly (over age 62) only)

Is the head of household or spouse disabled or handicapped? _____ Are any other household members disabled or handicapped? _____Explain: _____

_____

Please identify any special housing needs your household has: _____

_____

Are you receiving medical benefits? _____ Explain: _____

Are you receiving medical assistance through the Dept. of Human Resources? _____

Do you pay for any medical hospitalization insurance? _____

If paid by you, indicate amount of premium per month $ _____

Are you making payments on outstanding medical bills? _____Yearly amount paid by you $_____

Do you take prescription drugs on a regular basis? _____Yearly amount paid by you $_____

Do you anticipate any health care expenses for the next 12 months which are not covered by health insurance? _____
If so, indicate amount of expense: _____

III(A). FAMILY MENIBER/CHILD CARE:

Do you pay for child care while a family member is working or attending _____?
school? If yes, give name, address and telephone number of providers:

_____

_____

Cost per week? _____or Cost per month? _____
Is any of the cost subsidized? _____Amount $_____per week/month

III(B). HOUSNG CONDITIONS AND NEEDS:

Have you been displaced by a declared disaster or by governmental action? _____
Explain why you wish to move:_____

_____

_____

_____

Are you being displaced or evicted from your present place of residence? _____
If yes, explain the circumstances: _____

How long have you lived at the present address? _____Your monthly rent is $_____
What utilities do you pay? _____

Name, address and phone number of current landlords_____

_____

Previous address_____

Name, address and phone number of previous landlords _____

_____

Do you now live in federally subsidized housing? _____

Where? _____Were you evicted? _____

Have you ever lived in federally subsidized housing? _____

Where? _____

Have you ever been assisted under the Section 8 program? _____Where? _____When? _____

Do you owe money to any housing authority? _____

III(C) CREDIT REFERENCES: Company, Firm or Landlord

Name	Address	Telephone Number

Are you in Debtor's Court? _____Have you ever been in Debtor's Court? _____If so, give date _____

Explain_____

Have you ever filed for bankruptcy?_____ If yes, tell when and outcome:_____

_____

Present Financial Obligations: Car note, Loan Payments, Furniture Payments, etc.

Type	Company	Amount	Frequency

IV(A). Criminal Background

l) Has anyone in your household been arrested or convicted for the felonious use, sale, manufacture or distribution of controlled substances (drugs)? □Yes ◘ No
If yes: Who? When? For What? _____
_____
_____
_____

2) Does anyone in your household currently use a controlled or illegal drug? □ Yes □ No
If yes, explain: _____

3) Has anyone in your household ever been arrested or convicted of violent criminal activity? □ Yes □ No
If yes: Who? When? For What? _____
_____

IV(B). FEDERAL REQUIREMENTS AND THE POLICY OF THIS AUTHORITY preclude admission of applicants whose habits and reasonable practices may be expected to have a detrimental effect on the tenants of the project environment.

These habits and practices include the following:

l) An applicant's past performance in meeting financial obligations, especially rent.

2) A record of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residence which may be adversely affect the health, safety or welfare of other tenants.

3) A history of criminal activity involving crimes of physical violence to persons or property or other criminal acts which would adversely affect the health, safety and welfare of other tenants.

Application Update: It is the applicant's responsibility to update the application every 6 months or it will be transferred to the inactive file.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

By my signature below, I certify that statements made on this application are true and complete to the best of my knowledge and belief. consent to the release of consumer reports to the Calera/Montevallo Housing Authority in conjunction with my application. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

DATE_____SIGNATURE OF HEAD OF HOUSEHOLD _____

DATE_____SIGNATURE OF CO-HEAD_____

APPLICANT INTERVIEWED BY_____DATE_____

DECLARATION OF CITIZENSHIP

I hereby declare, under penalty of perjury, that I am a citizen of the United States of America

Print Name_____ Signature_____

Head of Household Date_____

Print Name_____ Signature_____

Spouse Date_____

Print Name_____ Signature_____

Household member Date_____

Print Name_____ Signature_____

Household member Date_____

Print Name_____ Signature_____

Household member Date_____

Print Name_____ Signature_____

Household member Date_____

Print Name_____ Signature_____

Household member Date_____

Print Name_____ Signature_____

Household member Date_____

Witness_____ Date_____

NOTE

*For each adult, the adult must print their name and sign this form.

* For each child, an adult member of the family residing in the assisted dwelling unit who is responsible for the child must print the child's name but sign their own adult name where it states signature.

This document will be filed in the head-of-household's file folder and serve as verification and evidence of declaration of U.S. Citizenship.

CALERA/MONTEVALLO HOUSING AUTHORITY
P.O. BOX 136
CALERA, ALABAMA 35040
205-668-0783
FAX 205-668-0784

I, consent to allow Calera Housing Authority to request and obtain 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.

This consent form expires 15 months after signed.

- ® **Child Support**
- ® **Food Stamps**
- ® **Social Security Administration**
- ® **Widows Pension**
- ® **Veteran Administration**
- ® **Alimony**
- ® **Health Insurance Benefits/Medical Expenses**
- ® **Credit References**
- ® **Landlord Verification**
- ® **Police Reports/Criminal Activity**
- ® **AFDC/TANF**
- ® **Child Care Expenses**
- ® **Financial Institutions**

_____
Applicant/Resident

_____
Other Family Member (18 years or older)

_____
Other Family Member 18 years or older)

_____
Other Family Member 18 years or older)

_____
Other Family Member 18 years or older)

X_____
Date

_____
Occupancy Specialist /Date

CRIMINAL CHECK ACKNOWLEDGMENT

I, the undersigned, have been notified and do understand that the ***Calera/Montevallo Housing Authority***, as part of the applicant screening Process for assisted housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order a criminal history report on me according to the Housing Authority's Criminal Screening Policy.

I further understand that

- ◊ The check will be run first on my name, sex, race, date of birth and Social security number.
- ◊ I will be provided a copy of any report that is received.
- ◊ I will be given an opportunity to order a full FBI report with fingerprints, at no cost to me, if I do not agree with the report or if I believe the report is erroneous in any way.
- ◊ I will be afforded an opportunity for an informal hearing if I contest the report and I am rejected for housing assistance based on the report.
- ◊ The Housing Authority may choose to do a fingerprint check if they are not satisfied with the results of the first report.

_____	_____
(Adult Applicant Signature)	Date
_____	_____
(Adult Applicant Signature)	Date
_____	_____
(Adult Applicant Signature)	Date
_____	_____
(Adult Applicant Signature)	Date

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.

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. 1/31/2014

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(l)(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.