HOUSING AUTHORITY OF VERSAILLES

P.O. BOX 1389, 519 Poplar Street, Versailles, Kentucky 40383
(859)873-5351, FAX (859)873-1607, 1-800-6056 (TDD-Hearing/speech impaired only)
Email: vha5351@windstream.net, www.versailleshousingauthority.org

Dear Applicant,

If you are interested in housing assistance, please complete the attached Personal Declaration for Application. Please complete each line item. It is very important that we have a complete mailing address, including city, state and zip code as well as a phone number at which you may be contacted. This is the first part of the application process. If you require another form of communication and/or record information, other than what is being used, please let us know. If you have any questions please ask.

You need to come to the office on Monday or Wednesday from 9:00am to 11:00am or 1:00pm to 2:00pm. (We do not take applications on the last working day of the month) with your Personal Declaration, YOUR ORIGINAL social security cards, YOUR ORIGINAL birth certificates (of all members on your application including yourself), drivers license or picture ID (on anyone 18 or over, including yourself), 1040EZ, 1040A, 1040, etc. (on anyone over 18, including yourself) Bring all members 18 years of age or over with you to complete the second part of the application process.

You will need to provide the office with the name, address and phone number of your present and previous landlord. We also need the name, address and phone number of all employers and your check stubs. If you receive Social Security or SSI, bring your most recent award letter from Social Security.

When the Housing Authority is close to your application if you are approved we will send out an update letter. If you do not accept the unit or respond to your letter your name will be removed from the waiting list.

Please note a hundred dollar ($100) security deposit is required or a seventy five dollar ($75) security deposit if you are elderly, disabled or handicapped, for Public Housing at your scheduled move in date. Also, we require a pro rated amount of monthly rent at move in date. Please set this money aside so that we can assist you as soon as the unit is ready.

Any changes to your income, your living situation, your address, or the number of persons in your household must be reported to the Housing Authority immediately. Failure to do so could result in a delay and/or denial of assistance.

If you owe any government housing, the balance must be paid prior to filling out an application for housing.

HOUSING AUTHORITY OF VERSAILLES
P.O. BOX 1389, 519 POPLAR STREET
VERSAILLES, KY 40383-1196
859-873-5351 FAX 859-873-1607 TDD: 1-800-648-6056
Email: vha5351@windstream.net
www.versailleshousingauthority.org

PERSONAL DECLARATION FOR APPLICATION/CONTINUED OCCUPANCY

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members, age 18 and older, of the household must sign this application certifying the information pertaining to them is correct. **PLEASE PRINT IN INK.**

PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Legal Name of Head of Household _____

2. Social Security # _____ 3. Alien Registration # _____

4. Current Address: Street _____

City/State/Zip _____

5. Mailing address if different from above: Street _____

City/State/Zip _____

6. Most Recent Previous Address: Street _____

City/State/Zip _____

7. Phone: Home _____ **8.** Work _____ **9.** Spouse Work # _____

10. Date of Birth: _____ 11. Sex (M/F) _____

12. Citizenship: Are you a citizen of the United States? (Yes/No) _____

13. Race: **1** = White **4** = Asian **7** = Other
2 = Black/African American **5** = Native Hawaiian/Other Pacific Islander
3 = American Indian/Alaska Native **6** = Mixed **8** = Tenant Declined to Report

Select as many codes as appropriate to best indicate your race: _____
Select as many codes as appropriate to best indicate your children's race: _____

14. Ethnicity (**1** = Hispanic or Latino **2** = Not Hispanic or Latino): _____

15. Do you or any member of your household claim any type of disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit, or specific housing needs? (Yes/No)_____

If yes, please describe: _____

16. Martial status of Head of Household: Married ____ Single ____ Widow(er) ____ Divorced ____

17. Current Spouse Name:_____

18. List names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you:

1. Contact Name:	2. Contact Name:
Address:	Address:
Telephone #:	Telephone #:

19. Have you or any household member ever received any type of housing assistance? (Yes/No)_____

If Yes, provide: Household Member Name: _____

Public/Assisted Housing Agency Name _____

Agency Address: _____

What year(s)? _____ Who was the Head of the Household? _____

20. Do you currently owe any money to any Public or Assisted Housing Agency? (Yes/No) _____

If yes, amount: $_____
Name of Public/Assisted Housing Agency:_____

Address of Agency_____

21. Have you ever used a name other than the one you are using now? (Yes/No)_____
If yes, please explain:_____

22. Have you ever used a social security number other than the one you listed on page 1 of this form? (Yes/No)_____
If yes, what is the other number?_____

23. LIST ALL MEMBERS WHO WILL BE LIVING IN THE UNIT

Member Number	Member's Full Legal Name	Relation To Head	Birth Date	Age	Sex M/F	Social Security Number	Occupation or School Name	U.S. Citizen Yes/No
Head (1)								
2								
3								
4								
5								
6								
7								
8								

24. Are any family members temporarily absent from the home? (Yes/No) _____
If Yes, state the reason they are absent _____

25. Full Time Students: List the household member name, and school name, address and telephone # of all household members who are attending school full-time:

a. Name of Household Member:	
School Name:	
School Address:	
School Telephone#:	
b. Name of Household Member:	
School Name:	
School Address:	
School Telephone#:	
c. Name of Household Member:	
School Name:	
School Address:	
School Telephone#:	
d. Name of Household Member:	
School Name:	
School Address:	
School Telephone#:	

26. For all household members that are not United States citizens, provide the following information:

a. Name of Household Member:	
Alien Registration#:	
b. Name of Household Member:	
Alien Registration#:	
c. Name of Household Member:	
Alien Registration#:	
d. Name of Household Member:	
Alien Registration#:	

PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities.

1. Have you or any household member ever been evicted from Public or Assisted Housing for violent criminal or drug-related activity? (Yes/No) _____. If yes, provide the following information:

When: _____ For what reason: _____

Name of Household Member: _____

Name of Public/Assisted Housing: _____

2. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of Public or Assisted Housing? (Yes/No) _____
If yes, provide the following information:

Name of Household Member: _____

Name of Public/Assisted Housing: _____

3. Are you or any household member subject to lifetime registration as a sex offender? (Yes/No) _____
If yes, provide the following information:

Name of Household Member: _____

4. Do you or any household member abuse or show a pattern of abuse of alcohol? (Yes/No) _____. If yes, provide the following information:

Name of Household Member: _____

Is household member currently enrolled in a treatment program? (Yes/No) _____

If yes, please describe _____

PART C: INCOME INFORMATION

This part applies to all household members, including minors.

1. Work full time, part-time, or seasonally-including wages, fees, tips, bonuses, money for service? (Yes/No) _____. If yes, provide the following information:

Name of Household Member	Employer Name/ Address	Employer Telephone Number
a.		
b.		
c.		
d.		

2. Does any household member work for someone who pays cash? (Yes/No) _____.
If yes, provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone Number
a.		
b.		

3. Does any household member receive unemployment benefits, workers compensation, or severance pay? (Yes/No) _____. If yes, provide:

   Household Member Name:_____

   Type of Benefit: _____ Amount: $_____

   Employer Name and Address:_____

4. Does any household member receive child support from the child support recovery unit? (Yes/No) _____ If yes, provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		$
b.		$
c.		$
d.		$

5. Does any household member receive child support directly from the absent parent? (Yes/No)_____ If yes, provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		$
b.		$
c.		$
d.		$

6. Does any household member receive alimony? (Yes/No) _____ If yes, provide:

   Household member name: _____ Amount: $ _____

   Former Spouse Name: _____

7. Does any household member receive public assistance (TANF/KTAP)? (Yes/No) _____. If yes, provide:
   Household member name: _____ Amount: $_____
   Food Stamps? (Yes/No) _____ Amount: _____

8. Does any household member receive Social Security or SSI benefits? (Yes/No) _____
   If yes, attach a copy of the award letter to this application and provide:

   Household member name: _____ Amount: $ _____

   Social Security number benefits are received under: _____

9. Does any household member receive income from a pension or annuity? (Yes/No)_____
If yes, provide:

Household member name :_____ Amount: $_____

Type of Pension/Annuity: _____ Claim#: _____

Address of Pension/Annuity _____

10. Does any household member receive regular contributions from organizations or from individuals not living in the the unit? (Yes/No) _____. If yes, provide:

Household Member Name: _____ Amount: $ _____

Name and Address of Contributing Organization or Individual: _____

_____

11. Did any household member file a Federal Income Tax Return last year? (Yes/No) _____
(If Yes, attach a copy of the tax return to this application.)

12. Does any household member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property? (Yes/No) _____. If yes, provide:

Household Member Name: _____

Type of Asset: _____ Amount of Income/Interest Received: $ _____

13. Do any household members own a business or are self-employed? (Yes/No) _____ If yes, provide:

Household Member Name: _____

Business Name: _____ Business Address: _____

_____

14. Does any household member receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units)? (Yes/No) _____ If yes, provide:

Household Member Name: _____ Amount: $ _____

Source of Pay/Allotment: _____

15. Does any household member receive money to pay bills from someone outside of your household? (Yes/No) _____ If yes, provide:

Household Member Name: _____ Amount: $_____

Name and address of party paying the bills: _____

_____

PARD D: ASSETS

1. Does any household member own or have an interest in any property (real estate, Mobile home, and/or land)?(Yes/No)_____. If yes, provide:

   Household Member Name: _____

   Real Estate Address: _____ Value $_____

2. Has any household member sold or given away any property (real estate, mobile home, and/or land) in the last two-year (Yes/No)_____. If yes, describe below:

   _____

3. Does any household member own any stocks or bonds?(Yes/No)_____. If yes, describe below:

   _____

4. Does any household members bank? (Yes/No) _____. If yes, please provide all information below:

Name of Household Member	Bank Name/Address	Type of Account	Account Number
a.			
b.			
c.			
d.			

6. Does any household member have any savings certificates, money market funds, or trust funds? (Yes/No) _____. If yes, please describe: _____

   _____

7. Does any household member have any inheritances, lottery winnings, or lump sum payments? (Yes/No) _____. If yes, describe: _____

   _____

8. Does any household member have any life insurance policies? (Yes/No) _____. If yes, provide:

Name of Household Member	Insurance Agency Name/Address	Policy Number	Amount/ Value
a.			
b.			
c.			
d.			

PART E: EXPENSES

1. Does any household member have expenses for child care of a child aged 12 or younger? (Yes/No) _____. If yes, provide:

Minor's Name	Childcare Provider Name and Address	Provider Telephone Number	Monthly Cost to You for Childcare
a.			
b.			
c.			
d.			

Is any portion of your childcare expenses reimbursed from an outside agency or person? (Yes/No) _____. If yes, provide name and amount: _____

2. Indicate the dollar monthly expenditures for your household below:

Rent $	Phone $	Medical $	Credit Card $
Electric $	Car Payment $	Cable $	Credit Card $
Gas $	Car Insurance $	Insurance $	Loan $
Water $	Child Care $	Rentals $	Loan $
Other (Specify)			$
Indicate in this space any of the above that are delinquent or not paid current:			

3. Do you pay a care attendant or for any equipment for any household member(s) with disabilities that is necessary to permit that person or someone else in the household to work? (Yes/No) _____ If you do pay a care attendant, provide:

Care Attendant Name	Care Attendant Address	Care Attendant Telephone #
a.		
b.		

What is the monthly cost to you for the care attendant and/or the equipment? $_____

ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions in this part (Part E) only if the head of household or spouse is 62 years of age or older, or if the head or spouse is a person with a disability.

4. Do you have Medicare? (Yes/No) _____. If yes, what is your monthly premium? $_____

5. Do you pay for any other kind of medical insurance? (Yes/No) _____. If yes, provide:

	Policy Number:	Policy Number:
Insurance Agent's Name:		
Name of Insurance Company:		
Address:		
Telephone Number:		
Monthly Premium Amount:	$	$

6. Do you have any outstanding medical bills that you are paying? (Yes/No) _____. If yes, provide:

Name of Provider	Address of Provider	Telephone Number
a.		
b.		
c.		
d.		

7. Do you expect to incur additional medical expenses in the next 12 months that will not be covered by insurance? (Yes/No) _____. If yes, list anticipated medical expenses not covered below:

_____

_____

PART F: UNIT INFORMATION

1. Name, address and telephone number of your current landlord: _____

_____

2. What is the total monthly rent of your unit? _____.

   What amount do you pay monthly for rent? _____.

3. Indicate the type of housing you currently occupy: House _____ Apartment _____
   Mobile home _____ Other (specify) _____

4. In your opinion is your present home decent, safe and sanitary? (Yes/No) _____. If no, why not?

_____

5. Do you intend to remain in this unit if your Section 8 rental assistance is approved? (Yes/No) _____
   If no, why not? _____

_____

APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information* given to the Housing Authority of Versailles on household composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in household composition, income, assets, and expenses of any household member(s) to the Housing Authority of Versailles within ten (10) days of the change. I understand that all changes in household composition due to birth, adoption, or court awarded custody must be reported in writing to the Housing Authority of Versailles within ten (10) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Housing Authority of Versailles. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GULITY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Other Adult: _____ Date : _____

Signature of Other Adult: _____ Date: _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 800-424-8590.
(Within the Washington D.C. Metropolitan Area, call 426-3500.)

*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape.

See the Federal Privacy Act Statement for more information about its use.

DO NOT WRITE IN THIS SPACE – FOR HOUSING AUTHORITY ONLY:

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Head of Household/Spouse and myself.

Signature of Housing Authority of Versailles Representative: _____

Date: _____

HOUSING AUTHORITY OF VERSAILLES
APPLICANT/PARTICIPANT DRUG-FREE CERTIFICATION

We, the undersigned, certify that neither the head of household nor any other member of this family, within the last three years, have engaged in any drug-related criminal activity. Criminal activity to be described as follows:

> The manufacture, sale or distribution of, or the possession with intent to manufacture, sell or distribute, a controlled substance.
>
> The use or possession must have occurred within three years before the date of this certification. This certification also provides notice to participants or an applicant that the PHA may deny admission or terminate assistance if a preponderance of the evidence indicates a family member has engaged in such activity.

We further understand the PHA may deny or terminate assistance based on the preponderance of evidence regardless of whether the family has been arrested or convicted.

We further understand if we are denied assistance, we have the right to an informal review or hearing. Rules governing the hearing process as well as the authority for this policy are contained in Admissions and Continued Occupancy Plan and based on the following Federal Regulations:

24 CFR 982.551 – Obligations of the Participant.
24 CFR 982.552 – PHA denial or termination of assistance for family.
24 CFR 982.553 – Crime by family members.
24 CFR 982.554 – Information review for applicant.
25 CFR 982.555 – Informal hearing for participant.

Copies of the Admissions and Continued Occupancy Plan and any or all of the above regulations are available from the PHA upon request.

Signature(s) of all Participants Age 18 and older:

_____

_____

_____

_____

Date:_____

This document is binding on all family members regardless of whether they have signed this document or not.

EAH SECTION 214 DECLARATION FORM

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

Last Name: _____ First Name: _____ Middle Name: _____

Relationship to 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)

DECLARATION

INSTRUCTIONS: Complete the declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

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

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

Signature_____ Date_____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐
If you sign this box, no further information is required.

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

Signature_____ Date_____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐

If you sign this box, you must go on to complete the reverse side including the Verification Consent.

REQUEST FOR AN EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, and as described on reverse, but the evidence needed to support my claim in temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature_____ Date_____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐

If you sign this box, you must go on to complete the reverse side including the Verification Consent.

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

Signature_____ Date_____
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐

If you sign this box, no further information is required. You are NOT eligible for housing assistance.

THIS SECTION TO BE COMPLETED BY MANAGEMENT

SAVE verification Number: _____

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) **

EAH SECTION 214 DECLARATION FORM (continued)

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

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:

- ☐ 1. 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 USC1160 or 1161), [special agricultural worker], who has been granted lawful resident status);

- ☐ 2. 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);

- ☐ 3. 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;

- ☐ 4. 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];

- ☐ 5. 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 (8USC 1253 (h)) [threat to life or freedom]; or

- ☐ 6. 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:

- ☐ 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

- ☐ 2. 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"

- ☐ 3. If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by 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)

- ☐ 4. Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";

- ☐ 5. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";

- ☐ 6. 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.;

- ☐ 7. Form I-152, Alien Registration Receipt Card.

VERIFICATION CONSENT

CONSENT: 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_____

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐)

OMB Control # 2502-0581
Exp. (/ 1.17.1/ 08)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

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.

Authorization for the Release of Information/ Privacy Act Notice

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

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
HOUSING AUTHORITY OF VERSAILLES P.O. BOX 1389 VERSAILLES, KY 40383-1196 DATE: HOUSING AUTHORITY REPRESENTATIVE:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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.

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.

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

1. **HUD-9887/A Fact Sheet describing the necessary verifications**
2. **Form HUD-9887 (to be signed by the Applicant or Tenant)**
3. **Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
4. **Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.

2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

   Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

   Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, 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.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet**: Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agdncies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

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

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the tille of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
US DEPARTMENT OF HUD 601 W. BROADWAY, ROOM 110 LOUISVILLE, KY 40202	HOUSING AUTHORITY OF VERSAILLES PO BOX 1389 VERSAILLES, KY 40383	TITLE OF EXECUTIVE DIRECTOR: CHANTEL BINGHAM

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verity salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: GTD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

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 consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when 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:

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 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the 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 owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barters Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

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 HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) 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 a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA 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.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, 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.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

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 is restricted to the purposes cited on the form HUD 9887. 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 Owner or the PHA responsible for the unauthorized disclosure or improper use.

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 circumstances, 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

_____

Title

_____

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.

AUTHORIZATION TO RELEASE INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and verify my application for participation, and/or to maintain my continued assistance with the Housing Authority of Versailles. I understand and agree that this authorization or the information obtained with its use may be given to and used by the above agencies in administering and enforcing program rules and policies. I also consent for the Housing Authority of Versailles or the manager to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

- Credit and Criminal Activity
- Employment, Income and Assets
- Identity and Marital Status
- Medical or Child Care Allowances
- Residences and Rental Activity
- Trace Reports

You agree, in order for us to service our applicants/residents, notify you of information pertaining to your account, or for the purposes of collection, we may contact you by telephone at any number provided by you, including wireless telephone numbers. We may also contact you via e-mail or text message using any e-mail address you provide. Methods of contact may include the use of pre-recorded and artificial voice messages and/or use of an automated dialing device.

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- Banks and other Financial Institutions
- Courts and Post Offices
- Law Enforcement Agencies
- Medical and Child Care Providers
- Past and Present Employers
- Previous Landlord (including Public Agencies)
- Retirement Systems
- Schools and Colleges
- Social Security Administration
- State Unemployment Agencies
- Support and Alimony Providers
- Utility Companies
- Veterans Administration
- Welfare Agencies

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand and have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household	(Print Name)	Social Security Number	Date
Co-Head of Household	(Print Name)	Social Security Number	Date
Adult Member	(Print Name)	Social Security Number	Date
Adult Member	(Print Name)	Social Security Number	Date

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "REQUEST FOR COPY OF TAX FORM" must be prepared and signed separately.

--EQUAL HOUSING OPPORTUNITY--

HOUSING AUTHORITY OF VERSAILLES
POLICE RECORD VERIFICATION

TO: Administrative Office of the Courts **Date:** _____

Dear Sir/Madam:

Federal law requires us to verify certain information about all members of families living or applying for admission to our developments. Specifically, the Housing Authority of Versailles wishes to avoid admitting a family any one of whose members is involved in criminal activity that would adversely affect the health, safety or welfare of other residents. Federal law also requires your cooperation in supplying information on criminal activity (if any) of any persons listed below. Your prompt return of this information will be appreciated. A stamped, self-addressed return envelope is enclosed. If you have any questions, please call me.

Sincerely, _____
(Housing Authority Representative (Signature)

Using the numbers below, please indicate whether any family members have been arrested for or convicted of any crimes relating to the following:

1. Homicide/Murder
2. Rape or child molesting
3. Burglary/Robbery/Larceny/Theft
4. Threats or Harassment
5. Destruction of Property/Vandalism
6. Assault or fighting
7. Drug Trafficking/Use/Possession/Manufacture
8. Child Abuse/Domestic Violence
9. Public Intoxication/Drunk/Disorderly
10. Receiving Stolen Goods
11. Fraud
12. Prostitution
13. Disorderly conduct

Family Member Names	S.S.#	D.O.B.	Crime(s)#	Status/Disposition

APPLICANT'S RELEASE

I hereby authorize the release of the information requested above.

Applicant's Signature _____ **Date** _____

Applicant's Signature _____ **Date** _____

Applicant's Signature _____ **Date** _____

Applicant's Signature _____ **Date** _____

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. ***Remember, you may receive rental assistance at only <u>one</u> home!***

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 *(Federal Privacy Act Notice and Authorization for Release of Information)* or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

<u>Note:</u> If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is ***FRAUD*** *and a* ***CRIME***.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to $10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772–1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: http://www.ftc.gov). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: http://www.hud.gov/offices/pih/programs/ph/rhiip/uiv.cfm.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

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 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?
The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

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

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

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.
Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.
The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:**
	Signature **Date**
	Printed Name

HOUSING AUTHORITY OF VERSAILLES
P.O. BOX 1389 - 519 POPLAR STREET
VERSAILLES, KENTUCKY 40383-5386
859-873-5351 FAX 859-873-1607 TTD: 800-648-6056
Vha5351@windstream.net
www.versailleshousingauthority.org

LANDLORD VERIFICATION CONSENT FORM

I consent to allow the Housing Authority of Versailles to obtain past or present rental records to determine my eligibility for assisted housing. Some circumstances may require the owner to verify information for up to five (5) years.

_____ _____
SIGNATURE DATE

_____ _____
SIGNATURE-OTHER ADULT DATE

HOUSING AUTHORITY OF VERSAILLES

EQUAL HOUSING OPPORTUNITY

P.O. Box 1389
519 Poplar Street, Versailles, Kentucky 40383
(859) 873-5351 Fax (859) 873-1607
1-800-6056(TDD-for hearing/speech impaired only)
Email:vha5351@windstream.net
www.versailleshousingauthority.org

LANDLORD HISTORY

Please use one square for each landlord. Start with current and go back five (5) years.

Landlord information is required, all addresses must be exact, included name of persons you have lived with, addresses of all places you have lived for the past five (5) years.

WE CANNOT PROCESS YOUR APPLICATION WITHOUT THIS INFORMATION.

If additional space is needed, please use back of form.

1. _____ Landlord's Name
_____ Address
_____ City State Zip
_____ (Area Code) Telephone
_____ Address Where You Lived
_____ City State Zip
_____ Name Used
From:_____ To:_____ (Dates You Lived There)

3. _____ Landlord's Name
_____ Address
_____ City State Zip
_____ (Area Code) Telephone
_____ Address Where You Lived
_____ City State Zip
_____ Name Used
From:_____ To:_____ (Dates You Lived There)

2. _____ Landlord's Name
_____ Address
_____ City State Zip
_____ (Area Code) Telephone
_____ Address Where You Lived
_____ City State Zip
_____ Name Used
From:_____ To:_____ (Dates You Lived There)

4. _____ Landlord's Name
_____ Address
_____ City State Zip
_____ (Area Code) Telephone
_____ Address Where You Lived
_____ City State Zip
_____ Name Used
From:_____ To:_____ (Dates You Lived There)

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.

form **HUD-1141**
(12/2005)

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

NOTES FROM THE OFFICE OF INSPECTOR GENERAL OFFICE OF INVESTIGATIONS

(Submitted by Ms. Lisa Gore, Assistant Special Agent in Charge)

The Department of Housing and Urban Development (HUD), Office of Inspector General (OIG), Office of Investigations (OI) recently opened a new office in Louisville. HUD-OIG's mission is to prevent fraud, waste, and abuse in HUD's major programs by conducting reviews, audits, investigations, and other activities. One of the major focuses of the Louisville office will be investigations involving fraud occurring in the Public Housing program, to include public corruption.

Fraud in HUD's Public Housing program has a major impact on local communities. Fraud leads to the victimization of landlords and tenants, theft of taxpayer dollars, and often violent crime. The Louisville office is committed to working with all stakeholders to reduce the incidents of fraud in the Public Housing program, especially:

- False Statements from tenants and landlords
- Misrepresentation of tenant income
- Bribery and/or kickbacks
- False claims and bid rigging
- Theft and embezzlement
- Conflicts of Interest
- Construction fraud

Currently, Louisville OI is accepting referrals of suspected fraud and other criminal activity. It is important to note that OI typically will not accept cases if the alleged violator has already signed a repayment agreement. Suspected fraud or criminal activities can be reported directly to Lisa R. Gore, Assistant Special Agent in Charge at the following address:

701 Broadway
Suite 128
Nashville, TN 37203
(615) 736-2332
LGore@hudoig.gov

Referrals can also be sent to:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, D.C. 20410
1-800-347-3735
hotline@hudoig.gov
http://csfintraweb.hudoig.gov/hotlinereportform.html

Please include the following information in your referrals:

- A summary of the allegations
- Copies of pertinent documents
- Names of any witnesses
- Monetary loss to the housing authority and/or HUD
- Your complete contact information

HUD's Public Housing Program

WHAT IS PUBLIC HOUSING?

Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single family houses to highrise apartments for elderly families. There are approximately 1.2 million households living in public housing units, managed by some 3,300 HAs. The U.S. Department of Housing and Urban Development (HUD) administers Federal aid to local housing agencies (HAs) that manage the housing for low-income residents at rents they can afford. HUD furnishes technical and professional assistance in planning, developing and managing these developments.

WHO IS ELIGIBLE?

Public housing is limited to low-income families and individuals. An HA determines your eligibility based on: 1) annual gross income; 2) whether you qualify as elderly, a person with a disability, or as a family; and 3) U.S. citizenship or eligible immigration status. If you are eligible, the HA will check your references to make sure you and your family will be good tenants. HAs will deny admission to any applicant whose habits and practices may be expected to have a detrimental effect on other tenants or on the project's environment.

HAs use **income limits** developed by HUD. HUD sets the **lower income** limits at 80% and **very low income** limits at 50% of the median income for the county or metropolitan area in which you choose to live. **Income limits** vary from area to area so you may be eligible at one HA but not at another. The HA serving your community can provide you with the income levels for your area and family size, or you can also find the **income limits** here on the internet.

HOW DO I APPLY?

If you are interested in applying for public housing, contact your **local HA**. If you have trouble contacting the HA, contact the local **HUD Field Office**.

HOW DOES THE APPLICATION PROCESS WORK?

The application must be written. Either you or the HA representative will fill it out. An HA usually needs to collect the following information to determine eligibility:

(1) Names of all persons who would be living in the unit, their sex, date of birth, and relationship to the family head;

(2) Your present address and telephone number;

(3) Family characteristics (e.g., veteran) or circumstances (e.g., living in substandard housing) that might qualify the family for tenant selection preferences;

(4) Names and addresses of your current and previous landlords for information about your family's suitability as a tenant;

(5) An estimate of your family's anticipated income for the next twelve months and the sources of that income;

(6) The names and addresses of employers, banks, and any other information the HA would need to verify your income and deductions, and to verify the family composition; and

(7) The PHA also may visit you in your home to interview you and your family members to see how you manage the upkeep of you current home.

After obtaining this information, the HA representative should describe the public housing program and its requirements, and answer any questions you might have.

WILL I NEED TO PRODUCE ANY DOCUMENTATION?

Yes, the HA representative will request whatever documentation is needed (e.g., birth certificates, tax returns) to verify the information given on your application. The PHA will also rely on direct verification from your employer, etc. You will be asked to sign a form to authorize release of pertinent information to the PHA.

WHEN WILL I BE NOTIFIED?

An HA has to provide written notification. If the HA determines that you are eligible, your name will be put on a waiting list, unless the HA is able to assist you immediately. Once your name is reached on the waiting

list, the HA will contact you. If it is determined that you are ineligible, the HA must say why and, if you wish, you can request an informal hearing.

WILL I HAVE TO SIGN A LEASE?

If you are offered a house or apartment and accept it, you will have to sign a lease with the HA. You may have to give the HA a security deposit. You and the HA representative should go over the lease together. This will give you a better understanding of your responsibilities as a tenant and the HA's responsibilities as a landlord.

ARE THERE ANY SELECTION PREFERENCES?

Sometimes there are. Giving preference to specific groups of families enables an HA to direct their limited housing resources to the families with the greatest housing needs. Since the demand for housing assistance often exceeds the limited resources available to HUD and the local HAs, long waiting periods are common. In fact, an HA may close its waiting list when there are more families on the list than can be assisted in the near future.

Each HA has the discretion to establish preferences to reflect needs in its own community. These preferences will be included in the HAs written policy manual. You should ask what preferences they honor so you will know whether you qualify for a preference.

HOW IS RENT DETERMINED?

Your rent, which is referred to as the Total Tenant Payment (TTP) in this program, would be based on your family's anticipated gross annual income less deductions, if any. HUD regulations allow HAs to exclude from annual income the following allowances: $480 for each dependent; $400 for any elderly family, or a person with a disability; and some medical deductions for families headed by an elderly person or a person with disabilities. Based on your application, the HA representative will determine if any of the allowable deductions should be subtracted from your annual income. Annual income is the anticipated total income from all sources received from the family head and spouse, and each additional member of the family 18 years of age or older.

The formula used in determining the TTP is the highest of the following, rounded to the nearest dollar:

(1) 30 percent of the monthly adjusted income. (Monthly Adjusted Income is annual income less deductions allowed by the regulations);

(2) 10 percent of monthly income;

(3) welfare rent, if applicable; or

(4) a $25 minimum rent or higher amount (up to $50) set by an HA.

WHAT IS THE ROLE OF THE HA?

An HA is responsible for the management and operation of its local public housing program. They may also operate other types of housing programs.

(1) On-going functions: (a) Assure compliance with leases. The lease must be signed by both parties; (b) Set other charges (e.g., security deposit, excess utility consumption, and damages to unit); (c) Perform periodic reexaminations of the family's income at least once every 12 months; (d) Transfer families from one unit to another, in order to correct over/under crowding, repair or renovate a dwelling, or because of a resident's request to be transferred; (e) Terminate leases when necessary; and (f) maintain the development in a decent, safe, and sanitary condition.

(2) Sometimes HAs provide other services, that might include such things as: homeownership opportunities for qualified families; employment training opportunities, and other special training and employment programs for residents; and support programs for the elderly.

HOW LONG CAN I STAY IN PUBLIC HOUSING?

In general, you may stay in public housing as long as you comply with the lease.

If, at reexamination your family's income is sufficient to obtain housing on the private market, the HA may determine whether your family should stay in public housing. You will not be required to move unless there is affordable housing available for you on the private market.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	**Federal Trade Commission: Consumer Response Center - FCRA** Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	**Office of the Comptroller of the Currency** Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	**Federal Reserve Board Division of Consumer & Community Affairs** Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	**Office of Thrift Supervision** Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	**National Credit Union Administration** 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	**Federal Deposit Insurance Corporation** Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	**Department of Transportation** Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	**Department of Agriculture** Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051