

Eligibility Application for Public Housing

City of Woodville Housing Authority

FOR OFFICE USE ONLY

Date: _____ Time: _____ Received by: _____

Unit Size: _____ (Bedroom(s))

Ethnicity [] Hispanic [] Non-Hispanic

Race: [] White [] Black [] Indian/Native Alaskan

[] Other _____

General Family Information

Legal Name of Head of Household: _____

Your Name if Family Head is not Present: _____

Marital Status:

Married [] Single [] Widowed [] Separated [] Divorced [] County/State of Divorce _____

Present Street Address: _____

_____ How long? _____

Mailing Address:: _____ Home phone: _____

In Emergency, who can we contact locally? Name: _____

Address: _____ Telephone: _____ Relationship: _____

Type of Legal Identification: _____ Driver's License _____ State: _____

Household Members:

Please list the legal names of all of the people who will live with you. Start with the head of household, then the spouse, or CO-head, the minors (oldest to youngest), and then any other adults.

FAM MEM	LAST, FIRST, MIDDLE INITIAL	RELATION TO HEAD	SEX	BIRTHDAY	RACE	SOCIAL SECURITY #:	TDL # ID CARD #
1							
2							
3							
4							
5							
6							

Total Income Received by Family Members:

Please list all money received or earned by everyone living in the household.

Note the employment status of all adult family members.

Include all money from employment, self employment, unemployment compensation, child support, social security benefits, SSI disability, Workmen's Compensation, TANF, Veteran's Benefits, Stock dividends, and any other source of income:

Family Member	Source of Income	Rate/ Amount	Type of Income	Annual Income

Does anyone in your household have a special need which would require special accommodations? YES NO

If yes, please explain _____

Have you ever lived in assisted housing before? Yes No

If yes, When? Where? Under what name? _____

Who was the head of household? _____

Do you, or any household member owe money to any Housing Authority? YES NO

If yes, where and how much? _____

Has anyone in your household ever been convicted of a felony? YES NO

If yes, please explain: _____

Has anyone in your household ever been arrested for drug, alcohol or violent criminal activity? YES NO

If yes, please explain: _____

IS ANY MEMBER A NON-CITIZEN WITHOUT ELIGIBLE IMMIGRATION STATUS? yes NO

ALL FAMILY MEMBERS AGE 18, AND OVER, SHOULD REVIEW THE INFORMATION LISTED. I do hereby swear and attest that all the information provided above is true and correct. I understand that I must report ALL CHANGES in my mailing address and phone number, income assets, family composition within ten (10) days of change. I understand that FAILURE to report changes can adversely effect my ability to get/keep housing assistance. I further understand that FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF ASSISTANCE and punishable under State, Federal and Civil Law, and constitute grounds for denial of eligibility or assistance.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/CO-Head: _____ Date: _____

City of Woodville Housing Authority

Ph #: (409) 283-3628

FAX: (409) 283-7025

E-Mail: woodhal@yahoo.com

Sandra Edmond
Executive Director



Declaration of U.S. Citizenship or Non-citizens With Eligible Immigration Status

I, _____ certify under penalty of perjury,

(Print or type first name, middle initial, last name)

that to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen, naturalized citizen or national of the United States, or I have eligible immigration status and I am 62 years of age or older.

Attach evidence of proof of age (only person assisted as of 06-19-95 can qualify in this category); or

- I have eligible immigration status as checked below (see attachment for explanations). Attach

INS document(s) evidencing eligible immigration status and signed verification consent form.

- Immigrant status under §§101 (a) (15) or 101 (a)(20) of the INA
- Permanent residence under §249 of INA
- Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA
- Parole status under §§212 (d) (5) of the INA
- Threat to life or freedom under Section 243 (h) of the INA
- Amnesty under §245A of the INA

(Date)

(Signature)

- Check this box if an adult is signing for a minor.

➤Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes, or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000.00 or imprisoned for not more than five years, or both.

I/We have received a copy of, have read and understand the contents and importance of brochure “Protect Your Family From Lead in Your Home”.

Resident/Applicant

Date

Resident/Applicant

Date

Resident/Applicant

Date

City of Woodville Housing Authority

Ph #: (409) 283-3628

FAX: (409) 283-7025

E-Mail: woodha1@yahoo.com

Sandra Edmond
Executive Director



Notice of Continued interest and Application Update

I, _____, have been informed that it is my responsibility to

(Print Applicant's Name)

call/write or visit the City of Woodville Housing Authority office to update my application and/or declare continued interest in obtaining housing assistance.

I understand that this requirement must be completed every six months from the date of my application (_____).

(date of application)

Based upon the date of my application, I am specifically required to complete this action during the Housing Authority's normal operating hours, no earlier than the first day, and no later than the last day of the months of

_____ and _____ of each year, with the first action required in

(six months from date of application)

(one year from date of application)

_____.

(six months from date of application)

I further understand that my failure to comply with this requirement, may result in my name being removed from the waiting list and my application being placed on inactive status.

Applicant Signature

Date

APPLICANT/TENANT CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 or 50059, which ever applies to me, and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know that I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal Housing assistance, and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority in writing. I will not sublease my assisted residence

Cooperation

I know that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal Law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

1) _____

Date: _____

2) _____

Date: _____

If you feel that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Hotline toll free at 1-800 669-9777. (Within the Washington, D.C. Metropolitan area call 708-3500.

PHA OFFICIAL'S STATEMENT

I certify that:

- 1) the information given to the Woodville Housing Agency by the household of _____ on household composition, income, net family assets, and allowances and deductions have been verified as required by Federal law;
- 2) the family was eligible at admission; and
- 3) the family has certified that it has given our agency accurate and complete information;

Signature of PHA Official or Representative

Date

Authorization for the Release of Information/ Privacy Act Notice

Department of Housing and Urban Development
Housing Agency/Authority (HA)

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

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

Housing Authority of the City of Woodville
1114 Albert Drive
Woodville, Texas 75979

IHA requesting release of information (cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U. S. C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information 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-name 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. 552.a. 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 and to the HA 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 the 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 reach the age of 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© lease 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 assigned 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 (1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only). (This consent is limited to unearned income [i.e., interest and dividends]).

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Original is retained by the requesting organization
ref. Handbook 7420.7, 7420.8, 7465.1
Form HUD-9886(7/94)

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 of Head of Household	Other Family Member over age 18 Date
_____	_____
Spouse	Other Family Member over age 18 Date
_____	_____
Other Family Member over age 18	Other Family Member over age 18 Date
_____	_____
Other Family Member over age 18	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 (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 effect 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 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 988g. 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 \$5,000.00. 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.