

**FOR OFFICE USE ONLY**

Eligible	Bedroom Size	Verified Points	Ineligible	Tenant Check Complete	Police Check Complete
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Date	Comments	Initials

**Preferences**

Section 8 Points	Points	Public Housing	Points
Persons with Disabilities	5001	Catastrophic Involuntarily Displaced (Current P/H Participant)	9900
Natural Disaster	4000	Catastrophic Involuntarily Displaced (Non P/H Participant)	4000
Involuntarily Displaced Substandard	3000	One Working Member Family	3000
Paying more than 50% for income	2000	Minimum Income of \$8,000	2000
Working Family	1000	Minimum Income of \$5,000	1000
Residency	400	Resident of Walker County	750
Veteran	300	Veteran	100
Veteran	200		
On Waiting List for more than ½ yr.	100		
Elderly Family over Single Person (IBR Voucher only)	0		

**Applicant Certification**

This is to certify that I was informed of Preferences of the authority's programs That I might be eligible for.

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

\_\_\_\_\_  
Interviewed By    Date

**Things to Bring with you in order to make your application complete. This Application must be filled out in ink. (It will not be accepted otherwise)**

- \_\_\_\_\_ Social Security cards of each family member
- \_\_\_\_\_ Birth Certificates of each family member
- \_\_\_\_\_ Verification of Income ( Employment, Social Security, SSI, Veterans, Child Support, Unemployment, Contributions, or any other type of income.
- \_\_\_\_\_ Marriage License
- \_\_\_\_\_ Divorce Papers ( All Divorces)
- \_\_\_\_\_ School Record for any household member attending school
- \_\_\_\_\_ Food Stamp Information
- \_\_\_\_\_ Bank Account Information
- \_\_\_\_\_ Veteran Certification
- \_\_\_\_\_ Copy of Drivers License ( Anyone 16 years and older)
- \_\_\_\_\_ Most current Landlord's information (complete mailing address)

Information Still Needed

Applying for Section 8 \_\_\_\_\_

Applying for Public Housing \_\_\_\_\_

**Read and sign warning before completing this application!**

# WARNING

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

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

Signature: \_\_\_\_\_

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

Documents to bring with you:

1. **Birth certificates**
2. **Social Security cards**
3. **All final divorce decrees**
4. **Marriage certificate**
5. **Most current landlord's name and complete mailing address**
6. **Employer's name and complete mailing address**
7. **Most recent Social Security/SSI award letter**
8. **Child support check stubs**
9. **Unemployment check stubs**
10. **Veterans benefit award letter**

Telephone Numbers: Office \_\_\_\_\_  
Telephone Device for the Deaf \_\_\_\_\_

Mark program(s) applying for: PUBLIC HOUSING <input type="checkbox"/> SECTION 8 HOUSING VOUCHER <input type="checkbox"/> SECTION 8 MOD REHAB <input type="checkbox"/> <b>Note:</b> You may choose to have your name placed on the waiting list for one, two, or all three of the programs listed above if the waiting lists are open.	APPLICATION FOR ADMISSION <input type="checkbox"/> APPLICATION FOR CONTINUED OCCUPANCY <input type="checkbox"/>	<b>Racial Group</b> ( ) White ( ) Black/African American ( ) Asian ( ) Native American ( ) Other _____
	DATE _____ TIME _____	<b>Ethnicity</b> ( ) Hispanic/Latino ( ) Not Hispanic/Latino

TO BE FILLED OUT BY APPLICANT (IN INK). FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER NO OR NONE. DO NOT LEAVE BLANKS.

APPLICANT NAME \_\_\_\_\_  
Last First M.I.

CURRENT ADDRESS \_\_\_\_\_  
Street City State Zip Apt. #

MAILING ADDRESS \_\_\_\_\_  
P.O. Box City State Zip

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Other # \_\_\_\_\_

Name of Current Landlord \_\_\_\_\_

Mailing Address of Landlord \_\_\_\_\_  
Street/P.O. Box City State Zip Apt. #

Present Monthly Rent \$ \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of Persons presently in Household \_\_\_\_\_

If you pay for your utilities, indicate the utilities paid by you, and the amount. If you do not pay for any of the utilities listed, check N/A.

Electricity \$ \_\_\_\_\_ Monthly Gas \$ \_\_\_\_\_ Monthly Water \$ \_\_\_\_\_ Monthly Phone \$ \_\_\_\_\_ Monthly Cable TV \$ \_\_\_\_\_ Monthly N/A

How long have you lived at the address listed above? Years \_\_\_\_\_ Months \_\_\_\_\_

Do you owe any money to the landlord listed above? Yes  No  If yes, Amount Owed \$ \_\_\_\_\_

List City, State and Year of locations where you have lived for the past five years. \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** List all persons who will live in the rental unit while you are on this program:

Print Full Name(s)	Relation To Head of Family	Birth Date	Age	Sex	Social Security Number	Occupation/Name of School Attending	U. S. Citizen Yes/No
1)	Head						
2)							
3)							
4)							
5)							

6)							
7)							
8)							
9)							
10)							

Do you anticipate any changes in your family composition? Yes  No  If yes, explain: \_\_\_\_\_

Military Service: Is there any member of your household (listed above) now serving in military service (Army, Air Force, Marines, Navy, etc.)?

If yes, give the following information on each military service person:

Name Rank: Address Service

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

Household Member	Name & Address of Employer	Annual Income

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

Household Member	Source	Amount

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

Type of Account	Bank	Account Number	Amount

Stocks & Bonds Yes  No  If yes, current value \$ \_\_\_\_\_ Savings Bonds Yes  No  If yes, current amount \$ \_\_\_\_\_

Do you own real estate? Yes  No  If yes, current value \$ \_\_\_\_\_ Have you EVER owned real estate? Yes  No  If yes, when? \_\_\_\_\_

Do you have life insurance or a retirement account? Yes  No  If yes, current amount(s) \$ \_\_\_\_\_

**CHILDCARE EXPENSES**

Do you pay for baby-sitting while a family member is employed? Yes  No

If yes, list child care provider's name, address and telephone number: \_\_\_\_\_

Baby-sitting cost: Weekly \$ \_\_\_\_\_ or Monthly \$ \_\_\_\_\_

**MEDICAL EXPENSES**

Are you receiving Medicare benefits? Yes  No  If yes, monthly amount of benefits \$ \_\_\_\_\_

Are you receiving medical assistance through the welfare department (DHR)? Yes  No  If yes, monthly amount \$ \_\_\_\_\_

Do you pay for any medical insurance/hospitalization (such as BlueCross)? Yes  No

If yes, indicate amount of premium paid and how often paid. Weekly \$ \_\_\_\_\_ or Bi-weekly \$ \_\_\_\_\_ or Monthly \$ \_\_\_\_\_

Are you making payments on outstanding medical bills? Yes  No  If yes, amount paid per month \$ \_\_\_\_\_

Do you take prescription drugs on a regular basis? Yes  No  If yes, your cost per month \$ \_\_\_\_\_

**SPECIAL NEEDS**

For the purpose of determining allowable income deductions, does any member of your household have a disability? Yes  No

Does any member require any special accommodations? Yes  No

If yes, what? \_\_\_\_\_

Do you pay for a care attendant or for any equipment for any member with a disability in order to permit that person or someone else in the family to work? Yes  No  If yes, describe expense: \_\_\_\_\_

**PROGRAM INFORMATION**

Have you or any family member listed on the front of the application ever been arrested for any offense against the law? Yes  No

Have you or any family member listed on the front of the application ever had a warrant issued for an arrest? Yes  No

Have you or any family member listed on the front of the application ever been in trouble with the law? For example, traffic citation or any other situation? Yes  No  If you answered yes to any of the questions in this section, explain: \_\_\_\_\_

**Notice!!!! You are reminded that all your answers will be verified. Giving false information is considered fraud.**

**ABSENT PARENT INFORMATION**

Family Member	Father's/Mother's Name	Street Address	City, State	Comments/Last Contact

**MARITAL STATUS/HISTORY**

Have you ever been married? Yes  No  How many times? \_\_\_\_\_ Maiden Name \_\_\_\_\_

	Date	From Whom	Street Address	City	State	Zip	Comments: _____ _____ _____
Separated?							
Divorced?							
Widowed?		Social Security Number of Deceased: _____					

Have you ever used a name or Social Security number other than the ones you are using now? Yes  No  If yes, explain: \_\_\_\_\_

**ADDITIONAL**

Have you ever applied for Public Housing or Section 8 Housing? Yes  No

Have you ever lived in Public Housing or Section 8 Housing? Yes  No

Have you ever lived in housing that is referred to as the "PROJECTS"? Yes  No

If you have lived or currently live in Public Housing (Projects) and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income, complete the following:

Where (Address) \_\_\_\_\_ When (Dates) \_\_\_\_\_

Do you owe any money to the Public Housing Project and/or Section 8 Housing? Yes  No  If yes, Amount \$ \_\_\_\_\_

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

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

Signature: \_\_\_\_\_  
Head of Household

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

Signature: \_\_\_\_\_  
Spouse or Other Adult

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

Signature: \_\_\_\_\_  
\_\_\_\_\_ HA Representative

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

**Note: If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the \_\_\_\_\_ HA to provide you with a HUD Housing Discrimination Complaint form, HUD-903.**

**Applicant: Do Not Write in this Section  
Authority Use Only**

<b>Family Status</b>	
Head/Spouse 62 or over	_____
Head/Spouse Disabled	_____
Number in Family	_____
Number of Minors	_____
Number of Bedrooms	_____
Age of Head	_____
Sex of Head	F <input type="checkbox"/> M <input type="checkbox"/>
Husband & Wife Present (Y or N)	_____
Spouse Deceased (Y or N)	_____
Separated (Y or N)	_____
Divorced (Y or N)	_____
Eligible <input type="checkbox"/>	Ineligible <input type="checkbox"/>

**WALKER COUNTY HOUSING AUTHORITY (Authority)  
AUTHORIZATION FOR RELEASE OF POLICE RECORD**

NAME \_\_\_\_\_

NICKNAME(S) \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

**PERSONAL DESCRIPTION:**

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_  
MONTH - DAY - YEAR FEET - INCHES

WEIGHT \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

COLOR HAIR \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

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**I do hereby authorize any City, County, State or Federal Agency, Department or Bureau, to release any information in their files under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to submit to fingerprinting to be forwarded to the FBI if required by the housing authority. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomever from any liability arising out of or resulting from the release of this information.**

Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date Signed \_\_\_\_\_

SWORN TO and SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**REQUEST FOR CRIMINAL HISTORY NCIC CHECK FOR  
WALKER COUNTY HOUSING AUTHORITY**

In accordance with the Agreement between the U. S. Department of Housing and Urban Development and the U. S. Department of Justice, a copy of which is on file with this housing authority and the City of Dora Police Department, relating to Access to National Crime Information Center Data (NCIC), the Walker County Housing Authority (Authority) hereby requests that the City of Dora Police Department conduct a name test to determine whether or not:

\_\_\_\_\_  
NAME DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER RACE SEX

\_\_\_\_\_  
AUTHORIZING SIGNATURE AUTHORITY REPRESENTATIVE

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**TO BE COMPLETED BY CITY OF DORA POLICE DEPARTMENT AND RETURNED TO AUTHORITY:**

\_\_\_\_\_ There is no additional information in the NCIC for the above-named person.

\_\_\_\_\_ There is a Criminal History Record of the named person and the Authority should refer the named person to the \_\_\_\_\_ Police Department for fingerprinting and further checks with the FBI.

\_\_\_\_\_  
Police Department Representative

\_\_\_\_\_  
Date



# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

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

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

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

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

**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.