

SECTION 8

APPLICATION PROCESS

EFFECTIVE: WEDNESDAY 21, 2019

**APPLICATIONS WILL BE GIVEN OUT
AND ACCEPTED ON WEDNESDAY'S ONLY
UNTIL FURTHER NOTICE**

9:00 A.M. TO 2:00 P.M.

**IF THE WEDNESDAY FALLS ON THE LAST
WORKING DAY OF THE MONTH, NO
APPLICATIONS WILL BE GIVEN OUT OR
ACCEPTED.**

**NO APPLICATIONS WILL BE ACCEPTED IF YOU
DO NOT HAVE ALL THE REQUIRED
INFORMATION!!
NO EXCEPTIONS!!**

HOUSING AUTHORITY OF WALKER COUNTY

Posted: August 20, 2019

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 or other acceptable birth verifications: shot records, picture ID/ drivers license, school records, voter registration**
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"/> American SECTION 8 HOUSING VOUCHER <input type="checkbox"/> SECTION 8 MOD REHAB <input type="checkbox"/> Note: 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"/> DATE _____ TIME _____	Racial Group () White () Black/African () Asian () Native American () Other _____ <hr/> Ethnicity () Hispanic/Latino () Not Hispanic/Latino
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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 # _____	Other Phone # _____	Email _____ @ _____			
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 <input type="checkbox"/>			
How long have you lived at the address listed above? Years _____ Months _____					
Do you owe any money to the landlord listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Amount Owed \$ _____					
Do you owe money to any landlord Yes <input type="checkbox"/> No <input type="checkbox"/> Have you received a Judgement for eviction Yes <input type="checkbox"/> No <input type="checkbox"/>					
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

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: _____

ADDITIONALHave 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

Family Status	
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"/>

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing Authority of Walker County
P.O. Box 607
Dora, AL 35062

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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	_____

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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

HOUSING AUTHORITY OF WALKER COUNTY, AL
2084 HORSECREEK BLVD.
P.O. BOX 607
DORA, AL35062

COMMISSIONERS
RALPH PARKER, CHAIRMAN
RANDY SPEARS
HEZIKAH WALKER
ROBERT GREEN
JOHN TIDWELL

KEVIN FOWLER
EXECUTIVE DIRECTOR
PH: 205-648-5963
FAX: 205-648-0853

STATE LAW CONCERNING THE OBTAINING OF PUBLIC HOUSING BY FRADULENT MEANS

ACT NO. 88-627

Section 1. "Public Housing" as used herein shall mean housing which is constructed, operated or maintained by the State, a County, a Municipal Corporation, a Housing Authority, or by any other Political Subdivision or Public Corporation of the State or its subdivisions. Any person who obtains or attempts to obtain, or who establishes or attempts to establish, eligibility for and any person who knowingly or intentionally aids or abets such person in obtaining or attempting to obtain, or in establishing, or attempting to establish eligibility for, any Public Housing, or a reduction in Public Housing rental charges, or any rent subsidy, to which such person would not otherwise be entitled, by means of false statement, failure to disclose information, impersonation, or other fraudulent scheme or device shall be guilty of a misdemeanor and, upon conviction, shall be punished by a fine or not less than \$300.00 nor more than \$500.00 or be punished by at hard labor for the county not to exceed sixty days, or may be both fined and imprisoned, at the discretion of the court.

Section 2. Notice of this Act shall be printed on the application form for Public Housing and shall be displayed in the office where each application is made.

Section 3. The provisions of the Act are severable. If any part of the Act is declared invalid or unconstitutional, such declaration shall not affect the part which remains.

Section 4. This Act shall become effective immediately upon it passage and approval by the governor, or upon its otherwise becoming a law.

Passed May 19, 1980

I, _____ do hereby attest that I have read the Act No. 88-627 regarding the obtaining of Housing Assistance by fraudulent means.

Signed

Date

HOUSING AUTHORITY OF WALKER COUNTY, AL

PUBLIC HOUSING, SECTION 8 CERTIFICATES AND VOUCHERS PROGRAMS
DECLARATION OF UNITED STATES CITIZENSHIP

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

Head of House	
Print Name	Signature/Date
Spouse	
Print Name	Signature/Date
Household Member #1	
Print Name	Signature/Date
Household Member #2	
Print Name	Signature/Date
Household Member #3	
Print Name	Signature/Date
Household Member #4	
Print Name	Signature/Date
Household Member #5	
Print Name	Signature/Date

Witness: Signature/Date

Note:

For each adult, the form must be signed by the adult. For each child, the form must be signed by an adult member of the family residing in the assisted dwelling unit who is responsible for the child.

Housing Authority of Walker County
Post Office Box 607
Dora, Alabama 35062
205-648-5963
205-648-0853 (Fax)
Email: ljettton@walkercountyha.org
mearley@walkercountyha.org

I, _____, verify that I do not have over \$50,000.00
in assets. I understand that I am to report any assets over \$50,000.00 to the Housing
of Walker County.

Date

Signature

Date

Signature

**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 _____

=====

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 _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

c:\Criminal Records Management Policy.wpd

Police Check _____
Date/ Status/ Initial

Tenant Check _____
Date/ Status/ Initial

Sex Offender _____
Date/ Status/ Initial

Child Support _____
Date/ Status/ Initial

**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 _____

**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