

Adult To Be Added

Instructions: The Bloomington Housing Authority must have written verification that your landlord has approved any additional adult members to be added to your household. It is a Family Obligation that the BHA must also approve additional family members of the household before they can move into the unit. Please complete this form and submit to your caseworker before permitting anyone to move into your housing unit.

Date: _____

Head Of Household Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ .Alternate Number: _____ .

I would like to request approval for the following person to move into my household.

Name of person to be added: _____ Race _____

Current Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ How long at this address? _____

Date of birth: _____ Place of Birth _____

Social Security Number _____ .

What is the source, amount and frequency of income received by the person to be added?

Source: _____ Amount _____ How Often _____

What are the addresses the person to be added has used in the past five (5) years?

Has this person been arrested for ANY reason in the past five (5) years? Yes No

Relationship to Head of Household: _____



Section 8

PLEASE READ!

- 1) Answer every client question on EACH page.
Check the appropriate box if a section does not apply to your household
- 2) Read, Sign and Date EACH page where a signature is indicated or required.
- 3) I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits.
- 4) I acknowledge, agree and understand that by typing my name in any section constitutes and will be treated as my signature.

I understand that failure to respond to ANY question may jeopardize my housing assistance.

Head Of Household Signature

BHA Use Only

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Housing Authority of the City of Bloomington any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be requested, this includes but is not limited to:

- | | | |
|-----------------------------|--------------------------------|------------------------------|
| Identity and Marital Status | Residences and Rental Activity | Income |
| Medical Allowances | Child Care Allowances | Credit and Criminal Activity |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

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

- | | | |
|--------------------|-------------------------------|--------------------------------|
| Previous Landlords | Veterans Administration | Social Security Administration |
| Retirement/Pension | FSSA | Department of Child Services |
| Utility Companies | Public Housing Agencies | Schools and Colleges |
| Work One | Law Enforcement Agencies | Credit Bureaus and Providers |
| Employers | Support and Alimony Providers | Financial Institutions (Banks) |
| Medical Providers | Child Care Providers | Courts |

I understand and agree that the Housing Authority may conduct computer matching programs to verify the information supplies for my application or recertification. If a computer match is done, I understand that I have a right to exchange such information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U.S. Postal Service; Social Security Administration; State Welfare agencies; Food Stamp (SNAP) agencies; Family and Social Services Administration (FSSA); and Department of Child Services.

I agree that a photocopy of this authorization may be used for the purposes listed above. This authorization will stay in effect for as long as I remain an applicant/participant/resident in any housing program administered by the Housing Authority.

I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits.

I acknowledge, agree and understand that by typing my name in any section constitutes and will be treated as my signature.

Signature

Date

Head of Household _____

Adult Member _____

Adult Member _____

Adult Member _____

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)

Bloomington Housing Authority

1007 N. Summit St.

Bloomington, IN 47404

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(I)(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.

HOUSING ASSISTANCE/RENT REVIEW AND RENEWAL INFORMATION FORM

You must fill out this form completely to be eligible for housing assistance. By signing this form, you certify that the information being given by you to the Bloomington Housing Authority (BHA) on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of your knowledge. By making false statements or the giving of false information to the BHA may be grounds for denial or termination of housing assistance and the termination of your tenancy. By signing this form, you authorize the BHA to conduct an investigation and make inquiries for the purpose of verifying the information being given by you.

**WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE
MAKES IT A CRIMINAL OFFENSE TO WILLFULLY MAKE FALSE STATEMENTS
OR MISREPRESENTATION TO THE BHA ON THIS FORM.**

REASON FOR REVIEW: check which applies

- Annual Review Family change Income change CTM Portability
- New move-in Other

HOUSEHOLD INFORMATION

*List all the names, ages, and check the appropriate box for race of all the people who will live with you if you continue to receive housing assistance.

Name of Head of Household _____ Age _____
 Race: White Black Hispanic Native American Asian Other

Name _____ Age _____
 Race: White Black Hispanic Native American Asian Other

Name _____ Age _____
 Race: White Black Hispanic Native American Asian Other

Name _____ Age _____
 Race: White Black Hispanic Native American Asian Other

Name _____ Age _____
 Race: White Black Hispanic Native American Asian Other

Name _____ Age _____
 Race: White Black Hispanic Native American Asian Other

CONTACT INFORMATION

Home Telephone _____ **Mobile Telephone** _____

E-Mail Address _____

INCOME INFORMATION

NOTE: YOU ARE REQUIRED TO REPORT ALL INCOME AND MONEY RECEIVED by each person who will live with you, including yourself if you continue to receive housing assistance. You are to report the gross amount of income earned (the amount before taxes or other amounts are deducted) and how often the income is received (weekly, bi-weekly, quarterly, annually, or otherwise). You must report the name of the person to whom the income or money is paid and where the money is coming from.

EMPLOYMENT: SALARY OR WAGES Check this box if no one is employed

Name of person working	Employer	Amount	How Often
-------------------------------	-----------------	---------------	------------------

TANF/FOOD STAMPS Check this box if you do NOT receive these benefits

Name of person receiving	Type	Amount
---------------------------------	-------------	---------------

Have you been sanctioned? Yes No

If so, why and when? _____

CHILD SUPPORT Check this box if this does not apply to you

Name of person receiving	County	Amount	How Often
---------------------------------	---------------	---------------	------------------

SOCIAL SECURITY: SS, SSDI, SSI, SS Widow, SS Survivors, Please Specify Type.

Check this box if this does not apply to you

Name of person receiving	Type	Amount	How Often
---------------------------------	-------------	---------------	------------------

RETIREMENT/PENSION Check this box if this does not apply to you

Name of person receiving	Source	Amount	How Often
---------------------------------	---------------	---------------	------------------

STUDENTS: GRANTS/ SCHOLARSHIPS/ LOANS/ FELLOWSHIPS/ WORK STUDY

Check this box if this does not apply to you

Name of person receiving	Source	Amount	How Often
---------------------------------	---------------	---------------	------------------

SELF EMPLOYMENT: HOUSECLEANING, BABYSITTING, ODD JOBS, LAWN CARE, ETC.

Check this box if this does not apply to you

Name of person receiving	Specify Type	Amount	How Often
---------------------------------	---------------------	---------------	------------------

OTHER TYPES OF INCOME: Including but not limited to: Military Pay/Pension, Unemployment Compensation, Disability Income from a job, Alimony, Seasonal Employment, Energy Assistance, Township Trustee Rent or Utility Assistance, AS WELL AS ANY OTHER INCOME that is received by the household. **YOU MUST SPECIFY WHO RECEIVES THE INCOME AS WELL AS WHERE THE INCOME IS FROM, THE AMOUNT, AND HOW OFTEN.** If none, check this box.

Name of person receiving	Source	Amount	How Often
--------------------------	--------	--------	-----------

ASSET INFORMATION

Do you or anyone who will live with you own, or have you owned in the past 2 years, any of the following:

House	Yes	No	Mobile Home/Trailer	Yes	No
Land	Yes	No	Other Assets	Yes	No

Do you or anyone who will live with you, own, maintain or receive any of the following?

Checking Account	Yes	No	Inheritance	Yes	No	Bonds	Yes	No
Savings Account	Yes	No	Investments	Yes	No	Stocks	Yes	No
Trust Account	Yes	No	Other Assets	Yes	No	IRA	Yes	No
Certificate of Deposit	Yes	No						

DEDUCTIONS

1. Are you an elderly family claiming medical deductions, including pharmacy, physicians, or hospital costs that you are required to pay out of your own pocket? Yes No
2. Are you disabled and claiming medical deductions including pharmacy, physicians, or hospital costs that you are required to pay out of your own pocket? Yes No
3. If adults are working or in school, are you claiming childcare deduction? Yes No

CRIMINAL ACTIVITY

Has anyone in your household, including yourself, been arrested for any reason in the past 12 months?

Yes No If yes, Please explain: _____

Are you or anyone in the household subject to lifetime state sex offender registry?

Yes No If yes what state: _____

ACKNOWLEDGEMENTS

You are required to sign release forms allowing the Housing Authority to request verification regarding income and/or assets for you or anyone residing at your unit. If the Housing Authority is unable to obtain the required verification by mail, it will be your responsibility to submit the verification to us. If you fail to submit the required verifications, proceedings may be initiated to terminate your assistance. Please be aware that no changes will occur until the Housing Authority receives proper documentation.

If you are currently receiving housing assistance, your rent may be adjusted based upon the information provided on this form. If your rent is adjusted, the BHA will mail a Notice of Rent Adjustment. If your rent is decreased, the adjustment will become effective on the first day of the following month. If your rent is being increased, the adjustment will become effective on the first day of the second month from the date of your increase. If you fail to report increased income changes it will result in a retroactive rent increase. If you fail to report a decrease in income the rent will not take effect until the month following the reported income change. I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits. I acknowledge, agree and understand that by typing my name in any section constitutes and will be treated as my signature.

WARNING: MISREPRESENTATION OF INFORMATION COULD RESULT IN TERMINATION

Signature:

Date



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

REQUEST FOR EARNINGS INFORMATION

1) Employer	4) Employee
2) Address	5) Address
3) Fax Number	6) Employee Social Security Number XXX-XX-

7) I hereby authorize my employer to release the following information to the Bloomington Housing Authority.

Employee Signature _____ Date _____



EMPLOYER ONLY : Please Complete Each Field

Dates of employment: FROM: _____ TO: _____		Date of first check (month, day, year)	Gross Year To Date Earnings
Rate per hour	Average no. of hrs./pay period	Frequency of pay <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly	
Has the employee been terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, type of termination. <input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Fired		Effective date of action (month, day, year)

Does the employee receive any of the following?

a. Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$	Frequency
b. Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$	Frequency

Gross Wages

Month of:		Month of:		Month of:	
Date Paid	Gross Amount	Date Paid	Gross Amount	Date Paid	Gross Amount

Signature of individual completing this form	Date (month, day, year)
Title of the individual completing this form	Telephone number

Thank you for completing this employment inquiry.
Please fax this form to 812-339-7177, attention _____.



Equal Opportunity Employer



INDIANA
WORKFORCE
DEVELOPMENT
AND ITS **WorkOne** CENTERS

RELEASE OF INFORMATION

*NAME OF APPLICANT (PRINT) _____

*SOCIAL SECURITY: _____

*CURRENT DATE: _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

*SIGNATURE OF APPLICANT

Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

***NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

*Signature of Requestor: _____

Requesting Agency: _____

Fax Number: _____

Phone Number: _____

***REQUIRED FIELDS:** For questions email EmployVerification@dwd.IN.gov

Section 8 Program Participant's Agreement/Obligations

Name of Participant: _____

Current Address: _____

I agree to perform all obligations under the Section 8 Program and to be bound by all obligations found in the Bloomington Housing Authority's Administrative Policy. I understand that the Bloomington Housing Authority may terminate assistance for violation of any of the stated family obligations.

1. I agree to supply documentation as HUD or the Bloomington Housing Authority determines necessary in the administration of this program.
2. I agree to comply with the requirements of the BHA in conducting annual renewals or interim changes of household income or household members.
3. I agree to report, in writing, any changes in my household income and/or household members within 14 days of the occurrence. I understand that household members include all minors and adults in the household. Failure to report these changes in a timely manner may result in a payment agreement with the BHA. The BHA will define "occurrence" as the first day of employment or the first day any other household income such as child support, etc., begins.
4. I agree to allow the BHA to inspect my leased unit after reasonable notice (24 hours).
5. Prior to vacating my assisted dwelling unit, I agree to notify BHA and my landlord in writing and in accordance with the terms of my lease agreement. I understand that I may not move more than one time each twelve months. I understand that BHA will not certify me to move until I have provided BHA with written permission from my landlord releasing me from my lease agreement. Further, I understand that I must notify BHA of any notice of eviction within 14 calendar days and if evicted from my assisted unit, BHA will file termination of my assistance.
6. I agree to use the leased dwelling unit as my sole residence and shall not assign, transfer or sublease my unit.
7. I understand that I cannot permit any person or persons who are not on my Section 8 lease agreement to reside in my dwelling unit without the written consent of the landlord and the BHA. Guests cannot stay longer than 14 days per calendar year.
8. I agree that I cannot have a financial interest in the dwelling unit leased under Section 8.
9. I agree not to commit any fraud in connection with the Section 8 Voucher Program. I understand I cannot pay any additional rent to the landlord or pay any utilities that are the responsibility of the landlord. I agree to report any requests to do so to the BHA.
10. I understand that I cannot have Housing Assistance with any other HUD assisted housing program while receiving assistance from the BHA Voucher Program.
11. I understand if I am responsible for utilities they must be on in my own name. If I have outstanding debt(s), I must pay it in full or enter into a payment agreement with the utility vendor(s).
12. I agree to repay the BHA/landlord for any charges against me including but not limited to damages and/or unpaid rent. The maximum amount the BHA will enter into a payment agreement with a family is \$5000.00 and will not exceed a period of more than three (3) years. Any amounts exceeding \$5000.00, must be paid prior to the execution of a repayment agreement.
13. I agree to keep my leased dwelling unit in a clean and sanitary condition and shall comply with state and local laws requiring tenant to maintain rented premises.
14. I agree and shall be responsible for any damages (other than normal wear and tear) caused by acts of neglect by myself or my guests.
15. I agree and understand that BHA may deny or terminate assistance for the household due to action or failure to act by household members.
16. I agree and understand that BHA is required to deny admission or terminate assistance for illegal drug use, other criminal activity, and alcohol abuse that would threaten other residents.

Signature of Head of Household

Date

Signature of Other Household Adults

Signature of Occupancy Specialist

Date

Requirement to Report Income

I understand that I **MUST** report **ALL** income regardless of my situation. Even if I qualify for the Earned Income Disallowance (EID) I **MUST** report any change in income within fourteen (14) days.

Per the Section 8 Participant's Agreement item number 3:

I agree to report, in writing, any changes in my household income and/or household members within 14 days of the occurrence. I understand that household members include all minors and adults in the household. Failure to report these changes in a timely manner may result in a payment agreement with the BHA. The BHA will define "occurrence" as the first day of employment or the first day any other household income such as child support, etc., begins.

Client

Date

BHA Staff

Date

We want to help you keep your rental assistance. Each month, people are terminated from BHA Programs. They are terminated, not because they have increased their income or improved their situation to the point they no longer need the program, but because they have failed to meet their responsibilities as residents/participants.



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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

Consent for Criminal Background Check

MUST Be Completed By ALL Household Members Age 18 Or Older

HUD regulations require all PHAs to obtain criminal background and sex offender registration information about all adult household members applying for housing assistance. To enable the Bloomington Housing Authority (BHA) to do this, **all household members age 18 or older MUST answer the questions below and sign to consent to a background check.**

The BHA will deny the application that does not provide complete and accurate information or does not consent to a background check. Please answer **ALL** the following questions:

1) Have you been terminated from a federally assisted site within the past five years? Yes No

2) Do you currently use illegal drugs or abuse alcohol? Yes No

3) Are you currently subject under a state sex offender registration program? Yes No

4) Have you ever been convicted of a drug-related crime? Yes No

5) Have you been convicted of a crime within the past 5 years? Yes No

6) Are you currently charged with any of the above criminal activities? Yes No

7) Have you been released from jail within the past five (5) years? Yes No

If yes please list the reason(s) _____

8) Are you or any household member now charged with an unresolved crime which has not yet resulted in a plea of guilty, a court trial, or the dropping of charges? Yes No

9) Please list all states in which you have lived or have held licenses to drive

10) Have you ever used or been known by any other name? Yes No

If yes, please list all names used: _____

I understand the above information is required to determine eligibility for assistance. I certify my answers are true and complete to the best of my knowledge. I understand that making false statements is grounds for denial or termination. I authorize the BHA to verify the above information and consent to the release of the necessary information to determine my eligibility.

I authorize the release of criminal records and/or sex offender registration information to the BHA or agencies contracted by the BHA to conduct criminal background checks.	Today's Date
Applicant's Full Name (Please Print)	
Social Security Number	Date of Birth
Applicant's Signature	





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 04/30/2023.

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

LEASE ADDENDUM FOR DRUG FREE HOUSING

In consideration of the execution or renewal of a lease of the dwelling unit identified in the lease, Owner and Tenant agree as follows:

1. Tenant, any members of Tenant’s household, any guest, and any other person under Tenant’s control shall not:
 - a. Engage in any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents or other persons residing in the immediate vicinity of the premises, including management staff;
 - b. Engage in any drug-related criminal activity on or off the premises. “Drug-related criminal activity” means the illegal use, manufacture, selling, or distribution of a controlled substance, or possession with the intent to use, manufacture, sell, or distribute a controlled substance (as defined in Section 102 of the Controlled Substance Act-21 U.S.C. 802);
 - c. Illegally use any drug;
 - d. Engage in a pattern of illegal use of a drug or alcohol abuse which interferes with the health, safety or right to peaceful enjoyment of the premises by other residents;
 - e. Engage in any violent criminal activity on or near the premises;
 - f. Engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near project premises; and,
 - g. Permit the dwelling to be used for or to facilitate, criminal activity, including drug-related criminal activity.

2. Owner will evict Tenant and Tenant’s household if any member of the household is fleeing to avoid prosecution, custody, or confinement for a crime that is a felony under the laws of the place from which the individual is fleeing.

3. Owner will evict Tenant and Tenant’s household if any member of the household is violating a condition of probation or parole imposed under Federal or State law.

4. **VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY.** A single violation of any of the provisions of this Lease Addendum shall be deemed a serious violation and a material noncompliance with the lease. It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of a violation shall not require criminal conviction, but shall be by the preponderance of the evidence.

5. In the case of a conflict between the provisions of this Addendum and any other provision of the lease, the provisions of this Addendum shall govern.

6. This Lease Addendum is incorporated into the lease executed or renewed on this day.

7. I understand by signing this document I give the Bloomington Housing Authority permission to obtain information from any persons and/or agencies regarding any issues involving illegal drugs. I understand this permission will remain in effect for the duration of time I am receiving assistance through HUD for my housing needs.

Head of Household:_____

Date:_____

Other Adult Member:_____

Date:_____

Landlord:_____

Date:_____

DECLARATION OF CITIZENSHIP

Section 214 Status



PLEASE COMPLETE THIS FORM AND RETURN TO:



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	I am a non citizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
			or	X	
			or	X	
			or	X	
			or	X	
			or	X	
			or	X	
			or	X	
			or	X	
			or	X	

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature

Date

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form

-Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card.
- (2) Form 1-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form 1-688, Temporary Resident Card
- (4) Form 1-688B, Employment Authorization Card
- (5) 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.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes. Do not mail original documents to this office.

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INSVERIF.#
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. **The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.**

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.