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

Annual Renewal Long Form

To Be Used for All Reexaminations
Effective January 1, 2027

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 signing or 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.

BHA Use Only

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.

Member Type	Signature	Date
Head Of Household		
Adult Member 1		
Adult Member 2		
Adult Member 3		

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):

Bloomington Housing Authority (T) 812.339.3491
1007 N. Summit Street (F) 812.339.7177
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 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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 a ppropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:

Mailing Address:

Telephone No: **Cell Phone No:**

Name of Additional Contact Person or Organization:

Address:

Telephone No: **Cell Phone No:**

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

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

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

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

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law I02-550, 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 (0MB) 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 0MB control number,

Privacy Statement: Public Law I 02-550, 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.

09/01/2026~mha

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

Reasonable Accommodation Information

What is a Reasonable Accommodation?

Under the Fair Housing Act, a Reasonable Accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a **person with a disability** to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. In order to show that a requested accommodation may be necessary, **there must be an identifiable relationship between the request and the individual's disability**. What is reasonable will be determined on a case-by-case basis.

Examples of a Reasonable Accommodation

Examples of a Reasonable Accommodation may include, but are not limited to:

- Allowing a live-in aide to reside in an appropriately-sized unit;
- Making documents available in large type, computer disc or Braille;
- Providing qualified sign language interpreters for applicant or resident meetings with BHA staff;
- Permitting an outside agency or family member to assist a resident or an applicant in meeting screening criteria or meeting essential lease obligations;
- Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family;
- As a Reasonable Accommodation for a family member with a disability, approving a request for exception payment standard amounts under the HUD Housing Choice Voucher Program in accordance with 24 C.F.R. §§ 8.28 and 982.504 (b)(2).

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

How to make a Reasonable Accommodation request

- You may make your request to BHA in writing
- You may make your request using BHA's Request for Reasonable Accommodation Form
- You may make your request verbally to a BHA staff member

Are you or any member of the household a person with a disability and as a result of such disability requesting a reasonable accommodation?

☐ Yes ☐ No

If yes, please explain: _____

_____

_____

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 inquires 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

Name_____Age _____
Race: ☐White ☐Black ☐Hispanic ☐Native American ☐Asian ☐Other

CONTACT INFORMATION

Home Telephone_____ **Mobile Telephone** _____

E-Mail Address _____

Documentation/Verification List: Please Read Thoroughly!

Interpreter Services Available By Request

In order to process your application/renewal we must make copies of the following items in the original document form (please do ***not*** bring copies):

The application/renewal will NOT be accepted with out these items.

- **Identification**
  - ☐Drivers License or government issued picture I.D. for the household members that are age 18 and over
  - ☐Social Security /cards for ALL household members
  - ☐Proof of birth (government issued birth certificate) for ALL household members
- **Income**-From ALL sources **dated within the last sixty (*60*) days**: **Including but not limited to:**
  - ☐Employment-Pay stubs ☐Unemployment ☐TANF/Food Stamp Award Letter
  - ☐Disability Income From A Job ☐Worker's Compensation ☐Military Pay
  - ☐Military Pension ☐Retirement Pension ☐Odd/Seasonal Jobs, Day Laborer
  - ☐Work for Cash ☐Baby Sitting ☐Money From family/friends
  - ☐Child Support-Divorce Decree or Print Out
  - ☐Social Security-ANY form-including but not limited to: SS, SSDI, SSI, SS Widows, SS Survivors, ANY Back-pay that is received
  - ☐Prior year's tax records (tax forms filed, W-2's, etc.) if you are self employed
  - ☐Student Aid-ANY form-including but not limited to: Grants, Loans, Scholarships, Fellowships, Work Study, Internships, Apprenticeships
  - ☐Self-Employment: we will need a signed and dated statement of self-certification
  - ☐Trustee Assistance: we will need a statement on the trustee's letterhead
  - ☐Energy Assistance: we will need the SCCAP worksheet, or a statement on SCCAP letterhead
  - ☐Assistance from churches/other agencies: we will need a statement on letterhead
  - ☐Betting/Gambling winnings-including but not limited to: any form of Online/App Gambling (e.g. DraftKings, FanDuel, bet365, Fanatics, etc.), Hoosier Lottery, any other State Lottery, Pull-tabs, Scratch Offs, Bingo winnings
  - ☐Selling/Reselling/Salvaging Items including but not limited to: Plasma, Aluminum/Steel Cans (Soda Pop/Beer), Scrap Metals, Yard/Garage sales, Collectables (Cards: Baseball, Basketball, Football, etc., antiques, jewelry, figurines, clothing).
  - ☐Income from any online platform-including but not limited to: Go Fund Me, Influencer, Youtube, Only Fans, Ride Share (e.g. Uber, Lyft), Independent Contractor (e.g. DoorDash, Uber Eats, etc.), Online Marketplace Exchanges (e.g. Ebay, Facebook Marketplace, Etsy, Posh, Mecari, etc.), Online Resale Platforms, P2P Sales.
- **ANY other income that is not listed above MUST be reported on the application and documents supporting the income must be brought in for verification.**
- **Assets**-must be a current statement (dated within last 60 days)-**Including but not limited to**:
  - ☐Checking accounts ☐Savings accounts ☐CD's ☐Stocks
  - ☐Bonds ☐IRA's ☐Inheritance ☐UTMA accounts
  - ☐Money Market accounts ☐House ☐Land ☐Mobile Home
  - ☐Manufactured Home ☐Investments ☐PayPal ☐Cash App
  - ☐Apple Cash ☐Venmo ☐Chime ☐OnePay
  - ☐Cryptocurrency ☐Periodic Lottery ☐Periodic Gambling ☐ANY other assets
- **Children & Child Care**
  - ☐Proof of Custody/Guardianship ☐Title XX statement ☐Signed statement from childcare provider
  - ☐ If you are expecting a child we will need proof of pregnancy or a signed doctor's statement.
- **If you are handicapped/disabled or elderly (62 or over)**
  - ☐Medical insurance statement-must show how often premium is paid
  - ☐Signed statements from doctors for your ongoing out-of-pocket expenses
  - ☐Signed statements or print out from pharmacies for your out-of-pocket expenses

CURRENT 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

Did any household member receive a tax refund for the prior year? **Yes** ☐ **No** ☐ If yes, please list:

Name	Type	Amount

OTHER TYPES OF INCOME: Please refer to Documentation/Verification List on page 8. You must specify who receives the income as well as where the income is from (source), the amount, and how often.
If none, check this box. ☐

Name of person receiving income	Source	Amount	How often

List all sources and amounts of income received within the previous 12 months. Please see list on page 8.

Household Member Name	Income Type	Total Amount	Beginning Date	Ending Date

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 ☐
4. Has any household member made child support payments within the previous 12 months? ☐ 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:_____

ASSET CERTIFICATION

Complete only one form per household; include assets of children.

Household Name:_____

Complete all that apply for 1 through 4: If you do not have the asset listed, mark cash value as N/A. Do not leave blank spaces.

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source	(A) Cash Value*	(B) Int. Rate	(C) Asset Income (A x B)	Source
$		$	Savings Account	$		$	Checking Account
$		$	Cash on Hand	$		$	Safety Deposit Box
$		$	Certificates of Deposit	$		$	Money market funds
$		$	Stocks	$		$	Bonds
$		$	IRA Accounts	$		$	401K Accounts
$		$	Keogh Accounts	$		$	Trust Funds
$		$	Equity in real estate	$		$	Land Contracts
$		$	Lump Sum Receipts	$		$	Capital investments
$		$	Life Insurance Policies (excluding Term)				
$		$	Other Retirement/Pension Funds not named above:				
$		$	Personal property held as an investment** :				
$		$	Other (list):				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust, etc.) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: $_____(*the difference between FMV and the amount received, for each asset on which this occurred).

3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

4. ☐ I/we do not have any assets at this time.

5. The annual income from the net family assets is $_____. This amount is included in total gross annual income.

6. Does any family member have any present ownership interest in any property suitable for occupancy? ☐Yes ☐No-No one in my household has any present ownership interest in any real property suitable for occupancy.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date
Applicant/Tenant	Date	Applicant/Tenant	Date

LEAD BASED PAINT INFORMATION

For the collection of information for children age 6 and under and for children with Environmental Intervention Blood Lead Level (EIBLL)

The Bloomington Housing Authority, working to maintain records and information for the protection of children against the hazards of lead based paint, is requesting that you provide them with the following information. The information is kept solely for the use by the Housing Authority for Inspection Priority in the event the family now lives in or is about to occupy a unit that was built prior to 1978. If you have a child that has been tested and determined to have an elevated blood level, we will require the documentation for our files.

1. Do you have any children in the household age 6 or under? Yes ☐ No ☐
2. Is it expected that children age 6 or under will be added to the lease within the lease term? Yes ☐ No ☐
3. If you answered yes to either one of the above questions, please complete the following questions.

Has it been determined that any of these children have an elevated blood lead level? Yes ☐ No ☐

If Yes, list the names of these children:

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.

APPLICANT/RESIDENT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowance and deductions is accurate and complete to the best of my knowledge. I have reviewed the forms and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report with in fourteen (14) days any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guest/visitors and when I must report anyone who is staying with me.

REPORTING ON PRIOR HOUSING ASSISTANCE

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

COOPERATION

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

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

SIGNATURE and DATE: I attest that I have provided the Bloomington Housing Authority with true and complete information regarding my household composition, income, and information on elevated blood lead levels.

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**_____

STOP!
DO NOT Write below this line

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 ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Semimonthly

Has the employee been terminated? ☐Yes ☐ No	If Yes, type of termination. Quit ☐ Layoff ☐ Fired	Effective date of action (*month, day, year*)

Does the employee receive any of the following?

a. Tips	☐ Yes	☐ No	Amount $	Frequency
b. Bonuses	☐ Yes	☐ 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 indivdual 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 DEPARTMENT OF WORKFORCE DEVELOPMENT

RELEASE OF INFORMATION Rev. 3/1/24

***APPLICANT'S NAME:** _____

Additional names used during employment: _____

***SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER:** _____-_____-_____

****Applicant contact information***

Email Address: _____ **Phone Number:** _____-_____-_____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

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

_____ _____

***SIGNATURE OF APPLICANT** ***TODAY'S DATE:**

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

☐ **Check this box if a Power of Attorney is attached.**

NOTE: This section must be completed by the organization requesting employment history.

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.

***SIGNATURE OF REQUESTOR:** _____

***Printed Name of the Requestor:** _____

*** Requesting Organization:** _____

***Email Address:** _____

***Phone Number:** _____-_____-_____ **Fax Number:** _____-_____-_____

****REQUIRED FIELDS***

*****Applicant's phone number, email address, or mailing address is required.***

Email employverification@dwd.in.gov to reach a DWD employment history or LKE website specialist.

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 sub lease 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 $7500.00 and will not exceed a period of more than five (5) years. Any amounts exceeding $7500.00, 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 Date

_____ _____
Signature of Occupancy Specialist Date

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Requirement to Report Income

I understand that I **MUST** report **ALL** income regardless of my situation.
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.

Building Your Future Together

The Family Self-Sufficiency (FSS) program is a federal initiative administered by the U.S. Department of Housing and Urban Development (HUD). The primary goal of the FSS program is to help individuals and families participating in the Housing Choice Voucher (Section 8) program achieve economic self-sufficiency.

Here are key features and components of the Family Self-Sufficiency program:

- **Individualized Goal Setting:** Participants work with a FSS Coordinator to establish personalized goals related to education, employment, and financial independence. These goals are intended to help families increase their earning potential and reduce their dependence on public assistance.
- **Service Coordination:** FSS program coordinators work with participants to connect them with the necessary support services in the community. This may include education and job training programs, childcare services, transportation assistance, and other resources.
- **Escrow Accounts:** As participants increase their income through employment, a portion of their rent payments is deposited into an escrow account. This account is established for each participant and is designed to create a financial cushion. Funds can be accessed throughout participation to help you meet your goals. Upon successful completion of the program, the funds in the account are paid to the participant without any restrictions on use of the funds. The funds from the account are tax free.
- **Contract of Participation:** Individuals and families entering the FSS program sign a Contract of Participation outlining their goals and the services they will receive. This contract is a commitment to actively work towards achieving self-sufficiency.
- **Duration of Program:** The FSS program typically has a five-year duration, during which participants work towards meeting their goals. However, the exact duration may vary depending on your needs.
- **Graduation and Benefits:** Upon successful completion of the program, participants receive the funds in their escrow accounts. This funds can used for any purposes, however, common uses include furthering education, purchasing a home, or starting a small business.
- **Coordination with Public Assistance Programs:** The FSS program is designed to complement other public assistance programs. Participants may continue to receive housing assistance and other benefits during and after completion of the FSS program. You never risk losing your Section 8 by joining, participating in, and even graduating from FSS.

The FSS program aims to empower individuals and families to break the cycle of poverty and achieve financial independence. It provides a structured framework for participants to set and achieve goals, access support services, and build the skills and resources needed to improve their economic well-being.

If you are interested in participating please contact:

Brittney Willis at bwillis@blha.net 812.339.3491 ext. 128 or Jessica Marchbank at jmarchbank@blha.net 812.339.3491 ext. 120

Additional information including an FSS application, FSS Frequently Asked Questions, and a FSS Brochure can be found at: https://bhaindiana.net/programs/supportive-services/fss/