



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

December 2005



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

| | |
|---------------------------------------|---|
| Purpose | This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information. |
| Penalties for Committing Fraud | <p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ 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. <p>Your State and local governments may have other laws and penalties as well.</p> |
| Asking Questions | When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is. |
| Completing The Application | When you answer application questions, you must include the following information: |
| Income | <ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive) |
| Assets | <ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you. |

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

HUD- 1140-OIG THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION





Bloomington Housing Authority
1007 N. Summit St. Bloomington, IN 47404
(812) 339-3491 (ext. 111) www.bhaindiana.net

PLEASE READ CAREFULLY AND
THOROUGHLY
BEFORE INITIALING AND SIGNING THIS
PAGE!

- 1. I know and understand that I must provide the required documentation that is listed on the verification list page (page 8) for my application to be complete. _____
Initial
- 2. I understand that if I fail to provide the required documentation my application will be incomplete and therefore will not be accepted. _____
Initial
- 3. I understand that failure to respond to any question on this application is grounds for termination. _____
Initial
- 4. I know and understand that willfully making false statements or misinterpretations on any page of this application or in connection with this application is a criminal offense and grounds for termination. _____
Initial
- 5. I know and understand that if I fail to sign or date any section my application will not be accepted. _____
Initial
- 6. By initialing and signing this document, I understand and agree to all statements and obligations listed above. _____
Initial

Signature

Date

Project Based Voucher Eligibility Application Form

Accessible format available on request. Contact the ADA Coordinator

| | | | | | |
|--|-------|-------|------------------|---------------|--------------|
| Who is the Head of Household by Legal Name as it appears on Social Security Card? | | | | | |
| Last | First | M.I. | Gender | Date Of Birth | Age |
| | | | | | |
| Social Security Number | | Race | | | Ethnicity |
| | | White | American Indian | Alaska Native | Hispanic |
| | | Black | Pacific Islander | Asian | Non-Hispanic |

Household composition (members): List the legal names of all household members below. Start with spouse or co-head, then minors (oldest to youngest) and then any other adults.

| Name | Relation to Head | Gender M/F | Social Security Number | Race | Date of Birth | Place of Birth: City/State | Occupation or School Name |
|------|------------------|------------|------------------------|------|---------------|----------------------------|---------------------------|
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Do you expect anyone to move in or out of your household within the next 12 months? Yes No
 If yes, who?

Does anyone live with you now who is not listed on the application? Yes No
 Why are they not listed?

Do you or does anyone in your household have any special needs or accommodations in order to fully utilize the unit or the program and its services? Yes No If yes, explain below.
 If you do not understand this question, please ask.

Do you claim any of the following local preferences?

| | | |
|-----------------------------|--------------------------|--------------------------|
| Disability | Working 35 hours or more | Owen County Resident |
| Victim of Domestic Violence | Working 20 to 34 hours | Green County Resident |
| Veteran | Monroe County Resident | Lawrence County Resident |
| Surviving Spouse of Veteran | Morgan County Resident | Homeless |

What is your present address?

All correspondence will be sent to correspondence address.

Street Address (full address including city, state, and zip code)

Correspondence Address (full address including city, state and zip code)

Home Phone

Cell Phone

Email

If we were unable to reach you, whom could we contact locally?

Name

Telephone

Address

Relation

Program Integrity Information

Have you or any other household member ever been evicted? Yes No (If more than one eviction, list the additional information on page 16.)

If Yes: By Whom?

When?

Why?

Have you or any other household member ever lived in assisted housing before? Yes No

If Yes: When?

Where?

Under what name?

Who was Head of Household?

Has any household member ever been terminated from a HUD-assisted housing program? Yes No

If Yes: Who?

When?

Where?

Do you or any other household member owe any money to a Public Housing Agency? Yes No

Has any household member ever used a name other than the one you are using now? Yes No

If Yes: What name(s)?

Has any household member ever used a social security number other than the one you listed on the application? Yes No

If Yes: What number(s) have you used?

Has anyone in your household been engaged in violent crime, sex crime, the use, sale, manufacture or distribution of controlled substances? Yes No

If Yes: Who?

When?

What Crime?

Has any household member been arrested for any reason in the past 12 months? Yes No

If Yes: Who?

When?

Why?

Authorizations, Representations and Certifications

I do hereby authorize Bloomington Housing Authority to obtain a 'consumer report' as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

NOTICE: Any attempt to obtain Public Housing, any rent subsidy, or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Indiana State Code.

Signature of
Head of Household
Signature of
Spouse or Co-Head

Signature of
Other Adult Member
Signature of
Other Adult Member

Project Based Application And Verification List: Please Read Thoroughly!

Interpreter Services Available By Request

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

The application 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
- 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
- Lottery/Gambling winnings-**including but not limited to:** any form of Hoosier Lottery, any other State Lottery, Pull-tabs, Scratch Offs, Bingo winnings
- Selling/Reselling/Salvaging Items including but not limited to: Plasma, Aluminum/Steel (Pop/Beer) Cans, Scrap Metals, Yard/Garage sales, Card Collections (Baseball, Basketball, Football, etc.), any type of Collection selling

- For the following income types we will need a signed and dated statement that includes the phone number from the person(s) giving the money:

- Work for Cash
- Baby Sitting
- Money From family/friends

- **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
- Money Market accounts
- UTMA accounts
- House
- Mobile Home
- Trailer
- Land
- Investments
- Inheritance
- 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)**

- Spenddown statement form Division of Family Resources
- 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

PBV Attention

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 |
|--------------------------|--------|--------|-----------|
| | | | |
| | | | |

BANKING INFORMATION: Checking, Savings, or Christmas Club of any account that a family members name appears on. If no one has any bank accounts please check this box.

| Name as appears on account | Name of bank | Type of account | Account Number | Individual Joint | Current Balance |
|----------------------------|--------------|-----------------|----------------|------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |

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, Land, Manufactured or Mobile Home, or any other asset? Please indicate your assets. If this section does not apply to you, please check this box.

| Asset Type | Location/Description | Value | Current/Disposed |
|------------|----------------------|-------|------------------|
| | | | |
| | | | |

OTHER ASSET INFORMATION: Do you or anyone who will live with you, own, maintain or receive any of the following: Stocks, Bonds, Inheritance, Investments, Trust Account, IRA, Certificate of Deposit, UTMA, Other Assets? Please indicate your other asset information. If this section does not apply to you, please check this box.

| Asset Type | Location/Description | Value | Current/Disposed |
|------------|----------------------|-------|------------------|
| | | | |
| | | | |

DEDUCTIONS:

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
If yes, please describe your out of pocket expenses, include the amount and frequency.

| Expense Description | Amount | Frequency |
|---------------------|--------|-----------|
| | | |
| | | |

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
If yes, please describe your out of pocket expenses, include the amount and frequency.

| Expense Description | Amount | Frequency |
|---------------------|--------|-----------|
| | | |
| | | |

CHILDREN/CHILD CARE

If adults are working or in school, are you claiming childcare deduction? Yes No

Do you pay out of pocket for child care? Yes No

If yes, please indicate child's name, who is being paid, how much, and how often

| Child's name | Care Provider | Amount | Frequency |
|--------------|---------------|--------|-----------|
| | | | |
| | | | |

Did you file a Federal Income Tax Return for the most recent year? Yes No

Does anyone outside of your household pay any of your bills or expenses? Yes No

If yes, please explain:

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 DENIAL OR TERMINATION

Signature:

Date

Applicant 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 application form and certify that the information shown is true and correct.

Reporting Changes to Income and/or Household Composition:

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

Disclosure of 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 the current program. I will not live anywhere else without notifying the management office immediately in writing, I will not sublease my assisted residence.

Compliance with Supplying Documentation:

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 but is not limited to attending pre-scheduled meetings, completing and signing all required forms. I understand failure or refusal to do so may result in delays, denial/termination of assistance, or eviction. I authorize BHA to conduct an investigation and make inquiries for the purpose of verifying the information provided by me to BHA at any period of time during application, program participation, and one (1) year after my assistance ends. I authorize BHA to conduct background screenings and inquiries for all household members listed on the application, voucher, and/or lease agreement. I understand that my signature on this form neither contractually obligates me to accept an offer of housing assistance nor requires BHA to provide assistance.

Measures and Remedies for Supplying 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 denial/termination of housing assistance or termination of tenancy. I am aware that I may file a housing discrimination complaint online at <https://www5.hud.gov/Hud903/main/pagHUD903Form.jsp> A copy of the discrimination complaint form is available by request.

Signature of Household Adult Members:

- 1
- 2
- 3
- 4

Consent for Criminal Background Check
MUST Be Completed By ALL Household Members Age 18 or Older

PBV Application

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 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 | |
| Social Security Number | Date of Birth |
| Applicant's Full Name | |
| | |

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 prevent data from fraudulent actions.

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.

DECLARATION OF CITIZENSHIP

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

PBV Application

-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 I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-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.

Zero Income Affidavit

(Complete only if claiming zero income)

Date _____

I, _____ declare that I presently have no income. I understand the term "income" to include, but not to be limited to the following: Salary or wages from a job, operation of a business, seasonal or self-employment, monies received from assets, Social Security benefits, retirement/pension benefits unemployment, disability compensation severance pay, welfare or public assistance, alimony, child support, educational grants/loans or scholarships, Veteran's education benefits, Armed forces regular or special pay or allowances (exception of hostile pay), lottery winnings, recurring monetary gifts or contributions, or any other sources.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to the Bloomington Housing Authority on this form or in connection with your application for housing assistance.

Signature _____ Date _____

Witness _____ Date _____

ZERO INCOME QUESTIONNAIRE *(Complete only if claiming zero income)*

Each question pertains to you as well as all other members of your household.

Please answer **every** question.

1. Has anyone moved in or out of your home? Yes No
2. Has anyone applied for work? Yes No
3. Has anyone started a job? Yes No
4. Has anyone quit a job? Yes No
5. Has anyone been laid off or terminated? Yes No
6. Is anyone self-employed? Yes No

7. Check any of the following programs you have applied for:

| | | | |
|-------------|--------------|-------------------|-----------------|
| Food Stamps | TANF | Energy Assistance | Social Security |
| SSI | Unemployment | Child Support | |

8. Check any of the following that anyone in your household currently receives:

| | | |
|-----------------|---------|-------------------|
| Food Stamps | TANF | Energy Assistance |
| Social Security | SSI | Unemployment |
| Child Support | Pension | Disability Pay |

9. How do you get the following: personal hygiene products, paper products, household cleaners?

10. Do you have any of the following? Circle the items you do have.

| | | | | | |
|--------------------|----------|------------|-----------|------------|--------------|
| Cable/Satellite TV | Internet | Automobile | Telephone | Cell Phone | Credit Cards |
|--------------------|----------|------------|-----------|------------|--------------|

11. Does anyone outside your household pay for any of the above listed items? Yes No

12. Do you or anyone in your household smoke? Yes No

13. Do you have any of the following types of insurance? Circle the items you have.

| | | | | |
|---------|------|------|---------|---------------------|
| Renters | Auto | Life | Medical | Other (please list) |
|---------|------|------|---------|---------------------|

14. Do you pay any portion of your current rent or utilities? Yes No

15. Do you or anyone in your household receive any type of income or money not mentioned above? (ie plasma, salvaging metals) Yes No

I certify that the answers I have given are true and accurate to the best of my knowledge. I agree to provide any documentation requested regarding any statement herein.

Printed Legal Name Of Head Of Household _____

Signature Of Head Of Household _____ Date: _____

Signature Of BHA Witness _____ Date: _____

WARNING! Title 18, Section 1001 of the U.S. Code, states that any person who knowingly and willingly makes false or fraudulent statements to any Department of or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.

****PLEASE READ CAREFULLY****

You MUST fill out this application completely to apply for housing assistance.

BY SIGNING THIS FORM:

You certify that the information given by you to the Bloomington Housing Authority (BHA) on household composition, income, net family assets, allowance, and deductions is accurate to the best of your knowledge and belief.

If you make false statements or give false information to the BHA you may be prosecuted under federal and/or state laws. YOU ACKNOWLEDGE that the making of false statements or the giving of false information to the BHA may be grounds for denial or termination of application and/or tenancy.

YOU AUTHORIZE the BHA to conduct an investigation and make inquiries for the purpose of verifying the information given by you to the BHA ANY TIME DURING YOUR TENANCY WITH THE BHA OR FOR A PERIOD OF ONE (1) YEAR AFTER THE TERMINATION OF YOUR LEASE THE BHA MAY RUN A CREDIT REPORT.

PLEASE NOTE: It is a policy of the Bloomington Housing Authority to run a criminal record report on all applicants and their household members.

THIS FORM IS NOT A CONTRACT. If you fill out and sign this form, you are not required to accept housing assistance, and the BHA may not be required to provide you with housing assistance.

WARNING: Section 1001 of the U.S. Code makes it a criminal offense to willfully make false statements or misrepresentation to the BHA on this form, or in connection with your application for housing assistance.

I am aware that I may file a housing discrimination complaint online through the HUD website:

<https://www5.hud.gov/Hud903/main/pagHUD903Form.jsp>

A copy of the discrimination complaint form is available by request.

Signature of
Head of Household _____

Signature of
Spouse or Co-Head _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

Signature of
Other Adult Member _____

Project Based Voucher Program Participant's Agreement/Obligations

Rev. 6/2010

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 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.
12. 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.
13. 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.
14. I agree and understand that the BHA may deny or terminate assistance for the household due to action or failure to act by household members.
15. I agree and understand that the BHA is required to deny admission or terminate assistance for illegal drug use, other criminal activity, and alcohol abuse that would threaten other residents.
16. I understand that my voucher is tied to the property which I am going to be moving into. I further understand that after the completion of a one year lease that I may be eligible for a tenant-based Section 8 voucher.

Signature of Head of Household

Date

Signature of Other Household Adults

Date

Signature of Occupancy Specialist

Date

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 _____

