PBV Application



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.

PBV Application

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

form **HUD-1141**
December 2005

PBV Application

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

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:

- Evicted from your apartment or house:
- Required to repay all overpaid rental assistance you received:
- Fined up to S 10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

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

- 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

- 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.

PBV Application

- 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



PBV Application

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 undertstand 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

PBV Application

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 ☐ Black ☐ Pacific Islander ☐ Asian	☐ Hispanic ☐ 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

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

PBV Application

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 Other Adult Member

Signature of Spouse or Co-Head | Signature of Other Adult Member

PBV Application

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

PBV Application

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

PBV application

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

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

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:_____

PBV Application

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

PBV Application

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** _____

PBV Application

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_____

PBV Application

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.

PBV Application

Project Based Voucher 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.
17) I understand that my voucher is tied to the property which I am going to be moving into or living at. I further understand that after the completion of a one year lease that I *<u>may</u>* be eligible for a tenant based Housing Choice Voucher if available.

_____

Signature of Head of Household Date

_____

Signature of Other Household Adults Date

_____

Signature of Occupancy Specialist Date

PBV Application

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

PBV Application

Consent for Criminal Background Check

MUST Be Completed By ALL Household Members Age 18 or Older

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

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

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

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

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

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

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

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

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

If yes please list the reason(s) _____

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

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

_____

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

If yes, please list all names used:

_____

I understand the above information is required to determine eligibility for assistance. I certify my answers are true and complete to the best of my knowledge. I understand 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

PBV Application

BHA Use Only

AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

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

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

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

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

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

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

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

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

Signature Date

Head of Household _____

Adult Member _____

Adult Member _____

Adult Member _____

PBV Application

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 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

PBV Application

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).

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: _____

_____

_____

PBV Application

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

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

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

Housing Authority of the City of Bloomington, Indiana
1007 N. Summit Street, 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.

PBV Application

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 appropriate, 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.

PBV Application

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 I 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 1-94, Arrival-Departure Record with appropriate annotations or documents
(3) Form 1-688, Temporary Resident Card
(4) Form 1-688B, Employment Authorization Card
(5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

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

Consent to Verify Eligible Immigration Status

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

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

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

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

PBV Application

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 Other Adult Member	
Signature of Spouse or Co-Head		Signature of Other Adult Member	
Signature of Other Adult Member		Signature of Other Adult Member	

PBV Application

This page may be used for questions that require more space. Please indicate first the page number your response represents.