

# Bloomington RAD I



**Bloomington Housing Authority**  
1007 N Summitt Street  
Bloomington, IN 47404  
Phone: 812-339-3491  
Fax: 812-339-7177

BHA Office  
Use Only

**STEP 2**

## **Bloomington RAD I Applicant:**

Now that you submitted your online application, there are certain verification documents, legal documents and proof of income statements to be submitted to the BHA Main Office. This letter is to serve as a guide for what those verifications are. Please note this helpful guide may not include all the verifications needed by the BHA for your family. The BHA will notify you by mail or email if other documents are needed.

Please submit all verifications and documents within **10 days** of online application submittal.

### **Applicant / Head of Household Name:**

### **Confirmation Number for Online Application**

Did you receive a confirmation number for your online application? If so, write it down here:

### **Sign the Attached Documents**

Attached to this letter are the following documents that **must be signed by the Head of Household AND all other adult members of the household:**

- ☐ HUD Form 92006 "Supplement to Application for Federally Assisted Housing"
- ☐ "Authorization for Release of Information"
- ☐ HUD Form 9886 "Authorization for Release of Information/Privacy Act Notice"
- ☐ HUD Form 52675 "Debts Owed to PHAs and Terminations"
- ☐ "Consent for Criminal Background Check"
- ☐ Housing Suitability Screening
- ☐ IN Income Certification Questionnaire (one for each adult 18 and over)
- ☐ Release of Information Authorization (IHCDA compliance form # 17)
- ☐ Under \$5000.00 Asset Certification
- ☐ Declaration of Section 214 Status (one for each member of the household)

### **Verifications for Adults**

- ☐ Original Social Security Card of each member of the household (Legible copies can be mailed, however an original **MUST** be shown to BHA Intake before a unit is offered.)
- ☐ Birth Certificate
- ☐ State issued Identification Card, State issued Driver's License, Military ID, Employment Card or Passport

### **Verifications for Children**

- ☐ Original Social Security Card (Copies can be mailed, however an original **MUST** be shown to BHA Intake before a unit is offered.)
- ☐ Birth Certificate
- ☐ Adoption papers (if applicable)
- ☐ Custody agreement (if applicable)
- ☐ Health and Human Services ID (if applicable)
- ☐ Certified school records (if applicable)

### **Preference Point Verifications**

- ☐ Did you select any preference points on the application? If so, submit the proper documentation to prove you qualify for those preference points.

### Sources of Income Verification

Please turn in recent(nothing older than 60 days) documentation for all sources of income, including but not limited to:

- ☐ Employment-most recent 60 days of pay stubs ☐ Unemployment ☐ TANF Award Letter
- ☐ Disability Income from a Job ☐ Worker's Compensation ☐ Military Pay ☐ Odd/Seasonal Jobs
- ☐ Military Pension ☐ Retirement Pension ☐ SNAP/ Food Stamps Award Letter
- ☐ Child Support-Divorce Decree or Print Out (dating back at least 1 year)
- ☐ Social Security-ANY form-including: SS, SSDI, SSI, SS Widows, SS survivors, ANY back-pay
- ☐ Prior year's tax records (Only if self-employed, including tax forms filed, W-2's, etc.)
- ☐ Student Aid-ANY form, including but not limited to: Grants, Loans, Scholarships, Fellowships, Work Study, Internships, and 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- 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 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)

- ☐ Checking accounts ☐ Savings accounts ☐ Bonds ☐ IRAs ☐ Money Market accounts ☐ UTMA accounts
- ☐ House ☐ CDs ☐ Stocks ☐ Mobile Home ☐ Trailer ☐ Land ☐ Investments ☐ Inheritance
- ☐ ANY other assets

### Children & Child Care

- ☐ Proof of Custody/Guardianship (including court documentation or school records showing the child is registered in school under the applicants address) ☐ 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

**I understand if I fail to provide the required documentation or make false statements or misinterpretations on my application, my application for the Project Based Voucher Bloomington RAD I will be considered incomplete and therefore will not be accepted without further notice.**

HOH Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# 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. 07/31/2021

PHA 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

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**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(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 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.



## U.S. Department of Housing and Urban Development

### Office of Public and Indian Housing

## DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

### NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

### What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

# COVER SHEET / FAX TRANS.

## AUTHORIZATION TO RELEASE INFORMATION

Date: \_\_\_\_\_

Number of pages including cover sheet: \_\_\_\_\_

### To be completed by property management office:

The undersigned individual(s) has applied for residency at \_\_\_\_\_. The property is operated under federal affordable housing regulations, which require that we obtain written confirmation of the eligibility of all applicants and household members. In order to comply with federal regulations, please complete the following form in full and return it to the sender at your earliest convenience.

### Verifications and inquiries that may be requested include, but are not limited to:

Credit and Criminal Activity	Identity and Marital Status	Previous Residences and Rental Activity
Employment, Income, and Assets	Medical Allowances	Student Status

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

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

### To be completed by applicant/resident

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original signed copy of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand that I/we have a right to review my/our file and correct any information that can be proven incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the federal affordable housing program.

Applicant/Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____
Co-Applicant/Co-Resident Name (Printed): _____ Last 4 Digits of Social Security Number: _____ Authorizing Signature: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



## INCOME CERTIFICATION QUESTIONNAIRE

(\*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: \_\_\_\_\_

☐ Initial Certification      ☐ Recertification      ☐ Addition of Household Member

YES      NO

1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____
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### INCOME INFORMATION

*Include all income sources, including unearned income of minors.*

YES      NO

### MONTHLY GROSS INCOME

2. <input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self-employment). This includes but not limited to: Rideshare companies such as Uber/Lyft, multi-level marketing companies such as Mary Kay, Total Life Changes, 1099-contractors, etc. _____	(use <u>net</u> income from business) \$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  <div style="text-align: center;">Name of Employer</div> 1) _____ \$ _____ 2) _____ \$ _____	
4. <input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts, including but not limited to: rent, utility payments, cell phone, transportation, etc. on an ongoing basis from persons not living with me.	\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments or Supplemental Social Security Income (SSI).	\$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) <b>DO NOT INCLUDE FOOD STAMPS</b>	\$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____ List the amount received if not receiving the full agreement amount	\$ _____ (amount ordered)  \$ _____ (amount received)
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, lottery winnings, or donation banks (such as plasma donations). If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____





15. <input type="checkbox"/> YES <input type="checkbox"/> NO	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/> YES <input type="checkbox"/> NO	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester
17. <input type="checkbox"/> YES <input type="checkbox"/> NO	I am claiming zero income.	

# **ASSET INFORMATION**

Include all asset sources, including assets of minors.

YES	NO		INTEREST RATE	CASH VALUE
18. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19. <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/>	<input type="checkbox"/>	I have a debit card, pay card for direct deposit of benefits, or prepaid debit card (s). # of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
24. <input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
25. <input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
26. <input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____



27. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings paid in one payment (not reoccurring periodic payments).		
28. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

_____	_____	_____
PRINTED NAME OF APPLICANT/TENANT	SIGNATURE OF APPLICANT/TENANT	DATE
_____		_____
WITNESSED BY: (SIGNATURE OF OWNER/REPRESENTATIVE)		DATE



## INCOME CERTIFICATION QUESTIONNAIRE

(\*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: \_\_\_\_\_

☐ Initial Certification      ☐ Recertification      ☐ Addition of Household Member

YES      NO

1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____
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### INCOME INFORMATION

*Include all income sources, including unearned income of minors.*

YES      NO

### MONTHLY GROSS INCOME

2. <input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self-employment). This includes but not limited to: Rideshare companies such as Uber/Lyft, multi-level marketing companies such as Mary Kay, Total Life Changes, 1099-contractors, etc. _____	(use <u>net</u> income from business) \$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  <div style="text-align: center;">Name of Employer</div> 1) _____ \$ _____ 2) _____ \$ _____	
4. <input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts, including but not limited to: rent, utility payments, cell phone, transportation, etc. on an ongoing basis from persons not living with me.	\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments or Supplemental Social Security Income (SSI).	\$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) <b>DO NOT INCLUDE FOOD STAMPS</b>	\$ _____
12. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through court order or other agreement. If yes, how many orders/agreements do you have? _____ If yes, from how many persons do you receive support? _____ List the amount received if not receiving the full agreement amount	\$ _____ (amount ordered)  \$ _____ (amount received)
13. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony/spousal maintenance payments	\$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, lottery winnings, or donation banks (such as plasma donations). If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____



15. <input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
16. <input type="checkbox"/> <input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester
17. <input type="checkbox"/> <input type="checkbox"/>	I am claiming zero income.	

# **ASSET INFORMATION**

Include all asset sources, including assets of minors.

YES	NO		INTEREST RATE	CASH VALUE
18. <input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____		_____% _____% _____%	6 MONTH AVERAGE BALANCE \$ _____ \$ _____ \$ _____
19. <input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). # of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____		_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/> <input type="checkbox"/>	I have a debit card, pay card for direct deposit of benefits, or prepaid debit card (s). # of cards held _____ 1) _____ 2) _____ 3) _____			CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____		_____%	\$ _____
22. <input type="checkbox"/> <input type="checkbox"/>	I own real estate. If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose			\$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____		_____% _____% _____%	\$ _____ \$ _____ \$ _____
24. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____		_____% _____% _____%	\$ _____ \$ _____ \$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____		_____% _____%	\$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____			\$ _____



27. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings paid in one payment (not reoccurring periodic payments).		
28. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have other personal property held as an investment, other income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

_____	_____	_____
PRINTED NAME OF APPLICANT/TENANT	SIGNATURE OF APPLICANT/TENANT	DATE
_____		_____
WITNESSED BY: (SIGNATURE OF OWNER/REPRESENTATIVE)		DATE



## Student Status Self-Certification For Rental Housing Tax Credit Program

**\*A separate form must be completed by each adult member of the household.**

Name: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

A. \_\_\_\_\_ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.

C. \_\_\_\_\_ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, answer the questions below:

**1-5, below must be circled (ONLY IF "C" IS CHECKED ABOVE):**

1. Is at least one student receiving assistance under Title IV of the Social Security Act?  
**Yes / No**
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) **Yes / No**
3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) **Yes / No**
4. Household consists entirely of single parent(s) with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than a parent?  
**Yes / No**
5. Are the students married and entitled to file a joint tax return? **Yes / No**

*Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Tenant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tenant Printed Name: \_\_\_\_\_



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



## Student Status Self-Certification For Rental Housing Tax Credit Program

**\*A separate form must be completed by each adult member of the household.**

Name: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

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**Yes / No**
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*Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Tenant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Tenant Printed Name: \_\_\_\_\_



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## Consent for Criminal Background Check

### MUST Be Completed By ALL Household Members Age 18 Or Older

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

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

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

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

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

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

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

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

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

If yes please list the reason(s) \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, please list all names used: \_\_\_\_\_

\_\_\_\_\_

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

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



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If yes please list the reason(s) \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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<b>Applicant's Full Name (Please Print)</b>		
<b>Social Security Number</b>		<b>Date of Birth</b>
<b>Applicant's Signature</b>		

## NON-EMPLOYED STATUS CERTIFICATION

Applicant/Tenant Name: \_\_\_\_\_

I confirm that I am not now employed in any capacity and the following statements apply to my situation:

[ ]

- I am currently receiving unemployment benefits. [Management: Obtain third-party verification of benefits]

[ ]

- I do not receive unemployment compensation or other benefits as a result of my non-employment status.

[ ]

- I have been hired/am in the process of being hired and expect to begin employment with \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I anticipate earning \$ \_\_\_\_\_ over the next 12 months. [Management: Obtain third-party verification from new employer]

---

**Additionally, I receive income from the sources listed below. Please mark all that apply:**

1. [ ] Social Security, public assistance, pensions, veteran's benefits, or other benefits.
  2. [ ] Self-employment including but not limited to the sale of items such as Mary Kay, Tupperware, Avon, etc.
  3. [ ] Child support, spousal support (alimony), or regular recurring gifts from any person or agency.
  4. [ ] Other sources of income, please list: \_\_\_\_\_
  5. [ ] I do not receive income from any source.
- 

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease agreement and subjects me to immediate eviction.

Under penalties of perjury, I certify the above representations to be true as of the date shown below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



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---

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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# **ZERO INCOME CERTIFICATION & BASIC NEEDS QUESTIONNAIRE**

Form to completed by head of household and signed by all adult household members if the household is claiming zero income.

Name: \_\_\_\_\_

1. I hereby certify that I/we do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.

\_\_\_\_\_  
Initials

2. I/we currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

\_\_\_\_\_  
Initials

**(CONTINUED ON NEXT PAGE)**



**We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.**

3. I/we will be using the following sources of funds to pay for rent and other necessities. If you do not have the expense listed, mark N/A in the monthly cost column. Do not leave blank spaces.

<b>EXPENSE TYPE</b>	<b>MONTHLY COST</b>	<b>SOURCE OF FUNDS</b>
Rent		
Utilities (electric, gas, water, etc.)		
Cable /satellite television		
Phone / cell phone service		
Food		
Personal hygiene & cleaning supplies		
Tobacco products & alcohol		
Medical expenses		
Laundry		
Clothing & shoes		
Car payment		
Car insurance		
Gasoline for car		
Other transportation costs		
Credit card and loan payments		
Entertainment and other expenses		

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my 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.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

## CRIME FREE ADDENDUM

In consideration of the execution or renewal of a lease of the dwelling unit identified in the Lease, Lessor and Lessee agree as follows:

1. Lessee, any member of the Lessee's household or a guest or other person under the Lessee's control shall not engage in criminal activity, including but not limited to drug-related criminal activity, theft, battery and other violent crime, arson, sex crime, etc., regardless of whether or not the crime is committed on premises. "Drug related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with the intent to manufacture, sell, distribute, or use a controlled substance (as defined in Section 102 of the controlled Substance Act 21 U.S.C. 802). Criminal activity will be considered as occurred if Lessee, any of the Lessee's household members, or a guest or other person under the Lessee's control is: considered under reasonable suspicion, arrested, formally charged, and/or incarcerated.

2. Lessee, any member of the Lessee's household or a guest or other person under the Lessee's control shall not engage in any act intended to facilitate criminal activity, including drug related criminal activity.

3. Lessee or members of the household will not permit the dwelling unit to be used for or to facilitate criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, or a guest.

4. Lessee, any member of the Lessee's household or a guest or other person under the Lessee's control, shall not engage in the unlawful manufacturing, selling, using, storing, keeping or giving of a controlled substance, as defined in I.C. 35-489, at any location whether on or near the dwelling unit, premises or otherwise.

5. Lessee, any member of the Lessee's household or a guest or other person under the Lessee's control, shall not engage in any illegal activity, including prostitution, as defined in I.C. 35-45-4-2, criminal street gang activity as defined in I.C.35-45-9-1, threatening or intimidating as prohibited by I.C.35-45-2-1, battery at prohibited in I.C.35-45-2-1, including but not limited to the unlawful discharge of firearms, or any breach of the lease agreement that otherwise jeopardizes the health, safety and welfare of the landlord, his agent or other tenants or involving imminent or actual serious property damage.

6. VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY. A single violation of any provision of this added addendum shall be deemed a serious violation and a material and irreparable noncompliance. It is understood that a single violation shall be good cause for immediate termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be a preponderance of the evidence.

7. In case of conflict between provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.

8. This LEASE ADDENDUM is incorporated into the lease executed or renewed this day between Lessor and Lessee herein referenced by lessor (as owner) and lessee.

\_\_\_\_\_  
Lessee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lessee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lessee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Manager's Signature

\_\_\_\_\_  
Date



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



## CHILD (or SPOUSAL) SUPPORT CERTIFICATION

Please check the appropriate statements below. Multiple statements may apply, so read each option carefully. Indicate which child(ren) the statement applies to or indicate 'self' if the statement applies to you with regards to spousal support.

---

### Part I: For applicants/tenants that are receiving or will begin receiving child or spousal support payments:

- A. ☐ I am **court ordered to receive or begin receiving child support, spousal support, or other compensation**. Pursuant to the court order, I receive \$\_\_\_\_\_ per \_\_\_\_\_ in support.
- The order is case number \_\_\_\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_
- This statement applies to the following children \_\_\_\_\_
- B. ☐ I am not court ordered to receive child or spousal support, but **receive payments through a non-court ordered private agreement**. I receive \$\_\_\_\_\_ per \_\_\_\_\_ in support.
- This private agreement is between myself and \_\_\_\_\_ (name of individual)
- This statement applies to the following children \_\_\_\_\_

### Part II: For applicants/tenants that are not receiving and do not anticipate receiving child support or spousal support payments:

- A. ☐ **I am not entitled (through court order or private agreement) to receive support for the following reason:**
- \_\_\_\_\_
- This statement applies to the following children: \_\_\_\_\_
- B. ☐ I am **court ordered** to receive child support, spousal support or other compensation pursuant to a court order in the amount of \$\_\_\_\_\_ per \_\_\_\_\_. However, **I do not expect to receive the full amount of money** due me because:
- \_\_\_\_\_
- \_\_\_\_\_
- The order is case number \_\_\_\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_
- This statement applies to the following children \_\_\_\_\_
- C. ☐ **I hereby certify that I have taken all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment. (Must attach a printout from the court showing child support payment history for previous 12 months.)**

---

**Under penalties of perjury**, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date



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# **RAD 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
			M F	/ /	
Social Security Number  — —		Race <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> 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?

- |  |   |
|--|---|
| <input type="checkbox"/> Disability                  | <input type="checkbox"/> Monroe County Resident   |
| <input type="checkbox"/> Veteran                     | <input type="checkbox"/> Morgan County Resident   |
| <input type="checkbox"/> Surviving Spouse of Veteran | <input type="checkbox"/> Owen County Resident     |
| <input type="checkbox"/> Working 35 hours or more    | <input type="checkbox"/> Green County Resident    |
| <input type="checkbox"/> Working 20 to 34 hours      | <input type="checkbox"/> Lawrence County Resident |



## What is your present address?

All correspondence will be sent to correspondence address.

Street Address _____			
Street	City	State	Zip Code
Correspondence Address _____			
Street	City	State	Zip Code
Home Phone ( ) _____		Business Phone ( ) _____	
		Cell ( ) _____	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If more than one eviction, list the additional information on page 13.)		
If Yes: By Whom? _____	When? _____	Why? _____
Have you or any other household member ever lived in assisted housing before? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: Who? _____	When? _____	Where? _____
Do you or any other household member owe any money to a Public Housing Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has any household member ever used a name other than the one you are using now? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: Who? _____	When? _____	What? _____
Has any household member been arrested for any reason in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

## Housing Suitability Screening

*Previous housing references:*

Complete the required information for the last **Five (5) Years** Attach additional sheet if necessary.

Please note: We **CANNOT** process the application without this information.

### **HEAD OF HOUSEHOLD**

Address (Include Street, City, State)	From Month/Year	To Month/Year	Rent/Own/ Live With Someone/Other	Home Owner Name or Landlord name even if you were not on a lease	Home Owner or Landlord Telephone Number
			-		
			-		
			-		
			-		
			-		

For **ALL OTHER** adult members over 18 years of age, please list their name, address, City, State, then the Zip Code that they have lived in for the last **Five (5) Years** Attach additional sheet if necessary.

Name	Address	City	State	Zip Code

Have you or any other household member ever been evicted?

☐

Yes

☐

No

If Yes: By Whom? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_

For **ALL** adult members age 18 and over, please read, sign, and date the following: I give my permission for the Bloomington Housing Authority to conduct a tenancy history check for the past five (5) years. I understand my previous Landlords will be contacted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# DECLARATION OF CITIZENSHIP

## Section 214 Status

PLEASE COMPLETE THIS FORM AND RETURN TO:



Bloomington Housing Authority

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

### Part 1: Applies to All Family Members

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

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

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

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

### Head of Household Certification

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

Signature

Date

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

## -Part 2: Applies to Noncitizen Family Members Only

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

- (1) Form I-551, Alien Registration Receipt Card.
- (2) Form 1-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form 1-688, Temporary Resident Card
- (4) Form 1-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

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

### Consent to Verify Eligible Immigration Status

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

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

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

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

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.

<b>Applicant Name:</b>											
<b>Mailing Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>Name of Additional Contact Person or Organization:</b>											
<b>Address:</b>											
<b>Telephone No:</b>	<b>Cell Phone No:</b>										
<b>E-Mail Address (if applicable):</b>											
<b>Relationship to Applicant:</b>											
<b>Reason for Contact: (Check all that apply)</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<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											
<b>Commitment of Housing Authority or Owner:</b> 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.											
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
<b>Legal Notification:</b> 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.

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**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.

# EMPLOYMENT VERIFICATION

## TO BE COMPLETED BY EMPLOYER

IF NOT APPLICABLE, PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ No \_\_\_\_\_

Date first employed \_\_\_\_\_

If not presently employed, last day of employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour

Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour

Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Year-to-date earnings: \$ \_\_\_\_\_ YTD covers the dates of \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ # of pay periods \_\_\_\_\_

Will there be a change in the employee's rate of pay within the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_ Effective date: \_\_\_\_\_

If yes, what is the new rate of pay: \_\_\_\_\_

Is employment seasonal or sporadic? Yes \_\_\_\_\_ No \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Is employee eligible for unemployment compensation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long? \_\_\_\_\_ How much? \_\_\_\_\_

Does the employee have access to any portion of his/her pension or retirement account? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what amount may be withdrawn without retiring or terminating employment? \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.





## **RELEASE OF INFORMATION**

**\*APPLICANT'S NAME:** \_\_\_\_\_

**Additional names used during employment:** \_\_\_\_\_

**\*SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*\*Applicant contact information**

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

\_\_\_\_\_  
**\*SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**\*TODAY'S DATE:**

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

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

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

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

**\*SIGNATURE OF REQUESTOR:** \_\_\_\_\_

**\*Printed Name of the Requestor:** \_\_\_\_\_

**\* Requesting Organization:** \_\_\_\_\_

**\*Email Address:** \_\_\_\_\_

**\*Phone Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Fax Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*REQUIRED FIELDS**

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

Email [employverification@dwd.in.gov](mailto:employverification@dwd.in.gov) to reach a DWD employment history or LKE website specialist.