

Housing Suitability Screening

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 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

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: _____

Please Read!

- 1) Answer every question (excluding unneeded duplicate forms/employment and bank verification forms).
- 2) If a form or question does not apply to you, answer “N/A”
- 3) Read, Sign and Date on each page where a signature is indicated or required.
I understand that failure to respond to ANY question may jeopardize my housing assistance.

Head of Household Signature

BHA Use Only

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OFFICE USE

Checklist for IHEDA Desktop Reviews- Tax Credit

BIN # _____ Unit # _____ Tenant Name _____

LEASING INFORMATION

- _____ Original Lease
- _____ Current Lease
- _____ Lease Addenda (e.g. Tax Credit Addendum, Renewal Addendum, Family Obligations, etc.)

TENANT INFORMATION

- _____ Tenant Income Certification (TIC) Form
- _____ Tenant Income Certification Questionnaire
- _____ Rental Application

INCOME VERIFICATIONS

- _____ Employment Verifications (may include pay stubs and tax returns if necessary)
- _____ Self-Employment Verification
- _____ Non-Employment Verification
- _____ Child Support Verification
- _____ Social Security / Other Benefit Verifications
- _____ Public Assistance Verification (AFDC, TANF, HIP, etc.)
- _____ Zero-Income Certification
- _____ Public Housing Authority (PHA) Income Certification

ASSET VERIFICATIONS

- _____ Third Party Verification of all Assets
- _____ Less Than \$5000 Asset Certification
- _____ Disposal of Assets Certification

OTHER DOCUMENTS

- _____ Student Status Certification
- _____ Section 8 Verification (including the HAP Contract)
- _____ Unborn Child Self-Certification
- _____ Live-in Aide Certification
- _____ Marital Separation Status Certification / Divorce Decree
- _____ Tenant Consent of Release of Information
- _____ Crime Free Addendum
- _____ Race and Ethnicity
- _____ Any Additional Tenant Self-Certifications
- _____ Any Additional Management Clarification Documents and/or Calculation Worksheets

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

RENTAL ASSISTANCE

YES	NO		
1. <input type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Housing Authority Name _____	Note: This is not counted as household income.
2. <input type="checkbox"/>	<input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below. Program Name _____ Organization providing rental assistance _____	Note: This is not counted as household income.

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES	NO		MONTHLY GROSS INCOME
3. <input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc. List types: 1) _____ 2) _____	(Use <u>net</u> income from business) \$ _____ \$ _____
4. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer. Check all that apply: <input checked="" type="checkbox"/> Wages <input checked="" type="checkbox"/> Salary <input checked="" type="checkbox"/> Overtime pay <input checked="" type="checkbox"/> Commissions <input checked="" type="checkbox"/> Tips (reported) <input checked="" type="checkbox"/> Cash tips (not reported or disclosed) <input checked="" type="checkbox"/> Bonuses <input checked="" type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____

YES NO

MONTHLY GROSS INCOME

5. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do not count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization.</p> <p><u>Name of Person Providing Contribution</u></p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
6. <input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____
7. <input type="checkbox"/> <input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
8. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments	\$ _____
9. <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.).	\$ _____
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 periodic payment from lottery winnings.	\$ _____
12. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive Public Assistance Income (examples: TANF)</p> <p>DO NOT INCLUDE FOOD STAMPS</p>	\$ _____
13. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive child support payments through court order or other agreement.</p> <p>If yes, from how many persons do you receive support? _____</p>	<p>\$ _____</p> <p>(amount received)</p>
14. <input type="checkbox"/> <input type="checkbox"/>	I receive alimony/spousal maintenance payments	<p>\$ _____</p> <p>(amount received)</p>
15. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements.</p> <p>If yes, list sources:</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
16. <input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	<p>(Use <u>net</u> earned income)</p> <p>\$ _____</p>

YES NO 17. <input type="checkbox"/> <input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.).	\$ _____ per semester
18. <input type="checkbox"/> <input type="checkbox"/>	I am claiming zero income and will be required to complete a separate zero income certification form	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES NO		INTEREST RATE	CASH VALUE
19. <input type="checkbox"/> <input type="checkbox"/>	I have a checking 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 savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/> <input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____%	\$ _____

YES NO		INTEREST RATE	CASH VALUE
24. <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		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
27. <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) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		\$ _____
31. <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) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____

YES NO		INTEREST RATE	CASH VALUE
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through a crowdfunding platform (e.g., GoFundMe)		CURRENT BALANCE \$ _____
34. <input type="checkbox"/> <input type="checkbox"/>	<p>I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.</p> <p>Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment</p> <p>If yes, list type below:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>		<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>

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





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 Bloomington RAD 1. 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): <u>«First Name» «Last Name»</u>
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.



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.

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.



Requirement to Report Income

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

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

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

Client

Date

BHA Staff

Date

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

**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.

08/2013

Form HUD-52675



Who will have access to the information collected?

2

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 «First_Name» «Last_Name»



Student Status Self-Certification For Rental Housing Tax Credit Program

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

Name: «Full 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: «Full 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.



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: «Full_Name»	
Mailing Address: ,	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law I02-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (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 I 02-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.





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: _____

NON-EMPLOYED STATUS CERTIFICATION

Applicant/Tenant Name: «Full 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



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: «Full 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.

EXPENSE TYPE	MONTHLY COST	SOURCE OF FUNDS
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.

_____	«Full Name»	_____
Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date
_____	«Full Name»	_____
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

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



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.





Bloomington Housing Authority

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

EMPLOYMENT VERIFICATION

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

TO BE COMPLETED BY EMPLOYER

Employee Name: «Full 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.



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RELEASE OF INFORMATION

*APPLICANT'S NAME: «Full Name»

Additional names used during employment: _____

*SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER «SSN»

***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: Bloomington Housing Authority

*Email Address: jsaltsman@blha.net

*Phone Number (812)339-3491

*Fax Number (812)339-7177

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

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



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 three 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 three 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 three 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	

DECLARATION OF CITIZENSHIP

Tenant ID

PLEASE COMPLETE THIS FORM AND RETURN TO:

Bloomington Housing Authority
1007 N. Summit St.
Bloomington, IN 47404

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.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> or <input type="radio"/>	<input type="radio"/> X	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> or <input type="radio"/>	<input type="radio"/> X	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> or <input type="radio"/>	<input type="radio"/> X	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> or <input type="radio"/>	<input type="radio"/> X	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> or <input type="radio"/>	<input type="radio"/> X	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> or <input type="radio"/>	<input type="radio"/> X	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> or <input type="radio"/>	<input type="radio"/> X	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> or <input type="radio"/>	<input type="radio"/> X	<input type="text"/>

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.

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

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

Consent to Verify Eligible immigration Status

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

First Name	Last Name	Age	Signature of adult listed to the left Or signature of guardian for Minors.	Office Use INSVERIF.#

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 _____

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.