

# TO PROCESS YOUR APPLICATION, THE FOLLOWING INFORMATION IS REQUIRED:

## Application Selection Criteria

### Applicant must provide:

- (1) History of where all adults have lived from the time they turned 18 to present or at least where they have lived for the past 5 years.
- (2) Must have some sort of income, in order to pay utilities.
- (3) Proof of ALL income. If employed, must have 3 most recent pay stubs and must sign an employment verification. If receiving Social security or assistance from DFS, must provide current computer print-out. If receiving Child Support, must provide current computer print-out. If income is received from any source other than those mentioned above a notarized letter from the income provider is required.
- (4) Proof of pharmaceutical expenses if applicable.
- (5) Proof of age – must be at least 18 years old.
- (6) Proof of custody of children (men and women).
- (7) Birth certificate for all applicants.
- (8) Photo I.D. for all applicants over age of 18.
- (9) Social Security cards for all applicants including children.

### Applicant must not have:

- (1) Unpaid utility bills.
- (2) History of drug abuse.
- (3) History of violent behavior, (assaults, burglary, crimes against other persons, arson arrests).
- (4) Previous evictions from any Housing Authority, or any other Rental Assistance Programs, or eviction by any landlord.

### OUR SCREENING PROCESS ENTAILS:

- Credit Check through Accudata Credit Systems.
- Previous and current landlord check.
- Utilities check (must be able to have utilities in your name).
- Criminal (police check).
- Personal interview with all applicants over age 18.

PLEASE FILL OUT APPLICATION COMPLETELY – INCLUDING LANDLORD INFORMATION.

CALL 233-3254 TO SCHEDULE AN APPOINTMENT TO GO OVER YOUR APPLICATION.  
APPOINTMENTS ARE DURING THE HOURS OF 8:30 A.M. – 11:30 A.M. MONDAY THRU FRIDAY.

My appointment is scheduled for: \_\_\_\_\_

DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_

**ST. JOSEPH HOUSING AUTHORITY APPLICATION**

CLIENT # \_\_\_\_\_

HAP # \_\_\_\_\_

List the head of household and all other members who will be living in the assisted unit. Provide the relationship of each family member to the head. Include all persons considered to be permanently residing in the unit, including friends and/or medically required staff assistants.

MEMBER FULL NAME	RELATIONSHIP	SEX	SOCIAL SECURITY #	BIRTH DATE	BIRTH PLACE	AGE
1	HOUSEHOLD HEAD					
2						
3						
4						
5						
6						

YOUR CURRENT ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

List names, addresses, relationship, and phone numbers of two relatives or friends who will always know how to contact you.

A. \_\_\_\_\_ address \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

B. \_\_\_\_\_ address \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

RACIAL IDENTIFIER, Head of House: White \_\_\_ Black \_\_\_ American/Alaskan Native \_\_\_ Asian/Pacific Islander \_\_\_

ETHNICITY: Hispanic \_\_\_ Non-Hispanic \_\_\_

Does anyone claim a disability? (Y) (N) If yes, are any special accommodations needed? \_\_\_\_\_

Elderly / Disabled, do you have (out-of-pocket) medical expenses to claim? \_\_\_\_\_

INCOME AND ASSET REPORTING..	SOURCE OF INCOME	MONTHLY INCOME	BANK ACCT. NAME & NUMBER	BALANCE

List by name and value all Stocks, Bonds, Trusts, Real Estate, or other assets not listed above. \_\_\_\_\_

Is any adult member of your household employed or earning any type of income in any way that is not listed above? \_\_\_\_\_

Does anyone in your household receive any form of child support or alimony payments not listed above? \_\_\_\_\_

Does anyone in the household receive any form of payment from a pension, annuity, trust-fund; receive welfare assistance, unemployment benefits, or any type of income or assistance not listed above? \_\_\_\_\_

Has anyone in the household been arrested for a violent crime or drug activity? \_\_\_\_\_ When and where? \_\_\_\_\_

Is any member of the household subject to a lifetime registration requirement under a State sex offender registration program? \_\_\_ Yes \_\_\_ No

If yes, who: \_\_\_\_\_

Do you pay for child care which enables a family member to work or go to school? \_\_\_\_\_ If yes, provide name and address of child care provider. \_\_\_\_\_

Have you disposed of any assets for less than fair market value in the past two years? \_\_\_\_\_ What, if any, have you disposed of and what was/were the sale price(s)? \_\_\_\_\_

Have you ever applied for housing assistance before? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever lived in public housing or lived in rent assisted housing as an adult? \_\_\_\_\_ Where? \_\_\_\_\_

Has any member of your family been tested for EBL (Elevated Blood Levels) due to lead based paint in the past year? \_\_\_\_\_

In filling out, by signing my/our signature (s) to, and submitting this application for the Housing Authority program, I/we acknowledge full understanding of the following conditions and agree it is my/our responsibility to remain in compliance with them at all times:

1. I/we must report all family income from all sources and the names of all persons who will be living in the unit while the lease is in effect, and that if anyone moves in or out I/we must report it to the Housing Authority immediately.
2. If there is absolutely no income from any source coming in to the family unit I/we understand that I/we must provide to the Housing Authority a written statement to that effect, in person, each and every month. I/we further understand that to not meet this requirement may be cause for the lease to be canceled.
3. If at any time during the lease there is a change in "source or amount of income" I/we will report it immediately to the Housing Authority. This includes a change of jobs, going from part to full-time, losing a job and now receiving unemployment benefits, ANYTHING changing the amount or income source.
4. I/we am aware and I/we fully understand that failure to report changes in income, if judged to be intentional, could be cause for me to be removed from the program and that all back charges of rent, as a result of income under reporting (intentionally or by mistake) will be payable by me/us. I/we understand that cases deemed serious by the Housing Authority will be turned over to the Regional HUD Office for investigation.
5. I/we know that I/we must effect notification of any changes in person, and that a telephone call will NOT be adequate or proper notification.
6. Once I/we have a lease in effect through the Housing Office, with an established rent payment, the amount to pay to the landlord must not be more than the amount stated in the lease (that was calculated by the Housing Authority). If the landlord requires or asks you to pay additional rent or monthly fees YOU MUST REPORT THIS TO THE HOUSING AUTHORITY AT ONCE.
7. This is for persons making application for Pleasant Heights Housing Complex.  
I/We understand that the personal references and landlord references provided below will be checked.

A. List two personal references: NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

B. List two former landlords : NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ALL APPLICANTS: I/we certify the information given the St Joseph Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law. I/we further understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/we acknowledge it is my/our responsibility, as tenants receiving Housing Assistance, to remain in compliance with housing rules and regulations, and all provisions of my/our lease.

I/we give permission to the Housing Authority to release information concerning my family, rental assistance and utility reimbursements to the Division of Family Services.

\_\_\_\_\_  
Head of Household signature      Date

\_\_\_\_\_  
Spouse or other adult signature      Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

SJHA FORM 1  
OCTOBER 96

\_\_\_\_\_  
Signature, Housing Authority Representative      Date

1. Any Criminal activity on or off PHA premises, wherever located that threatens the health, safety or right of peaceful enjoyment of PHA'S premises by other residents or PHA employees.
2. Any drug-related criminal activity on or off PHA premises wherever located.
3. Alcohol abuse that the PHA determines interferes with the health, safety or right to peaceful enjoyment of the premises by other residents.

For the purpose of this section, criminal activity that threatens the health, safety or right of peaceful enjoyment of the premises by other residents or PHA employees (Police Officers are included as PHA, employees) shall include but not limited to the following:

1. PHYSICAL OR VERBAL ASSAULT OR THE THREAT OF PHYSICAL OR VERBAL ASSAULT TO ANY PERSON WHATSOEVER; Illegal use of firearm or other weapon or the threat to use (flourish) a firearm or other weapon.

For the purpose of this section, drug related criminal activity means the following:

1. Illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use, of a controlled substance, or substances commonly known as, but not limited to: cocaine, heroin, marijuana, and opium, and further defined as in the Controlled Substances Act (21 U.S.C. 802) unless such controlled substances or substances were obtained directly pursuant to a valid prescription or order.

- O. Resident agrees not to allow any individual that has been barred or banned from the PHA'S property to be on any property under Resident's responsibility.
- P. Resident and Resident's guests will not discharge or threaten to discharge a firearm of any type, including "B-B" guns, on Housing Authority property. Discharging or threatening to discharge a firearm will be considered a serious violation of the terms and conditions of this lease.
- Q. Resident and Resident's guests further agree not to use or threaten to use knife, club, or any other weapon against any person on Housing Authority property. The use of, or threat to use a knife, club, or any other weapon against any person on the Housing Authority property will be considered a serious violation of the terms and conditions of this lease.

IF ANY RESIDENT AT PLEASANT HEIGHTS IS EVICTED YOU ARE NO LONGER ELIGIBLE TO RECEIVE ANY TYPE OF HOUSING ASSISTANCE.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

4. RESIDENT OBLIGATIONS: (AS STATED IN YOUR LEASE)

- D. Malicious or willful destruction of property by Resident, Resident's household members or guests.
- F. Flagrant and/or repeated disregard for other Residents rights:  
1. Resident shall not disturb or permit disturbance of others by the use of musical instruments, unseemly noises of any interference whatsoever.
- H. Any illegal conduct or actions detrimental to the community or the residents by Resident, his/her guest or household member.
- J. Repeated violations of parking illegally or possession of "junk vehicles".  
1. Residents and members of his/her household, visitors and guests shall use designated parking areas. NO PARKING ON THE STREETS!  
2. Parking on any lawn area within the development site is not permitted including motorcycles.  
3. Motorcycles or any unlicensed vehicle are not to be driven or parked within the development.  
4. Loud mufflers, large truck or other objectionable vehicles shall not be driven onto the development or parked in the parking areas.  
5. Resident's and resident's guests motorized vehicles must be properly tagged and licensed and shall be in running conditions with full inflated tires.  
6. Automotive repair work will not be permitted on the project.  
7. Resident agrees to pay towing charges for parked motorized vehicles and vehicles which are not running condition as outlined in Section 4, Part J above.
- L. Residents and/or children or visiting children shall not be permitted to loiter in driveways, or parking areas.
- M. Failure to refrain from, or to cause Resident household members and guest from refraining from destroying, defacing, damaging or removing any part of the premises or community.  
14. No open alcoholic containers are allowed on the premises outside the apartments. This includes porches.  
15. To avoid fires, barbecue grills, while in use, must be away from the porches. A barbecue grill is never allowed on the top landing. Hot coals shall not be left unattended.  
16. Resident's children must comply with the current City curfew ordinance. (11:00 p.m. at this time)
- N. RESIDENT AGREES THAT RESIDENT, ANY MEMBER OF HOUSEHOLD, GUESTS, OR ANY OTHER PERSON UNDER THE RESIDENT'S CONTROL, SHALL NOT ENGAGE IN:

**Public Housing City of St. Joseph  
Pleasant Heights Apartments  
NO SMOKING ADDENDUM  
EFFECTIVE October 1, 2015**

**No-smoking policy** Due to the increase risk of fire, increased maintenance costs, and the health effects of secondhand smoke, Landlord is adopting the following No-Smoking Policy, which prohibits smoking in any interior common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, reception areas, stairways and offices, within all living units and within 25 feet of building(s) including entry ways, porches, balconies and patios. This policy applies to all residents, guests, visitors, service personnel and employees.

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**Signature**

**Date**

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**Signature**

**Date**

---

**Signature**

**Date**

Date \_\_\_\_\_

Landlord/Rental History for \_\_\_\_\_

**NOTE: Dates must be consecutive. Any gaps in dates must be explained**

Residence Address:

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

Dates:

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

Landlord name, address phone #

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

Residence Address:

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

Dates:

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

Landlord name, address phone #

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

Residence Address:

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

Dates:

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

Landlord name, address phone #

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

Residence Address:

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

Dates:

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

Landlord name, address phone #

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

**I certify that all information given is complete and correct. I understand that omissions or incorrect information may be grounds for rejection of my application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CRIMINAL RECORD CHECK AND CREDIT CHECK

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

OTHER NAMES/MAIDEN NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
CITY STATE

SEX: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE RACE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I am applying for Section 8 housing with the St. Joseph Housing Authority, 2902 South 36<sup>th</sup> Street St. Joseph, Missouri. I request and authorize the Housing Authority officers, employees, and/or agents to investigate and compile information concerning my conviction record and credit history.

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

### FOR HOUSING AUTHORITY USE ONLY

CHARGE(S) AND DISPOSITION THEREOF: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**BARRED/BANNED POLICY  
PLEASANT HEIGHTS APARTMENTS  
EFFECTIVE September 1, 2011**

The barred/Banned list is a list of people that St. Joseph Housing Authority (SJHA) has identified as people that they do not want on its property. At the time the person is placed on the list, an effort is made to notify the person that they have been placed on the list through a letter at their last known address and by notifying Public Housing residents the SJHA know has associated with the person in the past. If the person shows up on any SJHA property after being placed on the Barred/Banned List, this person is trespassing and is subject to arrest. Likewise if a resident lets the person into their apartment, they will be evicted. This list will be posted in the main office at SJHA, and residents may obtain a copy upon request from the office.

A copy of the notice is related documents shall be maintained by SJHA. Names of persons receiving the banned/barred notice shall be supplied to the local law enforcement agencies for use in their official capacities.

**HOW DO NAMES GET ADDED TO THE BARRED/BANNED LIST?**

1. Any individual who has committed crimes or other acts which constitute a threat to the health, safety, or general welfare of the residents of SJHA. Including but not limited to threats against residents or staff, damaging public housing property, owing money to the SJHA or persons who are found living in a unit and not included on the SJHA lease.
2. Engages in or has engaged in a criminal activity on or near SJHA property in which a deadly weapon was used or threatened to be used, or which activity resulted in physical injury to any person.
3. Any drug related or violent crime on or off the premises regardless of whether there is an arrest or conviction for these activities.
4. Any person who is subject to a lifetime registration requirement under a state sex offender registration program.
5. Any person, as of this effective date, whose name already appears on the barred/banned list.
6. And any offenses that the Commissioners deems detrimental to the SJHA residents or property.

---

Signature

Date

---

Signature

Date

Housing Authority City of St. Joseph  
Pleasant Heights Apartments  
2902 SO 36<sup>th</sup> Street  
St. Joseph, MO 64503

I/We, understand that I/We must complete 8 hours a month of community service, if I/We am not gainfully employed full time, attending school full time, over the age of 62 or disabled and receiving SSI.

I/We understand that community service must be done at a non-profit organization, church, or hospital, school or nursing home.

It has been explained that if I/We do not perform the 8 hours of community service monthly then that could be cause for eviction. **I/We understand that if I/We are evicted from Pleasant Heights Apartments for any reason that I/We will no longer be eligible for any type of housing assistance.**

I/We understand that I/We must provide Pleasant Height management with written proof that I/We have completed community service each month.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HOUSING AUTHORITY CITY OF ST. JOSEPH  
PLEASANT HEIGHTS APARTMENTS  
2902 SO 36<sup>TH</sup> STREET**

**Sharon Hope  
Executive Director**

**PLEASE FAX BACK  
FAX # 816-233-8102**

Date \_\_\_\_\_

**I am applying for an apartment at Pleasant Heights. I consent to allow the St Joseph Housing Authority to request and obtain information to verify my eligibility.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Applicant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Applicant Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Present address or last address having service \_\_\_\_\_

**TO BE COMPLETED BY THE GAS COMPANY**

ADDRESS

DATE OF SERVICE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OR

According to our records, this applicant is eligible to have gas in their name:

\_\_\_\_\_

Signature of Missouri Gas Energy Representative \_\_\_\_\_

Thank You for taking the time to complete our form, \_\_\_\_\_  
Pleasant Heights Representative

HOUSING AUTHORITY CITY OF ST. JOSEPH  
PLEASANT HEIGHTS APARTMENTS  
2902 SO 36<sup>th</sup> STREET  
ST. JOSEPH, MO 64503

Jeff Penland  
Executive Director

**PLEASE FAX BACK**  
**FAX# 816-233-8102**

I am applying for an apartment at Pleasant Heights. I consent to allow the St Joseph Housing Authority to request and obtain information to verify my eligibility.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present address or last address having service \_\_\_\_\_

TO BE COMPLETED BY THE **LIGHT** COMPANY

ADDRESS

DATE OF SERVICE

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

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

OR

According to our records, this applicant is eligible to have lights in their name:

\_\_\_\_\_

Signature of Everygy Representative \_\_\_\_\_

Thank You for taking the time to complete our form, \_\_\_\_\_  
Pleasant Heights Representative

**HOUSING AUTHORITY  
OF THE CITY OF ST. JOSEPH MISSOURI  
PLEASANT HEIGHTS APARTMENTS  
2902 SOUTH 36<sup>TH</sup> STREET  
ST. JOSEPH, MO 64503  
(816) 233-0383  
FAX (816) 233-8102**

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
To: \_\_\_\_\_ Rental Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Alias Last Name(s): \_\_\_\_\_

I am applying for an apartment at Pleasant Heights. I consent to allow the Saint Joseph Housing Authority to request and obtain information from current or previous landlords to verify my eligibility for HUD's Assisted Housing Program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

1. The applicant's housekeeping habits are/were:  
Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Bad \_\_\_\_\_ Filthy \_\_\_\_\_
2. Their rental paying history is/was:  
Always on time \_\_\_\_\_ Normally on time \_\_\_\_\_ Frequently late \_\_\_\_\_
3. Does the applicant owe you past due rent, damages, or security deposit? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Was the applicant evicted? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for what reason:  
\_\_\_\_\_
5. Has the applicant caused damages to your property while living there? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Was anyone living in the rental unit other than those listed above? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list names \_\_\_\_\_
7. Did you receive complaints on disturbances caused by the applicant while they rented from you?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. Based on previous rental history, would you rent to the above applicant again in the future?  
Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE

Thank you for completing our landlord reference check form. Please return in the stamped envelope provided.

\_\_\_\_\_  
HOUSING AUTHORITY REPRESENTATIVE

\_\_\_\_\_  
DATE

**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.

# 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

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

Pleasant Heights Apartments  
2902 S. 36th St. Pl.  
St. Joseph, MO 64503

Contact:

Date:

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

X

**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.



November 2004

# Things You Should Know

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

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"><li>▫ Evicted from your apartment or house:</li><li>▫ Required to repay all overpaid rental assistance you received:</li><li>▫ Fined up to \$ 10,000:</li><li>▫ Imprisoned for up to 5 years; and/or</li><li>▫ Prohibited from receiving future assistance.</li></ul> <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none"><li>▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):</li><li>▫ Any money you receive on behalf of your children (child support, social security for children, etc.);</li><li>▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);</li><li>▫ Earnings from second job or part time job;</li><li>▫ Any anticipated income (such as a bonus or pay raise you expect to receive)</li></ul>
Assets	<ul style="list-style-type: none"><li>▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.</li></ul>



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

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**Signing the Application**

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

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**Recertifications**

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

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

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**Beware of Fraud**

You should be aware of the following fraud schemes:

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

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**Reporting Abuse**

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

