



Housing Authority of the City of Fulton Missouri

350 Sycamore St.—P.O. Box 814—Fulton, Missouri 65251

Tel (573) 642-7611—Fax (573) 642-4260

PLEASE READ THIS PAGE CAREFULLY

IF APPLYING FOR PUBLIC HOUSING, BE ADVISED, ALL FULTON HOUSING AUTHORITY PROPERTY SHALL BE SMOKE-FREE EFFECTIVE

DECEMBER 1, 2017

UPON TURNING IN YOUR COMPLETED APPLICATION, YOU MUST HAVE A FACE-TO-FACE INTERVIEW.

COMPLETED APPLICATIONS ARE ACCEPTED ONLY ON MONDAY, TUESDAY & WEDNESDAY BETWEEN THE HOURS OF 9:30 AM TO 2:30PM. You do NOT need an appointment for an interview.

FOR YOUR INTERVIEW YOU MUST BRING:

- THE COMPLETED APPLICATION
- SOCIAL SECURITY CARD (ADULTS & CHILDREN)
- CURRENT PHOTO ID (OVER 18)
- BIRTH CERTIFICATE (ADULTS & CHILDREN)
- PROOF OF INCOME
- PROOF OF FOODSTAMPS, TANF
- CHILD SUPPORT WITH CASE NUMBER
- PROOF OF CHECKING ACCOUNT AND/OR SAVINGS ACCOUNT

ALL ADULTS ON THE APPLICATION MUST BE PRESENT FOR THE INTERVIEW

OMITTING ANY INFORMATION, ESPECIALLY INCOME OR PRIOR LANDLORD HISTORY, WILL DELAY THE APPLICATION PROCESS.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

ANY FALSE INFORMATION, GIVEN KNOWINGLY OR UNKNOWINGLY, CAN RESULT IN YOUR APPLICATION BEING DENIED.

THIS SECTION IS FOR OFFICE USE ONLY

PICK UP DATE _____ INTERVIEW DATE _____
PICK UP TIME _____ INTERVIEW TIME _____
APPLICATION NUMBER _____ PH _____

Housing Authority of the City of Fulton Missouri

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We will provide assistance to individuals with a handicap or disability to ensure equal access to this document. If you require assistance or help in understanding this document we will provide assistance. You must notify this office to arrange for assistance.

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy. Do not leave blank any section of the application. **IF A SECTION DOES NOT APPLY TO YOU ENTER "N/A"**

Name of Head of Household: _____
Physical Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____ Apt #: _____
In Care Of: _____ City: _____ State: _____ Zip: _____
Phone: _____ Message Phone: _____ Email Address: _____

REQUIRED: ORIGINAL SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS AND STATE PICTURE ID FOR ALL ADULTS 18 OR OVER MUST BE SUBMITTED WITH THIS APPLICATION. FHA WILL MAKE COPIES FOR YOU IF NEEDED. ORIGINAL BIRTH CERTIFICATE FOR EACH HOUSEHOLD MEMBER IS REQUIRED AT TIME OF LEASING SIGNING.

If applying for Public Housing:

Fulton Housing Authority's Public Housing Program shall be **Smoke-Free** property wide community effective December 1, 2017 as required by HUD referred to in CFR 24 Part 965 Subpart G section 965-651, 965.653 and 965.655. Also, CFR 24 Part 966.4 for required revisions in FHA lease.

All Housing Authority programs involve waiting lists and therefore we do not have emergency housing.
I am applying for the following program(s): **PLEASE CHECK ONE**

Public Housing Only (Federally-Assisted Housing: rental program based on income, family composition and eligibility. The apartments are owned and operated by FHA, the landlord.)

Violence Against Women Act (VAWA): The FHA will not deny you housing based on any adult listed on this application being a victim of VAWA issues involving domestic violence, dating violence, stalking or sexual assault. All information provided to FHA regarding VAWA issues will be retained in confidence and may neither be entered into any shared database nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

Are you or any person listed on this application in an issue pertaining to "Violence Against Women Act 2013" (VAWA)?
 Yes No

HOUSEHOLD COMPOSITION

Please list everyone who will be living in your home on a full-time basis including a live-in aide if required. Only list children that are in your **legal** custody. All immigrants or anyone not born in the United State of America must provide INS documentation of legal U.S. status.

Race of Family Members (choose all that apply for each member)

- 1= White
- 2= Asian
- 3= Native Hawaiian/Other Pacific Islander
- 4= Black/African American
- 5= American Indian/Alaskan Native
- 6= Choose Not to Answer

Ethnicity (check one)

- Hispanic or Latino
- Not Hispanic or Latino
- Choose Not to Answer

Adults (age 18 & over) Full Legal Name - Last, First, MI	Relation to Head	Race #	Sex M/F	Age	Date of Birth	State of Birth	SSN	Elderly/ Disabled
	Self							

Children (under age 18) Legal Name - Last, First, MI	Relation To Head	Race #	Sex M/F	Age	Date of Birth	State of Birth	SSN	Disabled	Name & State of Absent Parent (Not living w/Child)

Is anyone in the household currently expecting a baby? Yes No Due Date _____

LIST ANY ALIASES (OTHER LAST NAMES YOU HAVE USED)

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____
 Address _____ Phone _____
 Street City State Zip

Name _____ Relationship _____
 Address _____ Phone _____
 Street City State Zip

Does anyone in your household require special accommodation due to a disability? Yes No

If yes, specify requirements: _____

TOTAL HOUSEHOLD INCOME

List all money earned or received by **everyone** living in the household. This includes, but is not limited to gross wages, self-employment, child support, Social Security, SSI, Worker's Compensation, Unemployment benefits, retirement benefits, TANF, Veteran's benefits, alimony, babysitting, rental property income. Also, income from banks such as interest on savings bonds, checking accounts, and CD's. Also include any regular contributions to the household from any person outside the household. **IF YOU RECEIVE CHILD SUPPORT PLEASE INCLUDE YOUR CASE NUMBER.**

Name of Household Member Who Receives Income	Source or Type of Income- Name of Employer, Company, Absent Parent, TANF, SS, SSI, BA, Bank, Individual, Child Support w/case number	How often? Monthly, Weekly, Bi-weekly	Gross Income – Cash or Check before Deductions	List any changes anticipated

Is the Head of Household or Spouse of the Head of Household in the Armed Services? [] Yes [] No
 Does anyone help you pay bills regularly? [] Yes [] No
 If yes, who? _____ How often? _____ How much? _____

ASSETS

Do any household members have or receive income from assets: (check all that apply)

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Stocks/Bonds | <input type="checkbox"/> Savings Accounts |
| <input type="checkbox"/> Company Retirement | <input type="checkbox"/> Pension Fund | <input type="checkbox"/> Insurance Settlements |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Trusts | <input type="checkbox"/> Checking Accounts |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> None |

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years?
 [] Yes [] No
 If Yes, what? _____ What was its market value? _____
 How much did you actually receive? _____

CHILDCARE AND MEDICAL INFORMATION

Do you pay for childcare for children age 12 or younger while you work or attend school? [] Yes [] No
 If yes, Name of childcare provider: _____
 Address of childcare provider: _____
 Street City State Zip

Which children attend? _____
 How much per month? _____

If the Head of Household or Spouse are age 62 or older **OR** disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes, but is not limited to: prescriptions, physicians' bills, hospital bills, insurance premiums and over-the-counter medications)

DOCUMENTATION REQUIRED

Medical Expense	Yearly Total	Medical Expense	Yearly Total

PLEASE LIST ALL ADDRESSES FOR EACH ADULT for the past 3 years, whether rent was paid or not, (Complete address including zip code and phone number). Attach additional paper if needed.

YOUR CURRENT ADDRESS

STREET _____ CITY _____ STATE _____ ZIP _____

ARE YOU RENTING (CHOOSE ONE) NO YES

NAME OF PERSON YOU ARE LIVING WITH _____

NAME OF LANDLORD _____

TELEPHONE # _____

LANDLORD ADDRESS _____

_____ TO _____
HOW LONG HAVE YOU LIVED THERE

TELEPHONE # _____
_____ TO _____
HOW LONG HAVE YOU LIVED THERE

YOUR PREVIOUS ADDRESS

STREET _____ CITY _____ STATE _____ ZIP _____

WERE YOU RENTING (CHOOSE ONE) NO YES

NAME OF PERSON YOU WERE LIVING WITH _____

NAME OF PREVIOUS LANDLORD _____

TELEPHONE # _____

PREVIOUS LANDLORD ADDRESS _____

_____ TO _____
HOW LONG DID YOU LIVE THERE

TELEPHONE # _____
_____ TO _____
HOW LONG DID YOU LIVE THERE

YOUR PREVIOUS ADDRESS

STREET _____ CITY _____ STATE _____ ZIP _____

WERE YOU RENTING (CHOOSE ONE) NO YES

NAME OF PERSON YOU WERE LIVING WITH _____

NAME OF PREVIOUS LANDLORD _____

TELEPHONE # _____

PREVIOUS LANDLORD ADDRESS _____

_____ TO _____
HOW LONG DID YOU LIVE THERE

TELEPHONE # _____
_____ TO _____
HOW LONG DID YOU LIVE THERE

GENERAL INFORMATION

Have you or any household member ever made application for or lived in public housing [] Yes [] No

If yes, under whose name and where? _____

Dates you lived there: From _____ To _____

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? [] Yes [] No

If yes, where? _____ How much? _____

Does any household member 18 yrs or older have a debt with the City of Fulton Utilities Department? [] Yes [] No

Does any household member 18 yrs old or older have a debt with a previous landlord? [] Yes [] No

If yes, with whom? _____ How much? _____

References TWO PER ADULT ON APPLICATION (List friends or people that know you, DO NOT LIST RELATIVES)

You may use a separate sheet of paper or the back of this page.

Name _____ Telephone# _____

Address _____

Name _____ Telephone# _____

Address _____

Name _____ Telephone# _____

Address _____

Name _____ Telephone# _____

Address _____

Have you or any member of your household been convicted of any criminal offenses within the past five years?

[] Yes [] No

Have you or any member of your household plead guilty to any criminal offense within the past five years?

[] Yes [] No

PLEASE INCLUDE TRAFFIC VIOLATIONS

Crime Involved _____

Month/Year Conviction _____

Crime Involved _____

Month/Year Conviction _____

Crime Involved _____

Month/Year Conviction _____

Crime Involved _____

Month/Year Conviction _____

Are you or any member of your household currently on Probation/Parole? [] Yes [] No

Name and phone number of Probation/Parole Officer: _____

Are you or any member of your household required to register on any Offender's Lists? [] Yes [] No

PRIVACY ACT STATEMENT

The information on this form is being collected by the Department of HUD to determine the applicant's eligibility, the recommended unit size, and the amount of tenant/participant contribution. HUD also uses the information to monitor compliance with Federal requirements on eligibility and reports to the President and Congress.

Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal or regulatory matters. The Privacy Act restricts HUD's disclosure of information on individuals and families, but does not restrict the FHA from releasing such information. There may be State and local laws or regulations that govern disclosure by a public housing agency. You must provide all of the information requested by the public housing agency/Indian housing agency, including all social security numbers you and all other household members have and use. Giving the Social Security numbers of all household members is mandatory and not providing the 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. The U.S. Housing act of 1937, Title VI of the Civil Rights of 1964 and Title VIII of the Civil Rights Act of 1968 and the Housing and Community Development Act of 1987 requires applicants and residents to submit the Social Security Numbers of all household members.

STAFF CERTIFICATION

I certify that I have completed this application in accordance with HUD requirements and FHA policies and procedures.

Staff Signature & Title _____ Date _____

The Housing Authority of the City of Fulton does not discriminate against anyone because of race, creed, color, sex, age, religion, national origin, familial status, sexual orientation, or handicap in the application process, leasing, rental or other disposition of housing or related facilities (including land) included in any development or project under its jurisdiction by a contract for annual contributions under the United States Housing Act of 1937. Legal Name: Housing Authority of the City of Fulton, Missouri.

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOTLINE AT 1-800-424-8590.

Warning: Title 18, Section 1001 of the United States Code of Federal Regulations, provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing a false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

APPLICANT/TENANT AUTHORIZATION AND CERTIFICATION

SIGNATURE OF HEAD OF HOUSEHOLD _____ DATE _____

SIGNATURE OF SPOUSE/COHEAD _____ DATE _____

APPENDIX 6
MODEL DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

I am a citizen by birth, a naturalized citizen or a national of the United States; or

I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; 2/ or

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); 3/ or

Permanent residence under 249 of INA; 4/ or

Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA; 5/ or

Parole status under 212(d)(5) of the INA; 6/ or

Threat to life or freedom under 243(h) of the INA; 7/ or

Amnesty under 245A, of the INA. 8/

(Signature of Family Member) (Date)

Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____

Date: _____

[See next page for footnotes and instructions]

-- SAMPLE --

Appendix 6

A-6.1

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, or fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible Immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under 101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 201A of the INA (8 U.S.C. 1160 and 1161), [special agricultural worker status], who has been granted lawful temporary residence status.
- 4/ Permanent residence under 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- 5/ Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- 6/ Parole status under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].
- 7/ Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].
- 8/ Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or

type first name, middle initial(s), and last name. Place an "X" or "check" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" or "check" in the box below the signature if the signature is by an adult residing in the unit who is responsible for the child in the statement.

-- SAMPLE --

Appendix 6

A-6.2

ATTACHMENT 3

APPLICATION/TENANT CERTIFICATION

APPLICANT(S)/TENANT STATEMENT

I/We certify that the information given to the Fulton 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 the false statements or information are punishable under Federal and or State Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOTLINE AT 1-800-424-8590.

After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for information about its use.

ATTACHMENT 4

PHA OFFICIAL'S CERTIFICATION FOR TENANT'S FILE

PHA OFFICIAL'S STATEMENT

I certify that:

1. The information given to the Fulton Housing Authority by the household of _____ on household composition, income, net family assets, allowances and deductions has been verified as required by Federal Law;
2. The family was eligible at admission;
3. The family has certified that it has given our agency accurate and complete information

Signature of PHA Official or Representative

Date

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Housing Authority of the City of Fulton, Missouri any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under Public Housing and/or other housing programs. I understand and agree that this authorization or the information with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the Fulton Housing Authority to release information from my file about my past and/or present rental history to HUD, credit bureaus, collection agencies, state or local welfare agencies or future landlords. This includes records on my payment history and any violations of my lease or Fulton Housing Authority policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries may be requested, include but are not limited to:

- | | | |
|----------------------------------|-----------------------------|-----------------|
| Identity & Marital Status | Employment, Income & Assets | Residences |
| Medical or Child Care Allowances | Credit & Criminal Activity | Rental Activity |

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

GROUPS OR INDIVIDUALS THAT MAY BE CONSULTED

The groups or individuals that may be asked to release information include but are not limited to:

- | | | |
|---------------------------|--------------------------------|----------------------|
| Previous Landlords | Past & Present Employers | Retirement Systems |
| Previous Housing Agencies | Welfare Agencies | Banks |
| Courts & Post Offices | State Employment Agencies | Finance Institutions |
| Schools & Colleges | Social Security Administration | Credit Providers |
| Law Enforcement Agencies | Medical & Child Care Providers | Credit Bureaus |
| Veterans Administration | Alimony & Support Providers | Utility Companies |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD and/or the Fulton Housing Authority may conduct matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found. I also understand that I have the opportunity to disprove any such adverse information.

HUD or the Fulton Housing Authority may, in the course of its duties, exchange such information with other Federal, State Department of Defense, Office of Personnel Management, U.S. Postal Service, Social Security Administration, State Welfare and food stamp programs.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Fulton Housing Authority. I understand I have the right to review my file and will be given the opportunity to correct any information that I can prove is incorrect.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

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

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

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

*Fulton Housing Authority
350 Sycamore Street
Fulton, MO. 65251*

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.

You can pick any of these choices. Unless the abuser also produces similar proof, a landlord cannot make you choose any particular kind of proof or more than one type. The landlord must give you at least 14 business days (weekends and holidays do not count) to provide proof of the violence.

8. What happens if the abuser also submits a certification claiming that he or she is a victim?

If the landlord receives proof from the abuser claiming that they are the victim, then the landlord may require you to submit additional proof to show that you are a victim.

9. Can a landlord share the information I provide about the abuse with others?

No, except in limited cases. The housing authority or landlord cannot give the information you provide about the abuse to others. The information may be shared only if you agree in writing, if it is needed to evict the abuser from the housing, or if disclosure is required by law.

10. Does this mean that a victim of domestic violence, dating violence, sexual assault, or stalking cannot be evicted at all?

No. You still can be evicted for serious or repeated lease violations that aren't related to the abuse. The landlord or housing authority must hold you to the same standard as other tenants. The landlord also may be able to evict if there is a real and immediate threat to other tenants if you are not evicted. If you receive any type of eviction notice, call a legal aid office immediately.

11. Is the housing authority or landlord required to tell me about VAWA's housing protections?

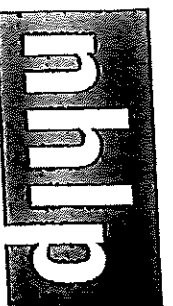
Yes. VAWA requires each housing authority or landlord to tell applicants and tenants of the VAWA housing protections. The notice, Form HUD-5380, available at <https://bit.ly/2NE1W1L>, must be given along with the self-certification form mentioned in Question 7 at the time an applicant is denied housing or assistance, or the time an applicant is admitted to housing, or when a tenant is notified of eviction or termination. This notice must be in multiple languages.

12. How does VAWA affect other state or local laws that might protect me?

VAWA is federal law. However, VAWA is not intended to replace other federal, state, or local laws that may provide more protections for victims of abuse. Therefore, there may be state or local laws that also protect you.

13. Who can help me?

Contact an attorney, domestic violence agency, or fair housing agency to see if VAWA can help you.



NATIONAL HOUSING LAW PROJECT

Know Your Rights: Domestic and Sexual Violence and Federally Assisted Housing

The Violence Against Women Act

Are you a victim of domestic violence, dating violence, sexual assault, or stalking?

Do you live in federally assisted housing?

A law called VAWA, the Violence Against Women Act, may help you.

September 2018

The Rights of Domestic and Sexual Violence Victims: Applying for and Living in Federally Assisted Housing

1. What is VAWA?

The Violence Against Women Act (VAWA) is a law that protects victims and threatened victims of domestic violence, dating violence, sexual assault, and stalking from being discriminated against by certain housing providers because of the abuse committed against them.

2. Am I covered by VAWA's housing protections?

VAWA protects victims of domestic violence, dating violence, sexual assault, and stalking. You don't have to be married to or living with the abuser to be protected by VAWA.

VAWA applies to you if you are applying for or are a tenant in any of these programs:

- Public housing;
- Section 8 Housing Choice Vouchers;
- Section 8 project-based housing;
- Section 202 housing for the elderly;
- Section 811 housing for the disabled;
- Section 236 multifamily rental housing;
- Section 221(d)(3) Below Market Interest Rate (BMIR);
- HOME;
- Housing Opportunities for People with Aids (HOPWA);
- Continuum of Care and Emergency Solutions Grants programs;
- Housing Trust Fund;
- Rural Development multifamily housing; &
- Low-Income Housing Tax Credit (LIHTC) housing.

3. Does VAWA apply to private, market-rate housing?

No. VAWA does NOT cover private housing that does not receive federal assistance. The rights described in this flyer apply only to the above-listed federal housing programs. However, there may be laws in your state or city/town/county that protect victims in market-rate housing. You can contact your local legal aid office or domestic and sexual violence agency to see if there are state and local laws that protect you.

4. What rights does VAWA offer?

If you are a victim of domestic violence, dating violence, sexual assault, and stalking,

- You can't be denied admission or federal rental assistance just because you are or have been a victim or threatened victim.
- You can't be evicted or lose your federal rental assistance just because you are or have been a victim or threatened victim.
- You can't be denied admission or rental assistance, evicted, or lose your subsidy for reasons related to the abuse, such as bad credit history and criminal history.

5. What if I need to get the abuser out of the home?

If someone living in your home uses violence against you, the housing authority or your landlord may evict the abuser alone, and let you, your family, and other household members stay in the home. If you are not listed as head of household or your name is not on the rental assistance, then you generally have 90 days or until the end of the lease to establish eligibility for that subsidy or another housing subsidy, or to find new housing.

6. What if I need to move to escape the abuse?

If you have a Section 8 voucher, you can move for reasons related to the abuse and keep your voucher — even if your lease has not ended.

Housing authorities and landlords must have adopted emergency transfer plans by June 14, 2017 that allow transfers to other federally assisted housing that is available and safe. You are allowed to transfer if you ask your landlord and reasonably believe you are about to be hurt by more abuse, or if you have been a victim of sexual assault that occurred on the property up to 90 days before the request. If your landlord does not have an emergency transfer plan, contact your local legal aid office or domestic and sexual violence agency.

7. How do I prove that I can use VAWA's protections?

The housing authority or your landlord may ask for documentation showing that you are a victim of domestic violence, dating violence, sexual assault, or stalking. The housing provider must make this request in writing. There are three ways to show that you are a victim:

- Complete a self-certification form. The form will ask for: your name; the name of your abuser (if known and safe to provide); the abuser's relationship to you; the date, time and place of the violence; and a description of the violence. To get the form, [Form HUD-5382](https://bit.ly/2E14cNF), go to <https://bit.ly/2E14cNF>, call the housing authority or a legal aid office. In the future, the form may be changed.
- Provide a letter signed by a victim service provider, attorney, or a medical or mental health professional who has helped you with the abuse (also called "third-party documentation"). You must also sign this letter.
- Provide a police report, court record (such as a restraining order), or administrative record.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, ~~the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization.~~ This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975:	

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

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Signature of Applicant

Date

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

Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550) authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be

COMPLETION OF THIS PAGE IS REQUIRED BEFORE THE INTERVIEW
TAKE TO UTILITY DEPARTMENT , FULTON CITY HALL

NOTICE TO BOARD OF PUBLIC WORKS
CITY OF FULTON UTILITIES OFFICE

TO BE COMPLETED BY APPLICANT:

DATE: _____			
NAME: _____			
ADDRESS: _____		_____	
Street		Apt	
_____		_____	
City		State	Zip
SSN: _____			
PREVIOUS ADDRESS: _____			
Street		Apt	
_____		_____	
City		State	Zip
PREVIOUS NAMES: _____			

TO BE COMPLETED BY THE CITY OF FULTON:

OWES BALANCE: YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]	
BALANCE OWED: \$ _____	
HAS PAYMENT AGREEMENT: YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] N/A [<input type="checkbox"/>]	
MAKING TIMELY PAYMENTS: YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] N/A [<input type="checkbox"/>]	
COMMENTS: _____	

_____	_____
SIGNATURE	DATE

TITLE	