

Fayetteville Housing Authority, #1 N. School Ave., Fayetteville, AR. 72701

Phone: 479-521-3850} Fax: 479-442-6771} TDDY: 1-800-285-1121} Open M-F

8am- 12pm & 1pm-5pm

Applications can be submitted in person during normal business hours EXCLUDING FRIDAYS (8am to 5pm close for Lunch from 12pm-1pm daily) If you need a waiver to this policy as a reasonable accommodation, Please contact the Housing Authority

Income Limits:

Persons in Household	Public Housing & Morgan Manor	Section 8 Rental Assistance
1	36,650	22,900
2	41,850	26,200
3	47,100	29,450
4	52,300	32,700
5	56,500	35,350
6	60,700	37,950
7	64,900	40,500
8	69,050	43,200

What do I bring with me?

- All adults (18 years of age or older) must furnish a picture ID.
- All persons residing in the household must have:
 - Social Security Cards
 - State-Issued Birth Certificate- We will not accept birth certificate issued by the hospital. We will only accept the state-certified paper copy for minor children; plastic birth cards are acceptable for adults. Passports and Military DD-214 can be used as proof of birth.
 - If you are Married- Marriage License
 - If you are Divorce Decree and / or Child Custody Agreement. (Only needed if children are in the household)
 - If you receive Benefits Such As Social Security, SSI, Veterans, Unemployment, and Worker's Compensation- Benefits award letters or other documentation including benefits received of the dependent children.
 - If you are Employed - Most recent 2-3 paystubs.
 - If you pay for Child Care in order to work or to Attend School- Name, address, and phone number of child care provider or recent statement of amount paid weekly or monthly.

FAYETTEVILLE HOUSING AUTHORITY

PUBLIC HOUSING APPLICATION

For Office Use Only: Application Number _____ Number of Bedrooms _____
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Applicant Name _____ Home Phone _____

Address _____ Cell Phone _____

City, State, Zip _____ Email address _____

HOUSEHOLD COMPOSITION:

List all household members starting with the Head of Household. Please note that children in this section **MUST** reside in the assisted household at least 51% of the time; verification may be requested by the Housing Authority. **If additional room is needed, attach additional paper.**

Name	Relationship to Head of Household HEAD/SELF	**Ethnicity	*R A C E	Date Of Birth	A G E	S E X	Place Of Birth	Social Security Number

***Race:** For statistical purposes, only. Providing this information is optional. The housing authority collects statistical data on ethnicity and race in accordance with federal regulations. Use appropriate number: (1) White (2) Black (3) American Indian or Alaskan Native (4) Asian (5) Native Hawaiian or Other Pacific Islander (6) Mixed (7) Other

****People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic (H) or Non-Hispanic (N).**

Marital Status: ___ Married ___ Single ___ Divorced ___ Separated ___ Widowed

Does anyone plan to live with you in the future who is not listed above? ___ Yes ___ No

If yes, please explain. _____

Have you or any other adult members ever used any name(s) or Social Security Number(s) other than the one you are currently using? ___ Yes ___ No If yes, please explain _____

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PUBLIC HOUSING APPLICATION

Disability: It is not necessary to give us details about your disability unless you are requesting an accommodation.

Do you claim a disability? Yes No

Do you need an accommodation to help you complete the application process? Yes No

If yes, what accommodation do you request? _____

Do you need an accommodation in housing features as a result of your disability? Yes No

If yes, what accommodation do you request? _____

CURRENT HOUSING INFORMATION:

Renting Living with family or friends Own my home Homeless

Other _____

If you are renting, what is your current rent? _____ What utilities do you pay? _____

Are you presently receiving any type of housing assistance? Yes No

If yes, please explain. _____

Have you ever lived in public housing? Yes No

If yes, when and where did you participate? _____

Have you ever participated in the Section 8 Certificate or Voucher Program? Yes No

If yes, when and where did you participate? _____

Have you or any member of your family participated in the "Earned Income Disallowance" through a Public Housing Program, HOME Program, HOPWA, Supportive Housing or Section 8 Voucher/Rental Assistance? Yes No

If yes, when and where? _____

Have you ever been evicted from Public Housing, Indian Housing, or Section 8 Program? Yes No

If yes, when and for what reason? _____

Have you or anyone in your household ever committed fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No

If yes, please explain _____

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Please answer each of the following questions. For each "Yes" provide the details in the charts on the next page.

1. Is any member of your household **employed**, full-time, part-time, or seasonally? ___ Yes ___ No
2. Does any member of your household **expect to work** for any period during the next 12 months?
___ Yes ___ No
3. Does any member of your household **work** for someone who pays them in cash? ___ Yes ___ No
4. Is any member of your household on **leave of absence** from work due to lay-off, medical, maternity, or military leave? ___ Yes ___ No
5. Does any member of your household now receive, or expect to receive **unemployment benefits**?
___ Yes ___ No
6. Does any member of your household now receive or expect to receive **child support**? ___ Yes ___ No
7. Is any member of your household entitled to **child support** that he/she is not receiving?
___ Yes ___ No
8. Does any member of your household now receive or expect to receive **alimony payments**?
___ Yes ___ No
9. Is any member of your household entitled to **alimony payments** that he/she is not receiving?
___ Yes ___ No
10. Does any member of your household receive or expect to receive **welfare assistance (SNAP)**?
___ Yes ___ No
11. Does any member of your household receive or expect to receive **Social Security benefits**?
___ Yes ___ No
12. Does any member of your household receive or expect to receive income from a **pension or annuity plan**? ___ Yes ___ No
13. Does any member of your household receive any **cash contributions** from individuals not living the unit or from other agencies? ___ Yes ___ No
14. Does any member of your household receive **income from assets** including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from rental property? ___ Yes ___ No
15. Do you or any member of your household receive **financial aid** including athletic scholarships that cover housing costs from attending a college or university? ___ Yes ___ No
16. Does anyone outside of your household **pay for any of your bills or give you money**?
___ Yes ___ No

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PUBLIC HOUSING APPLICATION

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security disability payments (SSI) Workman’s Compensation, retirement benefits, AFDC, Veteran’s benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

Family Member	Source of income/Type	Annual Income

Please list all asset accounts for all household members:

Family Member	Bank Name	Account Number	Current Balance

List value of all stocks, bonds, trusts, pension contributions, or other assets: _____

Do you own a home or other real estate? Yes No

If yes, what is the present value? _____

Have you sold or given away real property or other assets in the past two years? Yes No

If yes, what is the current market value of the asset? _____

Do you own a vehicle? Yes No Tag # and State _____

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Expenses – Household Income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

CHILD CARE:

Do you pay for child care which enables you or another family member to work, seek employment, or go to school?
 ____ Yes ____ No

Enables someone one to ____ Work ____ Seek Employment ____ Schooling

CHILD'S NAME	CHILDCARE PROVIDER /ADDRESS	WEEKLY COST

EDUCATION INFORMATION:

Do you attend a college or university? ____ Yes ____ No

If yes, what is the cost of your tuition, fees, and books? _____

DISABILITY ASSISTANCE EXPENSE:

Do you pay for care or expenses for a disabled family member that allows any adult member to work? ____Yes ____ No

Do you pay for equipment that allows any adult family member to work ____ Yes ____ No (e.g. costs to equip a vehicle to make it accessible in order to allow a disabled member to drive to work)

Name of Family Member who is enabled to work _____

Monthly Amount of Expense _____

MEDICAL EXPENSES FOR ELDERLY FAMILIES ONLY:

Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Medicare ____ Yes ____ No If yes, what is your premium? _____

Do you have any other kind of medical insurance? ____ Yes ____ No

If yes, give policy number and agent's name _____

Do you receive medical assistance through the welfare department? ____ Yes ____ No

Do you have outstanding medical bills on which you are paying? ____ Yes ____ No

Do you expect to have any medical expenses during the next 12 months? ____ Yes ____ No

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If you answered "Yes" to any of the above questions (page 5), please complete the chart below.

Family member	Description of Expense	Cost

Comments/Additional Information:

APPLICANT CERTIFICATION:

I/We certify that the information given to the Fayetteville 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 by Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We do hereby authorize the Fayetteville Housing Authority and its staff to contact any agencies, offices, groups, or organizations to obtain any information or materials which are deemed necessary to complete or verify my application.

SIGNATURE HEAD OF HOUSEHOLD

SIGNATURE OF SPOUSE

SIGNATURE OF OTHER ADULT

SIGNATURE OF OTHER ADULT



FAYETTEVILLE HOUSING AUTHORITY

PUBLIC HOUSING APPLICATION

REFERENCES:

All applicants are required to supply 5 References: 2 Landlord References and 3 Character References. If you have no Landlord References you must supply 5 Character References. **COMPLETE MAILING ADDRESSES ARE REQUIRED.**

LANDLORD REFERENCES (DO NOT INCLUDE RELATIVES OR ROOMMATES)

Owner/Property Name _____

Mailing Address _____

Phone Number _____

Address where you lived _____

When did you live there? _____

Owner/Property Name _____

Mailing Address _____

Phone Number _____

Address where you lived _____

When did you live there? _____

CHARACTER REFERENCES (DO NOT INCLUDE RELATIVES)

Name of Reference #1 _____

Mailing Address _____

Phone Number _____

Name of Reference #2 _____

Mailing Address _____

Phone Number _____

Name of Reference #3 _____

Mailing Address _____

Phone Number _____

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CRIMINAL HISTORY:

IMPORTANT – You must answer the following questions fully. Be accurate and honest with your answers. A Criminal history does not necessarily keep you from obtaining or maintaining housing assistance. If you need more room please attach extra paper to explain your situation.

Has any member of your household ever been convicted of a crime?

____ Yes ____ No If yes, who? _____

When and where? _____

What was the situation? (Prison, community service, parole, not guilty, etc.)?

CRIMINAL RECORD CERTIFICATION:

As head of household for my family, I, _____ hereby certify that I have disclosed to the Fayetteville Housing Authority, all criminal convictions for any adult member of my family who will be living in my unit.

I hereby certify that no member of my family, including myself, who will be living in my unit, is subject to a lifetime registration requirement under any State Sex Offender Registration Program.

I hereby certify that no member of my family, including myself, who will be living in my unit, has been convicted of the production or manufacture of methamphetamines.

I hereby certify that no member of my family, including myself, who WILL be living in my unit, has been convicted of drug related or violent criminal activity in the last five (5) years.

I am aware that if any verifications produce any criminal convictions that has not been previously reported to the Fayetteville Housing Authority, it could be grounds for eviction and/or termination of assistance.

SIGNATURE HEAD OF HOUSEHOLD

DATE

WARNING!! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

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Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

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

FAYETTEVILLE HOUSING AUTHORITY 1 NORTH SCHOOL FAYETTEVILLE AR 72701

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(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

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.

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

FAYETTEVILLE HOUSING AUTHORITY

DECLARATION OF CITIZENSHIP

¡Este documento es importante, tradúzcalo inmediatamente!

PART 1: Declaration of Immigration Status

List each member of the household below and check the appropriate box indicating whether the individual is a citizen, non-citizen or is choosing not to declare. At least one member of the household must be a citizen or a non-citizen with eligible status in order for the household to live in housing subsidized under the HCVP & PUBLIC HOUSING. Members of the household have the right not to declare their status. In these cases, they may still reside in the subsidized unit, but the amount of the subsidy will be prorated, as determined by U.S. Department of Housing and Urban Development (HUD) and the U.S. Citizenship and Immigration Service (USCIS).

Family Member Name	I am a citizen	I am an eligible non-citizen with immigration status	I choose not to declare	Signature of adult or parent/guardian on behalf of minors under 18
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PART 2: 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 all information provided is accurate.

First Name: _____ Last Name: _____

Signature: _____ Date: _____

Birth Date: _____ Alien Registration Number (if applicable): _____

PART 3: Verifying Eligibility of Noncitizen Family Members

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly un-willingly making a false or fraudulent statement to any department or agency of the United States.

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FAYETTEVILLE HOUSING AUTHORITY

DECLARATION OF CITIZENSHIP

The HCVP/PUBLIC HOUSING PROGRAM must verify the eligibility status of all non-citizen family members so that the program can determine the family's eligibility and/or level of subsidy payment. Each family member who is an eligible non-citizen must: 1) provide HCVP/PUBLIC HOUSING with written authorization to verify their status by signing the release statement below and 2) provide I ICVP/PUBLIC HOUSING with one type of official documentation.

(Note: Please be advised that evidence supplied with this form may be released by the housing agency, without responsibility for its further use or transmission, to the USCIS for purposes of verification of the immigration status of the individual or HUD, as required. HUD is not responsible for the further use or transmission of the evidence or other information.)

I authorize the HCVP/PUBLIC HOUSING to verify my immigration status, with the USCIS. Parents must sign the authorization for children under the age of 18.

Family Member Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to giving the HCVP/PUBLIC HOUSING PROGRAM the right to verify immigration status, family members claiming eligible immigration status must provide the HCVP/PUBLIC HOUSING PROGRAM 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-680, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the USCIS 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.

Original documents should not be mailed to the office. Please bring them to the office with you, and staff will make a copy for our records. If you do not have the required document(s), contact the USC IS in the Department of Homeland Security to obtain originals. If the proper documentation is not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided by HUD program guidelines.



FAYETTEVILLE HOUSING AUTHORITY

1 NORTH SCHOOL AVE.
FAYETTEVILLE, AR 72701-5928
PH. (479) 521-3850 FAX (479) 442-6771

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Attachment 6-b

AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **FAYETTEVILLE HOUSING AUTHORITY** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained 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 PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA 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 that may be requested, include but are not limited to:

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

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit Providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies. The Head of Household may view the EIV information for all family members.

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 PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household	(Print Name)	Date
Spouse	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.