

Fayetteville Housing Authority, 1 N. School Avenue, Fayetteville, AR 72701
Phone: 479-521-3850 | Fax: 479-442-6771 | TDDY 1-800-285-1121
Open M–TH 8am–5:30pm (closed 12-1 for lunch) & Friday 8am–12pm

APPLICATIONS CAN BE SUBMITTED MONDAY-THURSDAY 8 AM-5:30 PM, CLOSED FROM 12 PM-1 PM FOR LUNCH; & FRIDAY FROM 8 AM-12 PM. 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	41,250	25,800
2	47,150	29,450
3	53,050	33,150
4	58,900	36,800
5	63,650	39,750
6	68,350	42,700
7	73,050	45,650
8	77,750	48,600

There are four different programs you can apply for, **Public Housing, Project Based Rental Assistance (PBRA), Housing Choice Voucher (Section 8) and Tenant-Based Rental Assistance (TBRA)**. Please check the box for the program(s) in which you are applying. Rent amounts for all programs is based on household income.

- **PUBLIC HOUSING**: FHA owns and operates 3 Public Housing Complexes; Hillcrest Towers (disabled, elderly or near elderly (55+) tenants only), Lewis Plaza and Willow Heights.
- **PROJECT-BASED RENTAL ASSISTANCE (PBRA)**: Morgan Manor is a former Public Housing property which has been converted into Project Based Rental Assistance.
- **HOUSING CHOICE VOUCHER PROGRAM (Section 8)**: Qualifying families are able to find their own housing, including single family homes, townhouses and apartments. A housing subsidy is paid to the landlord directly by the Fayetteville Housing Authority on behalf of the participating family.
- **TENANT-BASED RENTAL ASSISTANCE (TBRA)**: A rental subsidy that can assist very low income households to afford housing costs such as rent and security deposits. This program is only available to those who are applying for or are already on the Section 8 Housing Choice Voucherwaitlist.

Your name will be selected from our waiting list based upon the date and time you submitted your application to our office. You will be contacted by mail, **NOT** by phone. **If your address changes while your name is on the waiting list, you must notify us immediately. If your mail is returned to our office, your application will be dropped.**

If we send you a letter and you do not respond by the date indicated, we can only assume that you are no longer interested, and your name will be dropped from the waiting list.

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 (including children) must have **SOCIAL SECURITY CARDS**
- STATE-ISSUED BIRTH CERTIFICATE** – Hospital Birth Record, Passport and Military DD-214 can be used as proof of birth.
- If you are DIVORCED **AND** children are in the household – **DIVORCE DECREE and/or CHILD CUSTODY AGREEMENT**
- If you receive BENEFITS SUCH AS SOCIAL SECURITY, SSI, VETERANS, UNEMPLOYMENT, WORKER’S COMPENSATION – **BENEFIT OR AWARD LETTER** or other documentation including benefits received of the dependent children.
- If you are EMPLOYED – **LAST 30 DAYS OF INCOME**
- 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.**
- If you are SELF-EMPLOYED – **Income and receipts statement, profit/loss statement, or most recent Federal Income Tax return.**
- If you receive TRANSITIONAL EMPLOYMENT ASSISTANCE (TEA) – **Statement of monthly amount from DHS.**
- If you receive CHILD SUPPORT – **Statement of amount received from Child Support Enforcement office or other third-party documentation.**
- If you OWN PROPERTY, HAVE INVESTMENT INCOME, STOCKS, BONDS, OR OTHER FINANCIAL ASSETS – **Verification may be a statement from brokerage, mutual fund manager, most recent Federal Income Tax return, or other third-party documentation.**
- If you REQUIRE A LIVE-IN AIDE – **Provide a physician’s statement.**
- If you are A STUDENT (for Section 8 applicants only)– Effective May 1, 2006, students who are under age 24, unmarried, non-veterans, and have no dependent children must **submit information regarding their parents’ income. THIS REQUIREMENT APPLIES TO SECTION 8 APPLICANTS ONLY.**
- Public Housing Applicants and Morgan Manor Applicants must supply 2 rental and 3 character references including names, complete mailing addresses, and phone numbers. If you do not have rental history, 5 character references are required.

***All documents listed above are needed to complete each application. If you do not have all documents when the application is submitted, you must provide them within 60 days of application date to remain on the waiting list. ***

FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

Please check the box indicating which Housing assistance you are applying for. (You may select more than one.)

- Public Housing
- Project-Based Rental Assistance (PBRA)
- Housing Choice Voucher Program
 - Tenant-Based Rental Assistance (TBRA) (You must be on the Housing Choice Voucher waitlist to apply for this program)
- If new voucher programs become available that you are eligible for, select this box to be automatically added to that waitlist

For Office Use Only:

Application Number _____

Number of Bedrooms _____

Applicant Name _____ **Home Phone** _____

Address _____ **Cell Phone** _____

City, State, Zip _____ **Email address** _____

HOUSEHOLD COMPOSITION:

Applicants must advise this office of changes in address or family size in writing.

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

***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

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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, explain_____

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?

HOUSING INFORMATION: (check one)

Renting Living with family/friends Own my home Homeless

Other (explain)

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

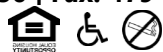
If yes, when and where?

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 _____



FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

For Public Housing Applicants: The Fayetteville Housing Authority has three separate properties (Lewis Plaza, Willow Heights and Hillcrest Towers). Hillcrest Towers is a 120-unit complex of efficiency/studio apartments for ***elderly, near elderly (50-61) and disabled tenants only***. Hillcrest Towers includes an adult center, resale shop, community kitchen, pool table, exercise equipment and computers for residents use only. All utilities at Hillcrest are included in rent.

If you meet the eligibility requirements to live at Hillcrest Towers, do you want to be placed on this waiting list? Yes No

PETS: Public Housing & Morgan Manor applicants: please review the FHA Pet Rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit. If you have any questions, please ask FHA staff.

Do you plan to house an animal in the unit? Yes No

ANIMAL TYPE	BREED (IF APPLICABLE)	HEIGHT	WEIGHT

Is this animal required to live in the unit to alleviate the symptom (s) of a disability for a household member? Yes No

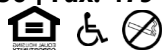
Unit Size: The owner will take your unit preferences/requirements into consideration. The owner occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger one or smaller units. Please indicate unit size preferences below. IF you require special unit features, the owner may verify the need for those features. Please mark which accommodation may be necessary below:

Unit Size

- 1 Bedroom Unit
- 2 Bedroom Unit
- 3 Bedroom Unit
- 4 Bedroom Unit

Special Features

- Mobility Accessible Unit
- Communication Accessible Unit (Hearing)
- Communication Accessible Unit (Visible)
- Other: _____



FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE 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 OR INCOME/TYPE	ANNUAL INCOME

ASSET INFORMATION:

1. Does anyone in your household have a checking account? Yes No(If you answered yes, you will be required to provide the most recent six months’ bank statements so that we may estimate the value of the asset in accordance with HUD requirements.)

2. Does anyone in your household have a savings account? Yes No
 No Current Balance \$ _____

Please list all asset accounts for all household members:

FAMILY MEMBER	BANK NAME	ACCOUNT NUMBER	CURRENT BALNCE

3. Do you have cash that is not deposited in an account? Yes No
4. Do you own an IRA or any other retirement accounts? Yes No
5. Do you own a home or other property? Yes No
6. Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations)? Yes No



FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

7. Do you own stocks/bonds/certificates of deposit (CD)? Yes No Current Value \$ _____

8. Do you have access to any other assets, property, insurance policies, businesses, etc.? (If yes, please provide a description of the asset(s) and the current asset value below.)

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 childcare which enables you or another family member to work, seek employment, or go to school?

Yes No

Enables someone to: Work Seek Employment Schooling

CHILD'S NAME	CHILDCARE PROVIDER /ADDRESS	WEEKLY COST

Do you attend a college or university? Yes No

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

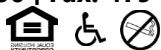
DISABILITY ASSISTANCE EXPENSE:

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 \$ _____



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HOUSING ASSISTANCE APPLICATION

MEDICAL EXPENSES FOR ELDERLY OR DISABLED FAMILIES ONLY:

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

Medicare: Yes No

Do you have any other kind of medical insurance? Yes No If yes, what is your premium? _____

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

If you answered "Yes" to any of the above questions, please fill out the chart below.

FAMILY MEMBER	DESCRIPTION OF EXPENSES (Premium, Medical Bills, Expenses, etc.)	COST

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

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FAYETTEVILLE HOUSING AUTHORITY

HOUSING ASSISTANCE APPLICATION

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? _____

Please list the Following:

<u>CHARGE</u>	<u>YEAR</u>	<u>STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 methamphetamine.
- 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.

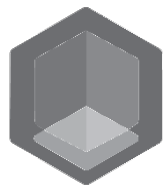
SIGNATURE HEAD OF HOUSEHOLD

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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FAYETTEVILLE HOUSING AUTHORITY

Declaration of Citizenship

PART 1: Applies to All Family Members

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 immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development (HUD). Members of the household have a right not to declare. In these cases, they may still reside in the subsidized unit, but the amount of the subsidy will be prorated, as determined by HUD and the U.S. Citizenship and Immigration Service.

All adults must sign where indicated to certify that all members of the family are listed on Part 1 of this form and that all information provided is correct. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add additional family members who are not listed.

<u>Print the Name of ALL Household Members</u>	<u>Age</u>	<u>Select Appropriate box</u>			<u>Signature of Adult</u> <small>If Family Member is a Minor, the Responsible Adult Must Sign</small>
		I am a Citizen	OR	I am a noncitizen w/ eligible Immigration Status	
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X
		<input type="checkbox"/>	or	<input type="checkbox"/>	X

Head of Household Certification

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

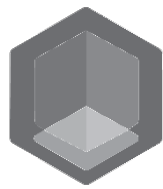
Signature

Date

NOTE: Family members who have checked a box indicating that they are a non-citizen with eligible immigration status must complete PART 2 of this form.

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





FAYETTEVILLE HOUSING AUTHORITY

NON-CITIZENS ONLY COMPLETE THIS FORM

PART 2: Verifying Eligibility of Non-Citizen Family Members

All Family Members who have claimed eligible immigration status on PART 1 of this form must provide this office with one of the following documents:

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

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

Consent to Verify Eligible Immigration Status

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

<u>Print the First and Last Name of ALL Household Members</u>	<u>Age</u>	<u>Signature of Adult</u> or Signature of Guardian for Minors.
		X
		X
		X
		X
		X
		X
		X

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

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



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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.

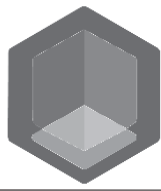
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Signature of Applicant

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

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to 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)
Courts and Post Offices
Law Enforcement Agencies Support and Alimony Providers | Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers | Veterans Administration Retirement Systems
Banks and other Financial Institutions
Credit Providers and Credit Bureaus
Utility Companies |
|---|---|--|

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, U understand that I have a right to notification of any adverse information found and a change 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

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

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A CAOPY 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.

Fayetteville Housing Authority, #1 N. School, Fayetteville, AR 72701
Phone: 479-521-3850 | Fax: 479-442-6771 | TDDY 1-800-285-1121 | Open M-F 8am – 12pm & 1pm-5pm



Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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