

## **Housing Authority of the City of Atchison, Kansas**

103 South 7<sup>th</sup> Street, Atchison, Kansas 66002

Phone: 913-367-3323 Fax: 913-367-6002

### **NOTICE TO ALL ADULT MEMBERS OF FAMILIES APPLYING FOR PUBLIC HOUSING ASSISTANCE REGARDING CRIMINAL HISTORY INVESTIGATION**

Federal law provides that the Housing Authority may not provide housing assistance for persons who have a history of violent or drug-related criminal activity. Therefore, the Housing Authority must conduct an investigation into every adult family member's criminal history, prior to approving housing assistance. The agency will gather criminal history data through all available sources, including the Federal Bureau of Investigation (FBI), state bureaus of investigation (such as the KBI), and other applicable records.

The Housing Authority requires that each family member who has attained age 18 provide the personal data requested on the Application for TBRA/Section 8 Housing and Personal Declaration of Information and sign the Release(s) of Information form(s) (attached) as part of the application process. The agency will conduct the criminal history investigation prior to conducting an interview for Housing with the family.

#### **Failure to Comply:**

The Housing Authority will not process an application for housing assistance when any one adult member of the family fails/refuses to provide the required information and/or fails to sign the appropriate release forms.

#### **Use of Information:**

The Housing Authority will use any and/all criminal history information gathered, along with other information, to determine the family's eligibility for housing assistance.



Dear Applicant,

Thank you for submitting a preliminary application for housing assistance. Your application is now entering the first phase of the eligibility process. If your application is eligible to continue we will need additional information. The Housing Authority requires information that is used to determine eligibility for housing assistance. Please understand that we are aware that obtaining required documentation takes time, therefore we are supplying you with a brief list of the items that will be needed for the full-application process which is phase two. Please be aware that NO application will be accepted with partial information. Please start compiling the necessary information that is listed below, however, hold onto this documentation until your full-application appointment:

- Copies of birth certificates or birth records for all household members
- Copies of social security cards for all household members
- Copies of driver's license or picture ID for all household members over the age of 18
- You will need to know all addresses (with landlord information) for the past 5 years
- If you are applying for public housing you will need 5 personal references with addresses and telephone numbers. These individuals can not be related to you by blood, marriage or adoption.
- Income information, SRS, Social Security, SSI letters, Unemployment stub and/or pay stubs with employers address and telephone number for verification purposes
- For Disabled or Elderly individuals
  - if you have prescriptions that you pay for, a print-off from the pharmacy
  - if you pay for supplemental health insurance (AARP or Blue Cross Blue Shield for example)
  - copies of any medical bills that you are making regular monthly payments on (verified by the physician, clinic or hospital)
- For applicants with child care expenses
  - Name of childcare provider with address and telephone number

Please note, this is not an exhaustive list, you will receive a more detailed list when your full-application is scheduled.

The Atchison Housing Authority

(Office Use Only) Application Number: \_\_\_\_\_ Time Submitted: \_\_\_\_\_ a.m. / p.m. Date Submitted: \_\_\_\_\_

**The Atchison Housing Authority**      **APPLICATION FOR TBRA/SECTION 8 HOUSING AND PERSONAL DECLARATION OF INFORMATION**  
**Administrative Office, 103 South 7<sup>th</sup> Street, Atchison, KS 66002--Phone: 913-367-3323**

**Please Type or Print in Ink...Thoroughly read the instructions on the back page of this form**

**Note:** The Atchison Housing Authority needs all previous names. *If a household member's name has changed, please note this by use of parentheses. e.x. Smith (Jones)*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Head of Household (include all previous names): \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SECTION 1: HOUSEHOLD MEMBERS AND PERSONAL DATA**

**PART A: List all people who will live in the assisted household:** Use additional sheets if necessary. *Include all previous names.*

Household Members Name(s)	Date of Birth	Sex	Relationship	Place of Birth (City, State)	Social Security Number
	/ /				- -
	/ /				- -
	/ /				- -
	/ /				- -
	/ /				- -
	/ /				- -

**PART B: Provide race/ethnicity and disability information for ALL household members.** (Please use the following race classifications: *White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, other race*): Use additional sheets if necessary. **We appreciate your cooperation in providing this information, however it is voluntary.**

Household Members Name(s)	Ethnicity	Race	Legal U.S. Citizen?	Does this person require special assistance due to disability?
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Does anyone listed above have a Guardian/Conservator?     YES     NO      If YES, give name and address of Guardian or Conservator: \_\_\_\_\_



**PART C: Please answer the following question (if applicable):**

1. Do you have residential custody of all minors listed above?  YES \*  NO  N/A

If NO, give NAME AND ADDRESS of person with residential custody of the minor: \_\_\_\_\_

\*If YES, documentation of custody must be submitted with this application.

2. Do you pay for childcare that enables you or another family member to work or go to school?  YES\*  NO

\*If YES, continue, otherwise go to question 3.

2a. How much and how often do you pay the childcare provider? \$ \_\_\_\_\_ per \_\_\_\_\_

2b. Are your childcare expenses reimbursed by any person or agency?  YES  NO

2c. If YES, what agency or person reimburses you? \_\_\_\_\_

2d. At what rate is the reimbursement provided? \$ \_\_\_\_\_ per \_\_\_\_\_

2e. Provide the name and address of your childcare provider \_\_\_\_\_

3. Is the Head of Household or Spouse of this household 62 years old or older, handicapped or disabled?  YES\*  NO

\*If YES, continue, otherwise go to SECTION II: SOURCES OF INCOME.

3a. Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family that is necessary to permit that person or someone else in the family to work?  YES  NO

3b. If YES, please describe the expenses: \_\_\_\_\_

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3c. Does any household member have Medicare?  YES  NO

If YES, Do you pay a Medicare premium?  YES \$ \_\_\_\_\_ or  I do not pay the premium

3d. Does any household member have any other kind of medical insurance?  YES  NO

If YES, what is the medical insurance premium \$ \_\_\_\_\_

3e. Does any household member take prescription medicines on a regular basis?  YES  NO

If YES, what is the monthly amount spent for prescriptions? \$ \_\_\_\_\_ (attach pharmacy print-off)

3f. Does any household member receive medical assistance through the welfare department?  YES  NO

3g. Does any household member have outstanding medical bills on which you make regular payments?  YES  NO

3h. Do you expect to incur any medical expenses during the next twelve (12) months?  YES  NO

If YES, please explain: \_\_\_\_\_

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**SECTION II: SOURCES OF INCOME**

**PART 1: For each type of income received, give the name of the member who receives the income, and the source of the income (income includes: wages, unemployment benefits, child support, alimony, public assistance such as TANF, Social Security, pension/annuity, organizational contributions, income from assets such as checking or savings accounts, financial aid, wages in the form of cash and all other received forms of income). List the address of the source and the amount of income that can be expected from the source during the next twelve months. PROVIDE DOCUMENTATION OF ALL SOURCES**

Family Member	Source/Type of Income	Name & Address of Source (Street/City/State/Zip Code)	Yearly Amount	Frequency (Weekly, Monthly etc.)



**PART 2:**

1. Does any household member have any of the following assets: IRA's, Keogh Plan, Money Markets, Certificates of Deposits or bank accounts?  YES  NO If YES, Please List

List the current value and the person in the household to whom it belongs (for bank accounts include bank name and account number):

Name of Household Member	Type of Account	Value	Bank Name/Account Number

2. Has any household member disposed of any asset or property for less than fair market value during the past two years?

YES  NO If YES, please briefly describe: \_\_\_\_\_

If no income is reported, please sign here to certify that you and members of your household receive **ABSOLUTELY NO** income:

Signature: \_\_\_\_\_

**INCOME INFORMATION**

- 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 twelve months?  YES  NO
- 3. Does any member of your household work for someone who pays him or her in cash?  YES  NO
- 4. Is any member of your household on leave of absence from work due to a lay-off or 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 payments?  YES  NO
- 7. Is any member of your household entitled to child support that he/she is not now receiving?  YES  NO
- 8. Does any member of your household now receive or expect to receive alimony/maintenance payments?  YES  NO
- 9. Is any member of your household entitled to alimony/maintenance payments that he/she is not now receiving?  YES  NO
- 10. Does any member of your household receive or expect to receive welfare assistance?  YES  NO
- 11. Does any member of your household receive or expect to receive Social Security or SSI benefits?  YES  NO
- 12. Does any member of your household receive income from a retirement, pension or annuity?  YES  NO
- 13. Does any member of your household receive regular cash contributions from an organization or individuals not living in your unit?  YES  NO
- 14. Does any member of your household receive income from assets, including interest on checking or saving accounts, interest and dividends from life insurance policies, or certificates of deposit, stocks or bonds, or income from the rental of property?  YES  NO
- 15. Does any member of your household own real estate or any assets for which there is not income (e.x. non-interest bearing checking accounts, cash etc.)?  YES  NO
- 16. Has any member of your household sold or given away real property or other assets (including cash) in the past two years?  YES  NO
- 17. Has any household member received any lump sum payments such as:
  - Inheritances  YES  NO
  - Lottery Winnings  YES  NO
  - Insurance Settlements  YES  NO
  - Capital Gains  YES  NO
  - Social Security, SSI, Unemployment Compensation  YES  NO
  - Other: (Please Explain): \_\_\_\_\_  YES  NO

**SECTION III: RESIDENTIAL HISTORY**

1. **Previous Housing Assistance:** Has any member ever lived in any type of federally subsidized housing (including: Public Housing, Section 8, Public Indian Housing, and ALL other forms of federally subsidized housing)?  YES  NO If YES, provide information below:

Former Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Housing Authority/Agency's Name: \_\_\_\_\_ Date Moved in: \_\_\_\_\_ to \_\_\_\_\_

Does he/she owe a debt to this housing program?  YES  NO If YES, have arrangements been made to pay it back  YES  NO



2. **Residential History:** Please list the addresses of all places the adults in your household have lived in the past five (5) years, starting with where you are now. Include all permanent residences and temporary places you have stayed. Use additional pages if you need more space. Mailing or other contact information for each residence must be provided. Explain any gaps in the time between addresses in a separate letter and enclose it with your application.

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date Moved in: \_\_\_\_\_ Out: \_\_\_\_\_

Contact Person and position: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Former Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date Moved in: \_\_\_\_\_ Out: \_\_\_\_\_

Contact Person and position: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Former Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date Moved in: \_\_\_\_\_ Out: \_\_\_\_\_

Contact Person and position: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Former Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date Moved in: \_\_\_\_\_ Out: \_\_\_\_\_

Contact Person and position: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Former Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date Moved in: \_\_\_\_\_ Out: \_\_\_\_\_

Contact Person and position: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### SECTION IV: CRIMINAL HISTORY/ELIGIBILITY

Please answer YES or NO to the following questions:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has any household member been arrested?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Has any household member been convicted of a felony?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is any household member a Registered Sex Offender?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Has any household member been convicted of manufacture or sale of methamphetamine?                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Has any household member been evicted from a federal housing program in the past for lease violation?               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Has any household member been evicted from a federal housing program in the past 3 years for illegal drug activity? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you answered YES to any of the above questions, please explain here (list date, charges, and location for all arrests or convictions.

List Question Number): \_\_\_\_\_

### SECTION V: APPLICANT CERTIFICATION

I/We certify that all the information given to the Atchison Housing Authority as part of this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We understand that providing false, misleading, and/or incomplete information is grounds for denial of eligibility for the waiting list and termination of tenancy.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Assisting Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Agency's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

NOTE TO APPLICANT: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line (800) 424-8590. Revised 10/2003



# INSTRUCTIONS FOR FILLING OUT THE APPLICATION FOR HOUSING ASSISTANCE

There are several important pieces of information that you should know when filling out an application for housing assistance.

The Atchison Housing Authority offers two kinds of housing assistance-Public Housing and Section 8/TBRA Housing Assistance. When you complete this application you are applying for Section 8/TBRA. You may apply for Public Housing by completing that application which can be obtained from our office or by calling our office and requesting an application packet be mailed to you. If you have questions regarding the difference between the programs offered please contact our office at 913-367-3323.

**Important Notice:** All Atchison Housing Authority Housing is waiting list based; we do not provide emergency housing.

- ❑ YOU MUST FILL OUT THE APPLICATION **COMPLETELY**.
- ❑ LEAVE **NO** BLANK SPACES.
- ❑ IF A QUESTION IS **NOT** APPLICABLE WRITE N/A.
- ❑ INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. THEY WILL BE RETURNED TO THE APPLICANT.

**THE ATCHISON HOUSING AUTHORITY WILL PROCESS ONLY COMPLETE APPLICATIONS.** To be complete, the application must have:

A. All forms filled out, including:

1. Atchison Housing Authority Application for TBRA/Section 8 Housing and Personal Declaration Form
2. Form HUD 9886, Privacy Act Form
3. Atchison Housing Authority Application PHA Form
4. Eligibility Release Form
5. Housing Agency Disposal of Asset Certification Form
6. Applicant/Tenant Emergency Contact Form

B. Income and Identification Documents (for all documentation, send **COPIES ONLY**. **DO NOT** send originals):

1. Social Security Cards for all household members.
2. Birth certificates for all household members. Other official documentation of identity such as valid driver's license may be substituted for an adult if a birth certificate cannot be provided.
3. You must include documentation of all income and assets that apply to your situation. Documentation may include a letter from employer, if working, or TANF, Social Security, SSI printout if receiving government assistance, letter from Kansas Department of Human Resources if receiving Unemployment Compensation, current documents on child support or alimony, or any other form from the entity which is providing income to the household such as retirement or pension income. Copies of bank statements, or letters from your bank and personal property tax statements are examples of information you must provide in order for us to process your application.
4. Photo ID for all adult household members.

It is important that you double check to make sure your application is complete, all forms signed and dated, and all documentation of identity and income are attached. Incomplete applications will not be accepted.

Persons with disabilities who need assistance completing this application are entitled to request a reasonable accommodation under the Atchison Housing Authority's Reasonable Accommodation Policy. A reasonable

accommodation request form can be obtained from the Atchison Housing Authority offices at 103 South 7<sup>th</sup> Street, Atchison, Kansas 66002 or by calling 913-367-3323 to request a form.

## **What We Do When We Receive Your Application:**

The Atchison Housing Authority only accepts completed applications. If you turn in an incomplete application it will be returned to you for completion.

If you owe this agency any past due monies we are unable to process your application.

Once we receive your completed application we complete local and national background checks. Local and National Background Checks are completed. If there is no possible criminal or otherwise negative history we will review your application for initial eligibility factors, including, but not limited to the following:

1. Family must be within income guidelines.
2. Family must meet the definition of a family.
3. Family member must be U.S. Citizens or have INS documentation of eligible immigration status.
4. Have no family members who, as previous participants in federal housing programs, has been evicted or had their housing assistance terminated for illegal drug activity or program/lease violations in the past 3 years.
5. Family must not owe a debt to a any housing agency.
6. Family must not have committed fraud against a federal housing program.
7. Have no family member with a history of violent or drug-related criminal activity.
8. Family has not provided false or misleading information on a housing application.
9. The head of household and spouse (if applicable) must be at least 18 years old.

After we have determined initial eligibility and you are near the top of the waiting list we begin to verify income sources, assets, benefits, rental history and other items to determine renters suitability. Failure to provide the information necessary to verify these items may result in the application being returned as incomplete.

Within **30** days of receiving your application you will receive notification of denial for housing assistance, request for further information or action or a notification of your placement on the appropriate waiting list. If you receive a denial for housing assistance letter you will be given the information needed in order to request an review with a staff member.

Once you near the top of the waiting list we will arrange an interview with you to complete the application processing failure to attend this interview may result in your name being removed from the waiting list. It is very important that you notify us of any change in phone number, address, contact information and income and asset information if we cannot contact a family the family will be removed from the waiting list.

Please refer to the attached checklist to assure you have completed and attached all necessary information. If you have any questions please contact our office at 913-367-3323.

## Declaration of U.S. Citizenship Or Non-Citizen With Eligible Immigration Status

In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

- (A). United States Citizen(s)
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration Status

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**Applicant Information (PLEASE PRINT)**

Name	Sex	Age	Relationship	A	B	C	Signature of Head of Household
Head of Household			<b>Head</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse			<b>Spouse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

\_\_\_\_\_  
Signature, head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, spouse/co-head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, additional household member

\_\_\_\_\_  
Date

**WARNING! Title 18, Section 1001 of the United States Code, states that person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**





# Authorization for the Release of Information Privacy Act Notice

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

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

PHA requesting release of Information; **(cross out space if none)**

**ATCHISON HOUSING AUTHORITY**  
**103 SOUTH 7<sup>TH</sup> STREET**  
**ATCHISON, KS 66002**

IHA requesting release of Information; **(cross out space if none)**

**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 the 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 Certification  
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 wage and self employment information and payments of retirement income as referenced at Section 6103(1)(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 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 effect 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 purpose 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.

PHA requesting release of Information; (cross out space if none)
contact person and date)

ATCHISON HOUSING AUTHORITY
103 SOUTH 7TH STREET
ATCHISON, KS 66002

This form cannot be used to request a copy of a tax return. Instead Use IRS(Full address)
Form 4506, Request for a Copy of Tax Form

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-income Rental Indian Housing
Low-Income Public Housing
Mutual Help Homeownership Opportunity Program
Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Program
Section 23 and 10(c) Leased Housing
Section 23 Housing Assistance Payments
Section 202
Section 221(d)(3) Below Market Interest Rate
Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize only HUD and Indian Housing Authority, or a public Housing Agency to obtain information on wages or unemployment compensation from State Employment Security Agencies.

Information Covered:

- Child Care Expenses
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions, and Assets
Federal, State, Tribal, or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Social Security Numbers
Residences and Rental History

Individuals or Organizations that may Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
Courts
Law Enforcement Agencies
Credit Bureaus
Employers, Past and Present
Landlords
Welfare Agencies
Providers of:
Alimony
Child Care
Child Support
Credit
Handicapped Assistance
Handicapped Assistance
Medical Care
Pensions/Annuities
Schools and Colleges
U.S. Social Security Administration
U.S. Department of Veteran's Affairs

Computer matching Notice & Consent:

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

- U.S. Office of Personnel Management
U.S. Social Security Administration
U.S. Department of Defense
U.S. Postal Service
State Employment Security Agencies
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family.

Conditions:

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the Atchison Housing Authority.

I/We agree that photocopies of this authorization may be used for the purposes stated above.

If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated.

This Consent form expires 15 months after signed.

Signatures:

Print Name:
Social Security #:
Date of Birth:
Address:
Signature:
Date:

Print Name:
Social Security #:
Date of Birth:
Address:
Signature:
Date:

Print Name:
Social Security #:
Date of Birth:
Address:
Signature:
Date:

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PHA requesting release of Information; (cross out space if none)
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Section 23 Housing Assistance Payments
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Information Covered:

- Child Care Expenses
Credit History
Criminal Activity
Family Composition
Employment, Income, Pensions, and Assets
Federal, State, Tribal, or Local Benefits
Handicapped Assistance Expenses
Identity and Marital Status
Medical Expenses
Social Security Numbers
Residences and Rental History

Individuals or Organizations that may Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
Courts
Law Enforcement Agencies
Credit Bureaus
Employers, Past and Present
Landlords
Welfare Agencies
Providers of:
Alimony
Child Care
Child Support
Credit
Handicapped Assistance
Handicapped Assistance
Medical Care
Pensions/Annuities
Schools and Colleges
U.S. Social Security Administration
U.S. Department of Veteran's Affairs

Computer matching Notice & Consent:

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

The governmental agencies include:

- U.S. Office of Personnel Management
U.S. Social Security Administration
U.S. Department of Defense
U.S. Postal Service
State Employment Security Agencies
State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by my family.

Conditions:

I/We voluntarily waive all right of recourse and release each such person from liability for providing information to the Atchison Housing Authority. I/We agree that photocopies of this authorization may be used for the purposes stated above. If I/We do not sign this authorization, I/We also understand that my housing assistance may be denied or terminated. This Consent form expires 15 months after signed.

Signatures:

Print Name:
Social Security #:
Date of Birth:
Address:
Signature:
Date:
[Two sets of signature lines for individuals]

# HOME Program Eligibility Release Form

Organization requesting release of information  
Atchison Housing Authority, 103 S. 7<sup>th</sup> St.,  
Atchison, Kansas 66002 913-367-3323

**Purpose:** Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME TBRA Program  
HOME Homebuyer Program  
HOME Rental Rehabilitation Program  
HOME Homeowner Rehabilitation Program

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**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.**

**Information Covered:** Inquiries may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		

**Authorization:** I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:  
Family Member HEAD

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #3

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #2

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #4

X