



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

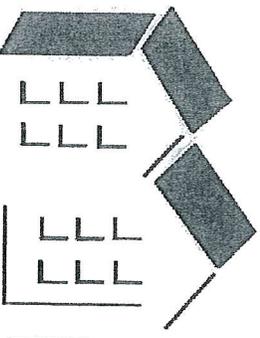


HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/dhp/programs/phiiv/phiiv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

HUNTINGDON HOUSING AUTHORITY
433 HILLCOURT CIRCLE
HUNTINGDON, TN 38344
PHONE NO. (731) 986-4442
FAX NO. (731) 986-8517

PRE-APPLICATION FOR PUBLIC HOUSING

DATE OF APPLICATION _____ TIME _____

INSTRUCTIONS: Please read carefully. This pre-application must be completely filled out and returned to the office on the appointment date. **Incomplete applications will not be processed.**
Please write legibly. NO CELL PHONES ALLOWED DURING APPLICATION PROCESS.

When you bring in the pre-application, you must have the following information. If all the information we require is not with you, you will have to reschedule another appointment.

Original Birth Certificates, Social Security Cards, Driver Licenses of all family members that will be living in the household. Proof of pregnancy, marriage license or divorce papers. If employed bring name, address and phone # of employer and your last 8 consecutive check stubs.

Do you or any member of your household receive any of the following? Verifications must be brought in with you. We need pharmacy printouts of all medications (elderly or disabled – ONLY).

- | | | | |
|------------------------------|---------|--------|-----------|
| Families First | () Yes | () No | Who _____ |
| Food Stamps | () Yes | () No | Who _____ |
| Child Support | () Yes | () No | Who _____ |
| Alimony Check | () Yes | () No | Who _____ |
| Child Care | () Yes | () No | Who _____ |
| Social Security, SSI, | () Yes | () No | Who _____ |
| Pension (Specify) _____ | () Yes | () No | Who _____ |
| Other income (Specify) _____ | () Yes | () No | Who _____ |

Did you or any member of your family file an Income Tax Return for last calendar year?

() Yes () No Who _____

If yes, a copy of the return and/or W-2's must be provided.

The Housing Authority will conduct a criminal record check on all applicants age 18 years and older.

The Huntingdon Housing Authority does not discriminate on admission or access to, or treatment or employment in, the federally assisted program and activities administered by the Huntingdon Housing Authority. The Huntingdon Housing Authority does not discriminate against any person because of race, color, religion, sex, handicap, familial status, or nation origin.

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

PLEASE DO NOT BRING CHILDREN ON THE DATE OF THE APPLICATION, IT WILL DISTRACT OUR ATTENTION.

**HUNTINGDON HOUSING AUTHORITY
PRE-APPLICATION FOR PUBLIC HOUSING**

1. Name of Head of Household _____
2. Name of adult co-head of household _____
3. Current address, street, Apt _____
 Current City, State and Zip Code _____
 Current Area Code, Home Phone No. _____
 Work Phone No. _____ Cell phone No. _____

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the PHA unit, including foster children, live in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	ADULTS First Name & Last Name (if different from Head's)	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled	Birthplace Country	Full- time Student
1				-- --				
2				-- --				
3				-- --				
4				-- --				

	CHILDREN (Name as it appears on SS card)	Date of Birth	Sex	Social Security Number	Relation to Head	Absent Parent's Name/Address
1				-- --		
2				-- --		
3				-- --		
4				-- --		
5				-- --		
6				-- --		

4. Is the applicant family displaced by declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? Yes No. If yes, who can verify this? Please give name, address & phone # _____

5. Is the applicant family displaced by governmental action through no fault of their own? Yes No, If yes, who can verify this. Please give name, address & phone #. _____

6. Is any adult family member enrolled in an education program full-time? Yes No. If yes, who can verify this? Please give name, address and phone #: _____

7. Family Income Information: Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from Family First, Social Security, SSI, Unemployment, Worker's Compensation, Child Support, all types of Pension & etc. Example: Wages, \$ 150/week, SSI, \$412/month.

Family Member Name	Income Source	Amount	Frequency - Per		
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year

8. Do you have a checking or saving account or own any Certificates of Deposits, stocks, bonds, etc. Yes No. If yes, describe the type of asset(s) please: _____
 _____ What is the market value of all assets? _____

9. Do you own any real estate? Yes No. If yes, what is the address? _____

10. Have you sold any real estate in the past two years? Yes No. If yes, what was the address? _____

11. Have you disposed of assets for less than fair market value? Yes No. If yes, please list it. _____

Screening Questions: A "yes" answer will not necessarily disqualify you for admission.

12. Have you or any member of your household ever been evicted from housing? Yes No. If yes, why? _____

13. Have you or any member of the applicant household ever been arrested or convicted of a crime other than traffic violation? Yes No. If yes, please explain the nature of the problem and who involved: _____

14. Is anyone in your household currently on parole or probation? Yes No. If yes, please explain: _____

Qualifying for Deduction in Calculating Rent:

15. Is the head of household or spouse age 62 or older or a person with a disability? Yes No. If yes, please answer the following questions. If no, please skip down to questions # 17.
16. Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital/clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes No. If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expenses: _____

Monthly medical expense: \$_____. Please give us the name, address and phone # of someone who can verify the expense: _____
17. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No. If yes, please describe the nature of the expense and the monthly amount: _____
_____. Please give us the name. Address & phone # of someone who can verify the expense: _____
18. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes No. If yes, please list the name, address and phone # of your child care provider: _____

Monthly unreimbursed child care cost: \$_____.
19. Is any member of the household age 18 or older other than a family head and spouse a full time student or a person with a disability? Yes No. If yes, please give us the name, of the family member and the name and address of someone who can verify this information Name of family member: _____
_____. Please give us the name, address & phone # of someone who can verify this information: _____

_____.
20. Drivers License or State ID #: Applicant: _____
Co-applicant: _____ Co-applicant: _____
Co-applicant: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____
21. How did you hear about our housing program _____?

I/we certify that the statements on this pre-application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorized the release of information to the Huntingdon Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this pre-application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-Applicant Signature

Date

Co-Applicant Signature

Date

WARNING: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.

!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!ATTENTION!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

If you presently owe any old utility bill at the CARROLL COUNTY ELECTRIC DEPARTMENT OR HUNTINGDON WATER/SEWER DEPARTMENT, and you have not paid it, we can not house you until this matter is taken care of, due to the fact that when you move-in – your utility(s) have to be in your name.

Recent changes in Federal Regulations may affect your priority for admission to the housing units managed by this agency.

Please complete the following list by answering all questions as they apply to your family situation.

1. I am without permanent, standard housing because my residence was destroyed by fire, flood, or other natural disaster. YES [] NO []
If YES, (1) When did it occur? _____ . (2) Which local agency handled the situation? _____ . (3) Where was the residence located? _____ .
2. I am without permanent, standard housing because my residence was acquired by government action. YES [] NO []
If YES, (1) Which agency? _____ .
When? _____ .
3. I will be without permanent, replacement housing because a Government Agency is to acquire the residence. YES [] NO []
If YES, (1) Which Agency? _____ .
When? _____ .
4. I am without permanent, standard housing because of the actions of the owner, which were beyond my control other than a rent increase. YES [] NO []
If YES, state the reason. _____
_____ .
5. I am without permanent, replacement housing because of actual or threatened violence to me or my family. YES [] NO []
If YES, (1) Who committed the threat or actual violence? _____ .
(2) Which Police Department Agency, person or firm has knowledge of this action?
_____ .
6. My housing is substandard. YES [] NO []
If YES, check one or more of the following items which best explain the problem:
 1. The house is unsafe because of serious structural defects. []
 2. The house does not have indoor plumbing. []
 3. The house does not have indoor flush toilet. []
 4. The house does not have a shower or bathtub. []
 5. The house does not have safe electricity. []
 6. The house does not have safe and adequate heat. []
 7. The house does not have kitchen space. []
 8. The house has been condemned. []
 9. I am homeless and living at a public or private shelter. []
Where? _____

7. Your present rent including utilities is \$ _____ each month. How many months have you paid this amount? _____. If less than 12 months, what was the previous rent each month? _____.
8. Your present total income from all family members before any deduction is \$ _____ per month. From what source? (1) _____, (2) _____, (3) _____.

AFTER YOU HAVE COMPLETED THIS LIST, PLEASE REAT IT AGAIN TO SEE IF YOU HAVE OMITTED ANY INFORMATION.

STATEMENT:

I have read this list and the Privacy Act Notice Statement and Fraud Statement and affirm that the information that I have provided is accurate and true to the best of my knowledge, belief and ability.

Head of Household Applicant/Tenant

Date

Applicant/Tenant Signature

Date

Applicant/Tenant Signature

Date

Citation
TN ST 39-3-945
T.C.A. 39-3-945

TENNESSEE CODE ANNOTATED
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Title 39 CRIMINAL OFFENSES
CHAPTER 3 OFFENSES AGAINST PROPERTY
Part 9 Fraud and False Dealing

39-3-945. False statements of financial condition for purposes of obtaining or maintaining occupancy in housing projects or rent subsidies.

- (a) Any person who makes of causes to be made, any false statement in writing, knowing it to be gales, and with the intent that it be relied on, respecting his financial condition for the purpose of obtaining or maintaining occupancy in:
1. A housing project provided by a housing authority established under the Housing Authorities Law, complied in Chapter 20 of Title 13;
 2. A housing project provided by a Housing Authority established under any special statute; or
 3. A unit in a privately-owned publicly subsidized Housing Development; or for the purpose of establishing or attempting to establish eligibility for a reduction in housing rental charges, or any rent subsidy shall be guilty of a misdemeanor.
- (b) Notice of this section shall be printed in all public housing and privately-owned publicly subsidized housing application forms, and shall be displayed in each office where such application is made.

Acts 1980 (Adj. S.), C 608, s 1; T.C.A., S 39-1989.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

PRIVACY ACT NOTICE STATEMENT

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U. S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. Seq.); the Housing and Urban-rural Recovery Act of 1983 (P.L. 98-181); The Housing and Community Development Technical Amendments of 1984 (P.L.98-479); and by the Housing Community Development Act of 1987 (42 U.S.C. 3543). The information is collected by HUD to determine an applicant eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing authority (PHA) may conduct a computer match to verify the information provided. 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. You must provide all the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

HUNTINGDON HOUSING AUTHORITY

ASSET CHECKLIST

INSTRUCTIONS: At the certification and recertification interview, the head of household should answer the questions below about assets and sign the certification statement.

FAMILY MEMBER NAME	VALUE OF ASSET	DATE VERIFIED
1. Do you have cash		
• In a savings account? () Yes () No	_____	_____
• In a checking account? () Yes () No	_____	_____
• In a safety deposit box? () Yes () No	_____	_____
• At home? () Yes () No	_____	_____
• Anywhere else? () Yes () No	_____	_____
2. Do you have trust funds available to your household? () Yes () No		
3. Do you have any equity in rental property or other capital investments? () Yes () No		
4. Do you have any stocks, bonds, treasury bills, certificates of deposit or money market funds? () Yes () No		
5. Do you have any retirement or pension funds? () Yes () No		
6. Will you receive any lump sum receipts? () Yes () No		
7. Are you holding any personal items as investments (antique cars, coin or stamp collections, etc.)? () Yes () No		
8. Do you have a "Whole Life" Life Insurance Policy? () Yes () No		

Tenant's Certifications

I hereby certify that I have answered the questions on this checklist truthfully and have no assets other than those claimed on this form.

Print Head of Household's name

Signature of Applicant/Tenant

Date

List all of your previous landlords (NO RELATIVES -- no moms, dads, aunts, uncles, etc)

(1) Name _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

(2) Name _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

(3) Name _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

(4) Name _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

(5) Name _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

(6) Name _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

(7) Name _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

(8) Name _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

**IN THE EVENT OF AN EMERGENCY
"PLEASE NOTIFY"**

1. NAME _____ RELATIONSHIP _____
ADDRESS _____
CITY _____ STATE & ZIP CODE _____
PHONE NO. _____

2. NAME _____ RELATIONSHIP _____
ADDRESS _____
CITY _____ STATE & ZIP CODE _____
PHONE NO. _____

IN THE EVENT OF SERIOUS ILLNESS OR DEATH, THE FOLLOWING PERSON IS
AUTHORIZED TO ENTER THE APARTMENT AND REMOVE ALL CONTENTS AND
COLLECT ANY REFUNDABLE SECURITY DEPOSIT.

NAME _____ RELATIONSHIP _____
ADDRESS _____
CITY _____ STATE & ZIP CODE _____
PHONE NO. _____

HAS MY PERMISSION TO REMOVE ALL MY BELONGINGS FROM MY APARTMENT.

List all other persons you wish to have access to your apartment in case of an emergency.

NAME _____	Phone # _____	Relationship _____
NAME _____	Phone # _____	Relationship _____
NAME _____	Phone # _____	Relationship _____
NAME _____	Phone # _____	Relationship _____

Signature of Applicant/Tenant

Date

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	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	

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

--	--

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

Rent

Minimum Rent

Maximum Rent

\$ 50

Security Deposit - \$125

Rent is due on the 1st of the month and late after the 5th. If not paid by the 5th a \$25.00 late charge will be added to your account and you will receive a 14 day eviction notice.

Rent includes all utilities (Electric, Water, and Gas). You will be responsible for any overages should you go over your allotted amounts.

Housing furnishings in each apartment are: gas range, refrigerator, curtain rods, shades, washer and dryer hook ups, and central heat/air.

Housing provides 24 hours maintenance service, mowing and pest control.

All units are inspected 3 times a year plus when maintenance enters your apartment for a work order they will also inspect the apartment.

If not working, receiving SS/SSI, food stamps, or doing a community service thru DHS - you must do 8 hours of community service a month for housing. It is a HUD requirement.

Housing Authority does not accept cash for payments--- we do accept checks and money orders. However if your check bounces one time then we only accept money orders.

HUD rule is no smoking in apartments at all. You or your guest must be 25 feet from apartment to smoke. This also includes e-cigarettes. You also cannot burn candles or incense because it also smokes up the walls, ceilings and floors.

You may not flush any kind of wipe flushable or not flushable down the commode. They clog up toilets.

HUNTINGDON HOUSING AUTHORITY

433 Hillcourt Circle, Huntingdon, TN 38344

(731) 986-4442 Fax (731) 986-8517

Verification Of Income From Employment

Re: _____ Social Security # _____

Dear Sir/Madam:

We are required to verify the incomes of all family members living in or applying for public housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter via fax (731- 986-8517) or the self addressed, stamped envelope enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call (731) 986-4442.

Sincerely: _____

-
1. Employed since: _____
 2. Job Title: _____
 3. Salary, Base Pay Rate: \$ _____ per hour \$ _____ per week \$ _____ per month
 4. Average hours worked at Base Pay Rate: _____ hrs/week, or _____ hrs/month in year.
 5. Is this person likely to get overtime? () Yes () No If yes, Overtime Pay rate \$ _____/Hr.
 6. Average of Overtime hours expected during the next 12 months: _____/Hr/Month.
 7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?
For _____ \$ _____ per _____.
 8. Is pay received for vacation? () Yes () No If yes, number of days/year: _____.
 9. Total base Pay earnings for last 12 months: \$ _____
 10. Total Overtime Earnings for the last 12 months: & _____
 11. How often paid? _____

Firm Name: _____ Address: _____
Name of Person Completing this Form: _____ Date: _____
Title: _____ Signature: _____
Phone Number: _____ Fax Number: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature _____

Date _____

WARNING: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.

**HUNTINGDON HOUSING AUTHORITY
433 HILLCOURT CIRCLE
HUNTINGDON, TENNESSEE 38344**

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any assisted housing programs.

Information inquiries about:

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

Individuals or Organizations that may release information:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, past and present
- Landlords
- Providers of:
 - Alimony
 - Child Care
 - Child Support
 - Credit
 - Handicapped Assistance
 - Medical Care
- Pension/Annuities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- U.S. Department of Immigration and Naturalization
- Utility Company
- Welfare Agencies

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

SS #

Signature

Date

I certify that the above named individual has read this document fully or that I have read it to him/her and that I have explained its contents and answered any questions to the best of my ability and that he/she understood the significance of this document at the time of signing.

Housing Authority Representative

Date

(THIS FORM AND SUPPORTING DOCUMENTS BECOME A PART OF THE TENANT LEASE BY REFERENCE)

HUNTINGDON HOUSING AUTHORITY
433 HILLCOURT CIRCLE
HUNTINGDON, TN 38344
LANDLORD VERIFICATION

Applicant: _____

Date: _____

Social Security #: _____

Applicant #: _____

Dear Sir/Madam:

We are requesting past history for the individual mentioned above who is applying for Public Housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter by way of fax, e-mail or mail. If you received it through U.S. mail, an envelope is enclosed for your convenience. If you have any questions, please call (731) 986-4442.

Sincerely,
Denelda Price, Executive Director

Are you the () Current Landlord () Previous Landlord () Other

Dates of Applicant's Tenancy: From _____ To: _____

Does (Did) the Applicant have a lease? () Yes () No

1. RENT PAYMENT

- A. Amount of monthly rent \$ _____ Does (Did) applicant pay rent on time? () Yes () No
- B. Has (Had) he/she ever paid rent late? () Yes () No
How late? _____ How often? _____
- C. Have (Had) you ever begun completed eviction for non-payment? () Yes () No
- D. Was (Is) a court judgment rendered in your favor for eviction for non-payment? () Yes () No
- E. Do (Did) you provide any of the utilities for the unit? () Yes () No
- F. Have tenant-paid utilities ever been disconnected? () Yes () No

2. CARING FOR THE UNIT

- A. Does (Did) the applicant keep the unit clean, safe and sanitary? () Yes () No
- B. Has (Had) the applicant damaged the unit? () Yes () No
Describe: _____
Cost to repair: \$ _____ How often? _____
- C. Has (Had) the applicant paid for the damage? () Yes () No
- D. Will (Did) you keep any security deposit? () Yes () No
- E. Does (Did) the applicant have problems with insect/rodent infestation? () Yes () No
- F. Does (Did) the applicant's housekeeping contribute to infestation? () Yes () No

G. Did the applicant make any alterations to the unit without your permission? () Yes () No

3. GENERAL

A. Is (Was) the applicant listed on the lease for the unit? () Yes () No

B. Does (Did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? () Yes () No
If Yes, describe: _____

C. Has (Had) the applicant, family members or guests damaged or vandalized the common areas? () Yes () No
If Yes, describe: _____

D. Does (Did) the applicant, family members or guests create any physical hazards to property or other residents? () Yes () No
If Yes, describe: _____

E. Does (Did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? () Yes () No
If Yes, describe: _____

F. Has (Had) the applicant, family member or guests engaged in any criminal activity, including drug-related criminal activity? () Yes () No
If Yes, describe: _____

G. Has (Had) the applicant given you any false information? () Yes () No
If Yes, describe: _____

H. Has (Had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, agency staff, or landlord staff? () Yes () No
If Yes, describe: _____

I. Would you rent to this applicant again? () Yes () No
If No, why? _____

J. Did the applicant leave owing you money? () Yes () No
If Yes, how much? _____

Other Comments: _____

Agency/Landlord name: _____ Agency/Landlord address: _____

City _____ State: _____ Zip _____

Name of person completing this form: _____

Phone Number: _____ Fax Number: _____

Date: _____ Signature: _____ Title: _____

Applicant Release

I, _____, hereby authorize the release of the requested information.

Signature: _____

Date: _____

Date: _____

TO: HUNTINGDON POLICE DEPARTMENT
FROM: HUNTINGDON HOUSING AUTHORITY
RE: REQUEST FOR N.C.I. III NAME SEARCH

(PLEASE PRINT LEGIBLE)

NAME _____
(First) (Middle) (Last)
CURRENT ADDRESS _____
PREVIOUS ADDRESS _____
DOB _____ SEX _____ RACE _____ SS NO. _____
ALAIS, MAIDEN, NICKNAMES _____
PLACE OF BIRTH (CITY & STATE) _____
OTHER STATES OF RESIDENCE _____,
_____, _____, _____, _____,
_____, _____, _____, _____, _____,

I do hereby authorize any Law Enforcement Agency, whether city, county, state or federal agency, Department of bureau, to release any information in their files or conduct an NCIC/PBI check under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to have the fingerprints forwarded to the FBI, if required by the Housing Authority. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whoever from any liability arising out of or resulting from the release of this information. If it is determined that a criminal record may exist and I am fingerprinted for further criminal record checks, my application will be delayed until the NCIC report based upon the fingerprints has been received by the Housing Authority.

Applicant Signature _____

Date _____

Denelda Price, Executive Director

HUNTINGDON POLICE DEPARTMENT REPLY

I have searched the N.C.I. III records for _____
and find that probable existence _____ or nonexistence _____
of a criminal history record.

Huntingdon Police Dept. Officer _____

Date _____