

# PROJECT BASED SECTION 8 APPLICATION FOR ADMISSION

APPLICATION NO: \_\_\_\_\_

**INITIAL APPLICATION INFORMATION**

**APPLICANT (HEAD OF HOUSE)**

DATE OF APPLICATION: \_\_\_\_\_  
 TIME APPLICATION TAKEN: HOUR \_\_\_\_\_ MIN \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
 HOUSING DISPLACEMENT DUE TO GOVERNMENT:  YES  NO  
 CITY WHERE APPLICATION TAKEN: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
 PRESENT ADDRESS 1: \_\_\_\_\_  
 PRESENT ADDRESS 2: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_) \_\_\_\_\_

CURRENT LANDLORD NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 CURRENT LANDLORD ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CHECK APPLICABLE ITEMS BELOW: (VOLUNTARY INFORMATION)  
HEAD-OF-HOUSE**

- WHITE  BLACK  AMERICAN INDIAN OR ALASKAN NATIVE  
 ASIAN OR PACIFIC ISLANDER  HISPANIC  
 FEMALE HEAD OF HOUSE  VETERAN HEAD OF HOUSE

**THE FOLLOWING INFORMATION IS VOLUNTARY AND MUST BE ASKED OF ALL APPLICANTS (IMPORTANT)**

DOES ANY MEMBER OF YOUR FAMILY REQUIRE A HANDICAP ACCESSIBLE UNIT OR ANY OTHER HANDICAP ACCOMMODATIONS?  
 YES  NO  
 EXPLAIN: \_\_\_\_\_

**THE FOLLOWING INFORMATION ON DISABILITY IS VOLUNTARY**

DOES A MEMBER OF YOUR HOUSEHOLD QUALIFY FOR DISABILITY UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973 OR THE FEDERAL FAIR HOUSING ACT AS AMENDED IN 1988 AND THE AMERICANS WITH DISABILITIES ACT?  YES  NO IF YES, EXPLAIN: \_\_\_\_\_

IN CASE WE HAVE PROBLEMS CONTACTING YOU, LIST THE NAMES OF TWO RELATIVES OR FRIENDS:

1. NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_  
 2. NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

**A. HOUSEHOLD COMPOSITION ( \* USE CODES ON LAST PAGE OF THIS FORM TO COMPLETE THESE COLUMNS.)**

NO.	PERSONS TO RESIDE IN UNIT	RELATIONSHIP *	RACE *	SEX M / F	BIRTHDATE	BIRTHPLACE: COUNTRY	SOCIAL SECURITY NO.	LEGAL CITIZEN *
<b>ADULTS (LEGAL NAMES)</b>								
1		HEAD OF HOUSE						
2		SPOUSE						
3		CO-HEAD						
<b>CHILDREN (LEGAL NAMES)</b>								
4								
5								
6								
7								
8								

DO YOU ANTICIPATE ANY CHANGES IN YOUR FAMILY COMPOSITION:  YES  NO IF YES, EXPLAIN: \_\_\_\_\_

**HOUSING CONDITIONS: (Present Housing Conditions and Need)**

1. Involuntarily displaced (If Yes, check reason)..... Yes  No 
  - A. Disaster, such as fire or flood that resulted in uninhabitability of applicant's unit.....
  - B. Activity by government agency in connection with public improvement or development programs.....
  - C. Activity by housing owner beyond applicant's ability to control (Not a rent increase).....
2. Living under substandard housing conditions (if Yes, check conditions present)..... Yes  No 
  - A. Is dilapidated.....
  - B. Does not have operable indoor plumbing.....
  - C. Does not have a usable flush toilet inside the unit for the exclusive use of family.....
  - D. Does not have a usable bathtub or shower inside the unit for the exclusive use of family.....
  - E. Does not have electricity, or has inadequate or unsafe electrical service.....
  - F. Does not have a safe or adequate source of heat .....
  - G. Should but does not have a kitchen.....
  - H. Has been declared unfit for habitation by an agency or unit of government.....
3. Paying more than 50% of family income for rent..... Yes  No

# PROJECT BASED SECTION 8 APPLICATION FOR ADMISSION

APPLICATION NO: \_\_\_\_\_

**INITIAL APPLICATION INFORMATION**

**APPLICANT (HEAD OF HOUSE)**

DATE OF APPLICATION: \_\_\_\_\_  
 TIME APPLICATION TAKEN: HOUR \_\_\_\_ MIN \_\_\_\_ AM \_\_\_\_ PM \_\_\_\_  
 HOUSING DISPLACEMENT DUE TO GOVERNMENT: \_\_\_ YES \_\_\_ NO  
 CITY WHERE APPLICATION TAKEN: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
 PRESENT ADDRESS 1: \_\_\_\_\_  
 PRESENT ADDRESS 2: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: ( \_\_\_\_ ) \_\_\_\_\_

CURRENT LANDLORD NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 CURRENT LANDLORD ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CHECK APPLICABLE ITEMS BELOW: (VOLUNTARY INFORMATION)  
HEAD-OF-HOUSE**

- \_\_\_ WHITE \_\_\_ BLACK \_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE  
 \_\_\_ ASIAN OR PACIFIC ISLANDER \_\_\_ HISPANIC  
 \_\_\_ FEMALE HEAD OF HOUSE \_\_\_ VETERAN HEAD OF HOUSE

**THE FOLLOWING INFORMATION IS VOLUNTARY AND MUST BE ASKED OF ALL APPLICANTS (IMPORTANT)**

DOES ANY MEMBER OF YOUR FAMILY REQUIRE A HANDICAP ACCESSIBLE UNIT OR ANY OTHER HANDICAP ACCOMMODATIONS?  
 \_\_\_ YES \_\_\_ NO  
 EXPLAIN: \_\_\_\_\_

**THE FOLLOWING INFORMATION ON DISABILITY IS VOLUNTARY**

DOES A MEMBER OF YOUR HOUSEHOLD QUALIFY FOR DISABILITY UNDER SECTION 504 OF THE REHABILITATION ACT OF 1973 OR THE FEDERAL FAIR HOUSING ACT AS AMENDED IN 1988 AND THE AMERICANS WITH DISABILITIES ACT? \_\_\_ YES \_\_\_ NO IF YES, EXPLAIN: \_\_\_\_\_

IN CASE WE HAVE PROBLEMS CONTACTING YOU, LIST THE NAMES OF TWO RELATIVES OR FRIENDS:

1. NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_  
 2. NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

**A. HOUSEHOLD COMPOSITION ( \* USE CODES ON LAST PAGE OF THIS FORM TO COMPLETE THESE COLUMNS.)**

NO.	PERSONS TO RESIDE IN UNIT	RELATIONSHIP *	RACE *	SEX M / F	BIRTHDATE	BIRTHPLACE: COUNTRY	SOCIAL SECURITY NO.	LEGAL CITIZEN *
	<b>ADULTS (LEGAL NAMES)</b>							
1		HEAD OF HOUSE						
2		SPOUSE						
3		CO-HEAD						
	<b>CHILDREN (LEGAL NAMES)</b>							
4								
5								
6								
7								
8								

DO YOU ANTICIPATE ANY CHANGES IN YOUR FAMILY COMPOSITION: \_\_\_ YES \_\_\_ NO IF YES, EXPLAIN: \_\_\_\_\_

**HOUSING CONDITIONS: (Present Housing Conditions and Need)**

1. Involuntarily displaced (If Yes, check reason)..... Yes  No 
  - A. Disaster, such as fire or flood that resulted in uninhabitability of applicant's unit.....
  - B. Activity by government agency in connection with public improvement or development programs.....
  - C. Activity by housing owner beyond applicant's ability to control (Not a rent increase).....
2. Living under substandard housing conditions (if Yes, check conditions present) Yes  No 
  - A. Is dilapidated.....
  - B. Does not have operable indoor plumbing.....
  - C. Does not have a usable flush toilet inside the unit for the exclusive use of family.....
  - D. Does not have a usable bathtub or shower inside the unit for the exclusive use of family.....
  - E. Does not have electricity, or has inadequate or unsafe electrical service.....
  - F. Does not have a safe or adequate source of heat .....
  - G. Should but does not have a kitchen.....
  - H. Has been declared unfit for habitation by an agency or unit of government.....
3. Paying more than 50% of family income for rent..... Yes  No

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**B. HOUSEHOLD INCOME:** FOR EACH FAMILY MEMBER (WHERE APPLICABLE), SHOW SOURCE AND ANTICIPATED INCOME AS INDICATED.  
**EMPLOYMENT** (LIST ALL INCOME SOURCES INCLUDING MILITARY FOR VERIFICATION DURING THE ADMISSIONS PROCESS.)

FAMILY MEM. NO.	SOURCE OF INCOME, EMPLOYER / OTHER	CURRENT WAGES		HOURLY RATE	HOURS WORKED	ANNUAL EARNINGS	ANTICIPATED NEXT 12 MONTHS
		MONTHLY	WEEKLY				

1. DOES ANY FAMILY MEMBER WORK FOR ANYONE WHO PAYS THEM CASH?  YES  NO IF YES, EXPLAIN: \_\_\_\_\_
2. HAVE YOU OR ANY OTHER FAMILY MEMBER RECEIVED ANY LUMP SUM PAYMENTS IN THE PAST TWO YEARS?  YES  NO  
 IF YES, EXPLAIN: \_\_\_\_\_

**FAMILY MEM. NO.**

<input type="checkbox"/>	NAME OF EMPLOYER: _____	TELEPHONE: _____
	ADDRESS: _____	_____
	ADDRESS: _____	_____
<input type="checkbox"/>	NAME OF EMPLOYER: _____	TELEPHONE: _____
	ADDRESS: _____	_____
	ADDRESS: _____	_____
<input type="checkbox"/>	NAME OF EMPLOYER: _____	TELEPHONE: _____
	ADDRESS: _____	_____
	ADDRESS: _____	_____

**FINANCIAL ASSISTANCE LIST ALL INCOME SOURCES FOR VERIFICATION DURING THE ADMISSIONS PROCESS.**  
 FILL IN THE MONTHLY AND WEEKLY DOLLAR AMOUNT IN EACH COLUMN SOURCE.

FAMILY MEM. NO.		CHILD SUPPORT	VETERANS	SSI	SSA	UNEMPLOYMENT	WORK FIRST	OTHER:	ANTICIPATED NEXT 12 MONTHS
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	
	MONTHLY	\$	\$	\$	\$	\$	\$	\$	
	WEEKLY	\$	\$	\$	\$	\$	\$	\$	

**C. CASH ASSETS**

**FAMILY MEM. NO.**

<input type="checkbox"/>	CHECKING ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
<input type="checkbox"/>	SAVINGS ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
	OTHER \$ _____		ADDRESS _____
	IS CHECKING ACCT INTEREST BEARING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/>	CHECKING ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
<input type="checkbox"/>	SAVINGS ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
	OTHER \$ _____		ADDRESS _____
	IS CHECKING ACCT INTEREST BEARING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/>	CHECKING ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
<input type="checkbox"/>	SAVINGS ACCOUNT \$ _____	BANK NAME _____	ADDRESS _____
	ACCT # _____		
	OTHER \$ _____		ADDRESS _____
	IS CHECKING ACCT INTEREST BEARING? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PUBLIC HOUSING APPLICATION CONTINUED FROM PAGE 2

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ASSETS - OTHER

DOES ANY MEMBER OF YOUR HOUSEHOLD OWN A HOME OR OTHER REAL ESTATE? \_\_\_ YES \_\_\_ NO

ADDRESS / LOCATION \_\_\_\_\_

HAS ANY MEMBER OF YOUR FAMILY SOLD OR GIVEN AWAY ANY REAL ESTATE IN THE PAST TWO YEARS? \_\_\_ YES \_\_\_ NO

IF YES, WHAT IS THE CURRENT MARKET VALUE? \$ \_\_\_\_\_

PHYSICAL LOCATION OF PROPERTY \_\_\_\_\_

DO YOU OR ANY FAMILY MEMBER OWN A CAR? \_\_\_ YES \_\_\_ NO IF YES, LIST BELOW:

FAMILY MEM. NO.

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ TAG NUMBER \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ TAG NUMBER \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ TAG NUMBER \_\_\_\_\_

DOES ANY FAMILY MEMBER HAVE OR RECEIVE BENEFITS FROM AN ANNUITY OR OTHER RETIREMENT SOURCE? \_\_\_ YES \_\_\_ NO

IF YES, EXPLAIN: \_\_\_\_\_ MONTHLY AMT: \$ \_\_\_\_\_

DOES ANY FAMILY MEMBER HAVE OR RECEIVE INCOME FROM CERTIFICATE OF DEPOSITS, STOCKS, BONDS, OR OTHER INVESTMENTS?

\_\_\_ YES \_\_\_ NO IF YES, EXPLAIN: \_\_\_\_\_ MONTHLY AMT: \$ \_\_\_\_\_

D. EXPENSES

DO YOU HAVE EXPENSES FOR CHILD CARE OF A CHILD AGED 12 OR YOUNGER? \_\_\_ YES \_\_\_ NO IF YES, PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE CARE PROVIDER: \_\_\_\_\_

WHAT IS THE WEEKLY COST TO YOU OF THE CHILD CARE? \$ \_\_\_\_\_

DO YOU EMPLOY A CARE ATTENDANT OR PAY FOR ANY EQUIPMENT RELATING TO A DISABLED MEMBER OF YOUR HOUSEHOLD WHICH IS NECESSARY TO PERMIT THAT PERSON OR SOMEONE ELSE IN THE FAMILY TO WORK? \_\_\_ YES \_\_\_ NO

IF YES, DESCRIBE EXPENSE: \_\_\_\_\_

MONTHLY COST: \$ \_\_\_\_\_

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE MEDICARE? \_\_\_ YES \_\_\_ NO

IF YES, WHAT IS THE MEDICARE PREMIUM PER MONTH? \$ \_\_\_\_\_

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY OTHER KIND OF MEDICAL INSURANCE? \_\_\_ YES \_\_\_ NO IF YES MO. AMT \$ \_\_\_\_\_

IF YES, GIVE POLICY NUMBER: \_\_\_\_\_ AGENT'S NAME: \_\_\_\_\_

DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE MEDICAL ASSISTANCE THROUGH THE WELFARE DEPARTMENT? \_\_\_ YES \_\_\_ NO

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE ANY OUTSTANDING MEDICAL BILLS ON WHICH YOU ARE PAYING? \_\_\_ YES \_\_\_ NO

IF YES, GIVE NAME OF DOCTOR: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

MONTHLY AMT: \$ \_\_\_\_\_

PHARMACY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

MONTHLY AMT: \$ \_\_\_\_\_

DOES ANY MEMBER OF YOUR HOUSEHOLD EXPECT TO HAVE MEDICAL EXPENSES DURING THE NEXT 12 MONTHS? \_\_\_ YES \_\_\_ NO

IF YES, EXPLAIN: \_\_\_\_\_ MONTHLY AMT: \$ \_\_\_\_\_

E. DRUG / CRIMINAL ACTIVITY

FEDERAL REGULATIONS REQUIRE HOUSING AGENCIES TO QUESTION APPLICANTS AND PARTICIPANTS CONCERNING DRUG RELATED OR VIOLENT CRIMINAL ACTIVITIES.

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN ARRESTED OR CONVICTED OF ANY DRUG OR ALCOHOL RELATED OR VIOLENT CRIMINAL ACTIVITY WITHIN ONE YEAR PRIOR TO DATE OF THIS APPLICATION? \_\_\_ YES \_\_\_ NO IF YES, EXPLAIN: \_\_\_\_\_

IS THE HOUSEHOLD MEMBER SEEKING REHABILITATION SERVICES FOR THE ABOVE NAMED ACTIVITY? \_\_\_ YES \_\_\_ NO

IF YES, GIVE THE NAME AND ADDRESS OF REHABILITATION CENTER: \_\_\_\_\_

IS ANY MEMBER OF YOUR HOUSEHOLD REGISTERED AS A LIFETIME SEX OFFENDER? \_\_\_ YES \_\_\_ NO

HAS ANYONE IN THE HOUSEHOLD BEEN EVICTED FROM PUBLIC HOUSING OR SECTION 8 HOUSING FOR ANY REASON INCLUDING DRUG OR OTHER CRIMINAL ACTIVITY? \_\_\_ YES \_\_\_ NO? DATE OF EVICTION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ IF YES, NAME OF AGENCY AND ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_



# 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. 1/31/2014

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.

# DECLARATION OF CITIZENSHIP

PLEASE COMPLETE THIS FORM AND RETURN TO:

## Part 1: Applies to All Family Members

Each person who will benefit under the subsidized housing program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. 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 family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of	or	I am a noncitizen with eligible immigration status	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<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 _____

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and 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.

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

## Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) 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.

Please call at \_\_\_\_\_ to arrange for delivery and copying of original documents. Do not mail original documents to this office.

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.

### Head of Household Certification

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	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 use or transmission of the evidence or other information.

AUTHORIZATION  
FOR  
RELEASE OF INFORMATION

I, \_\_\_\_\_;

and \_\_\_\_\_, do hereby authorize any agencies, offices, groups, organizations or business firms to release to the Ilion Housing Authority, any information or materials which are deemed necessary to complete my application for participation and/or to maintain my continued eligibility in the Section 8 Housing Assistance Program and/or Project-Based Section 8 Housing. These organizations are to include, but are not limited to: financial institutions, child support payers, New York State Employment Agency, past or present employers, Social Security Administration, welfare departments, Veteran's Administration, Chancery Clerks, utility companies, workmen's compensation payers, hospitals, public and private retirement systems, law enforcement agencies.

This authorization shall continue from the date of signature and until such time the Housing Authority is notified in writing that the authorization is cancelled.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Other Related Names	Social Security Number	Birthplace

\_\_\_\_\_ Date

\_\_\_\_\_

Optional and Supplemental 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

**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.



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

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</p>			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> <p>Signature</p> </td> <td style="width: 40%; border-bottom: 1px solid black;"> <p>Date</p> </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;"> <p>Printed Name</p> </td> </tr> </table>	<p>Signature</p>	<p>Date</p>	<p>Printed Name</p>
<p>Signature</p>	<p>Date</p>			
<p>Printed Name</p>				

## YOUR RIGHT TO REQUEST A REASONABLE ACCOMMODATION

Do I have the right to request a reasonable accommodation or modification of my unit while in Project Based Section 8 housing or Section 8 housing?

If you have a disability that requires you to need:

An accommodation or adjustment in the program's rules, policies, practices or services, or

A modification of your Project Based Section 8 housing unit or its associated premises, then

You have the right to request a reasonable accommodation or modification.

Will my request automatically be approved?

We will try to approve your request if you can show that:

You have a disability that requires a reasonable accommodation or modification, and your request is reasonable.

How do I file a request?

You can request a reasonable accommodation by filling out a Reasonable Accommodation Request Form available at:

Ilion Housing Authority, 100 W Main St, Ilion, NY 13357  
(315) 894-2159 TDD (315) 797-4642

If you need help filling out this form, or if you want to give us your request in some other way, we will help you.

What happens after I file the request?

Your request will be reviewed and you will receive a response within 30 calendar days after we have received your request. If we turn down your request, we will explain the reasons. You will have a right to a hearing if your request is denied.

My signature confirms that I have read and understand my rights as indicated above.

---

Signature (Head of Household)

---

Date

The Ilion Housing Authority will make every effort to make this information available to persons with disabilities to alternative formats upon request. Please allow a minimum of seven days for preparation of the material.

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

# DISPUTE RESOLUTION CENTER OF HERKIMER COUNTY

*A Component of the New York State Unified Court System and a Program of Catholic Charities of Herkimer County*

61 West Street, Ilion, New York 13357

Voice: (315) 894-9917 ♦ Fax: (315) 894-6313

---

## Consent to Release Demographic Information

I, \_\_\_\_\_, hereby authorize the Ilion Housing Authority to release the following demographic information to the Dispute Resolution Center of Herkimer County for submission to the New York State Office of Court Administration (OCA) in the event of my being denied or terminated from participation in the Public Housing or Section 8 Voucher Program: my date of birth, gender, employment status, race/ethnic group, and annual income.

I understand that the Dispute Resolution Center of Herkimer County will forward this information to the OCA to use for statistical purposes only, and that my name and address will not be included.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**I understand that this information is not a requirement of the Ilion Housing Authority. I understand that my failure to provide this information in no way affects the status of my application, my eligibility for the program, or the outcome of any potential hearing.**