

## APPLICATION FOR HOUSING ASSISTANCE

We are glad that you have chosen to apply for housing assistance with the Osceola Housing Authority. We are an EQUAL HOUSING PROVIDER. **All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin or source of income.**

**Please keep this page with your application** – it will help you follow the process we use to determine if you are eligible for housing assistance, and provides important directions for filling out the application, and the information you must provide us before we can make any determinations.

### AN OVERVIEW OF OUR PROCESS

1. When you have completed this application, you'll bring it back to our office, along with a copy of the following documents for **every prospective resident** who will be listed on the Lease:
  - a. Birth Certificate \*\*\*\*Must be original Birth Certificate
  - b. Driver's License or Photo I.D.
  - c. Social Security Card \*\*\*\*Must be original Social Security Cards
  - d. Proof of Income – check stubs, Social Security letter, unemployment if not working, child support if children on application, as well as DHS for TEA or Food Stamps
2. We will then process your application, which will include conducting local and national criminal and financial background checks, and verifying your documentation.
3. If we determine that you are eligible for housing assistance, we'll put you on our Waiting List. If we determine that you aren't, or may not be eligible for housing assistance, we'll call you or send you a letter explaining why we cannot provide you housing assistance, or we'll try to resolve the problem we've identified.
4. When you move to the top of the Waiting List, and a dwelling unit becomes available, we'll contact you to let you know that we're ready to offer you housing assistance. IT IS EXTREMELY IMPORTANT THAT YOU KEEP A CURRENT PHONE NUMBER AND ADDRESS ON FILE WITH US – OTHERWISE, YOU MAY MISS OUT ON THE OPPORTUNITY TO RECEIVE HOUSING ASSISTANCE FROM US.
5. If we are able to contact you and you are ready to make your move, we will schedule a move-in date for you.
6. Before your scheduled move-in date it is your responsibility to set up new, or confirm the transfer of your exiting electric and gas (if your home will have gas service) accounts. You cannot move in until you have made arrangements for utility services to your new home. You must provide us proof that you have the necessary service(s) before your move-in day.
7. On your move-in day, we'll go over your Lease Agreement in detail. Allow enough time to do that, and to complete the necessary HUD paperwork. MAKE SURE YOU BRING YOUR FULL SECURITY DEPOSIT, MOWING FEE AND FIRST MONTH'S RENT WITH YOU! We will conduct a move-in inspection of your new home to make sure everything's ready, and then we'll give you your keys, and that's that!

## IMPORTANT INFORMATION ABOUT YOUR HOUSING ASSISTANCE APPLICATION

Please read these instructions carefully and follow them closely. If your application is incomplete, we will not be able to process it. This application is valid for all public housing units operated by the Osceola Housing Authority (OHA).

1. To be qualified for housing assistance, the person signing the application must:
  - a. Be a "family" as defined in the OHA's Admission and Continued Occupancy Policy. Please contact OHA if you are not sure if you meet the definition of "family";
  - b. Meet HUD's requirements for citizenship and immigration status;
  - c. Have an Annual Income, at the time of admission that does not exceed the income limits established by HUD. You can review these limits at the OHA administrative office;
  - d. Provide documentation of Social Security numbers for **all family members, or certify that they do not have Social Security numbers for a valid reason;**
  - e. Meet or exceed the Applicant Selection Criteria;
  - f. **Pay any money owed to OHA or any other Public Housing Authority;**
  - g. Not have had a Lease terminated by OHA or any other Public Housing Authority within the last 12 months;
  - h. Provide previous three landlords name, address, telephone number. **Failure to do so will result in denial of application.**
  - i. Be able and willing to completely comply with OHA's Lease Agreement;
  - j. Not have any family members engaged in any criminal activity, or perpetrated any domestic violence that would threaten the health, safety or right to peaceful enjoyment of premises by other residents;
  - k. Not have any family members engaged in any drug-related criminal activity.
2. If and when your application is judged to be complete, it will be entered onto the Waiting List in the order received. OHA's Waiting List is processed in order, according to:
  - a. Unit type
  - b. Unit size
  - c. OHA admission preferences
3. When you reach the top of the Waiting List, you will be made **one** offer for a unit of the size and type we've determined you need. If you accept the offer, OHA will prepare a Lease Agreement for you to sign. If you refuse our offer of housing assistance without good cause (as determined solely by OHA), you will be moved to the bottom our Waiting List and the date of your application will be changed to the date of your refusal of our offer. If you refuse our offer three times, you'll be removed from our Waiting List and won't be allowed to re-apply for housing assistance for 12 months.
4. If you have disabilities, you may request our assistance in completing your application.
5. OHA will conduct a local and national criminal and financial background check on **everyone included on your application** that is 18 years of age or older.

# OSCEOLA HOUSING AUTHORITY

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Head of Household's Name: \_\_\_\_\_

Co-Head of Household's Name: \_\_\_\_\_

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

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

City, State and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell/Message Phone: \_\_\_\_\_

The following information is gathered for statistical purposes only. **It will have no bearing on OHA's consideration of your application for housing assistance.** Please check all applicable boxes.

Head of Household's Race:  Caucasian/White  African American/Black  
 Asian or Pacific Islander  Native American/Alaskan

Head of Household's Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino

The following information is gathered about you and all family members who will be living with you. Beginning with yourself, complete a section for all family members, as well as foster children and live-in aides (if needed for the care of a family member or yourself). REMEMBER: no one except the people you list here can live with you in your home!

Co-Head of Household's FULL NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Sex:  Male  Female Under 18  Yes  No F/T Student  Yes  No

Disabled:  Yes  No Working  Yes  No

# OSCEOLA HOUSING AUTHORITY

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Second Person's FULL NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Sex:  Male  Female Under 18  Yes  No F/T Student  Yes  No

Disabled:  Yes  No Working  Yes  No

Race:  Caucasian/White  African American/Black

Asian or Pacific Islander  Native American/Alaskan

Ethnicity  Hispanic/Latino  Non-Hispanic/Latino

Third Person's FULL NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Sex:  Male  Female Under 18  Yes  No F/T Student  Yes  No

Disabled:  Yes  No Working  Yes  No

Race:  Caucasian/White  African American/Black

Asian or Pacific Islander  Native American/Alaskan

Ethnicity  Hispanic/Latino  Non-Hispanic/Latino

Fourth Person's FULL NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Sex:  Male  Female Under 18  Yes  No F/T Student  Yes  No

Disabled:  Yes  No Working  Yes  No

# OSCEOLA HOUSING AUTHORITY

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Race:  Caucasian/White  African American/Black  
 Asian or Pacific Islander  Native American/Alaskan  
Ethnicity  Hispanic/Latino  Non-Hispanic/Latino

Fifth Person's FULL NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Sex:  Male  Female Under 18  Yes  No F/T Student  Yes  No

Disabled:  Yes  No Working  Yes  No

Race:  Caucasian/White  African American/Black  
 Asian or Pacific Islander  Native American/Alaskan  
Ethnicity  Hispanic/Latino  Non-Hispanic/Latino

Sixth Person's FULL NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Sex:  Male  Female Under 18:  Yes  No F/T Student  Yes  No

Disabled:  Yes  No Working  Yes  No

Race:  Caucasian/White  African American/Black  
 Asian or Pacific Islander  Native American/Alaskan  
Ethnicity  Hispanic/Latino  Non-Hispanic/Latino

## HAVE YOU BEEN DISPLACED?

If your family has been displaced by a declared National Disaster such as flood, hurricane or earthquake, please enter the name, address and telephone number of a person who can verify this. Otherwise, enter "Not Applicable" on the line.

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If your family has been displaced by governmental action, through no fault of your own, please enter the name, address and telephone number of a person who can verify this. Otherwise, enter "Not Applicable".

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If your family has been displaced by domestic violence, please enter the name, address and telephone number of a person who can verify this. Otherwise, enter "Not Applicable".

## ARE YOU EMPLOYED OR IN TRAINING?

For every adult member of your family who is employed, please enter the name, address and telephone number of a person who can verify this. If an adult member of your family has been employed in the past, but isn't now, please the name of the business and dates of employment. If adult members of your family have never been employed, enter "Never Employed". Do this for every adult member of your family.

	NAME	EMPLOMENT INFORMATION
Head of Household:	_____	_____
Second Person:	_____	_____
Third Person:	_____	_____
Fourth Person:	_____	_____
Fifth Person:	_____	_____
Sixth Person:	_____	_____

If you or any of your family members are in job-training programs, including those required by the Welfare program, please enter their name(s), and the name, address and telephone number of a person who can verify this. Otherwise, enter "Not Applicable". Use an additional sheet of paper if necessary and attach it to this application.

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If you or any of your family members are enrolled in a full time education program, please enter their name(s), and the name, address and telephone number of a person who can verify this. Otherwise, enter "Not Applicable". Use an additional sheet of paper if necessary and attach it to this application.

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## ARE YOU A FULL TIME STUDENT?

If you or any family member is enrolled as a full-time student, please enter the name of the educational institution, a contact name and a telephone number so we can verify your student status. Otherwise, enter "Not Applicable".

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## WHAT INCOME DO YOU HAVE?

You have already indicated who among your family members are employed. Now you need to tell what income is earned from that employment if any, and about all other sources of income for your family. This includes all earnings and benefits from AFDC/TANF, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, Alimony, Baby Sitting, Cleaning Houses or any other source. As an Example, you might indicate "Wages = \$150 per week, SSI = \$200 per month".

NAME	SOURCE OF INCOME	AMOUNT	HOW OFTEN

Do you get food stamps?  Yes  No If yes, how much a month? \$ \_\_\_\_\_

**Has anyone in your family ever received Earned Income Disallowance?**

Yes  No

Do you have: checking or savings account; CD's; stocks; bonds; other assets?

Yes  No

If you answered yes, describe the asset and its value: \_\_\_\_\_

Do you own real estate? If yes, enter the address: \_\_\_\_\_

Have you sold real estate in the past two years? If yes, enter the address: \_\_\_\_\_

# OSCEOLA HOUSING AUTHORITY

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Do you receive child support?

Yes  No

If you answered yes, enter the child's name, case number, case workers name, and county:

Child's Full Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Case Worker's Name: \_\_\_\_\_ County: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Case Worker's Name: \_\_\_\_\_ County: \_\_\_\_\_

## GENERAL HOUSING INFORMATION

We need to know about where you are living now, and where you've previously lived. You must provide complete information about your previous addresses and landlords; this is required in order for us to process your application for housing assistance. **YOU MUST DISCLOSE WHETHER YOU'VE LIVED IN FEDERALLY-ASSISTED HOUSING BEFORE (Public Housing or Section 8). FAILURE TO DO SO WILL RESULT IN DENIAL OF YOUR APPLICATION.**

Has anyone in your family ever lived in Public Housing before?

Yes  No

If you answered yes, enter who, where and when: \_\_\_\_\_

Did you leave there owing money? If so, how much: \_\_\_\_\_

Why did you or your family member move from that Authority? \_\_\_\_\_

Has anyone in your family ever been evicted from Public Housing?

Yes  No

Where do you live now?

I am renting an apartment or house

I am living with a family member or friend

I own my own home

## OSCEOLA HOUSING AUTHORITY

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What is your current physical address? \_\_\_\_\_

Please enter the name and telephone number of your landlord, mortgage company or person you are living with:

How long have you lived at this address? \_\_\_\_\_

Have you given a 30 day notice? \_\_\_\_\_

What was your address before that? \_\_\_\_\_

How long did you live at that address? \_\_\_\_\_

Please enter the name and telephone number of the landlord, mortgage company or person you lived with:

What was your address before that? \_\_\_\_\_

How long did you live at that address? \_\_\_\_\_

Please enter the name and telephone number of the landlord, mortgage company or person you lived with:

What was your address before that? \_\_\_\_\_

How long did you live at that address? \_\_\_\_\_

Please enter the name and telephone number of the landlord, mortgage company or person you lived with:

If you have not owned or rented your own apartment or home before, please provide us with three creditors you have had credit with:

Creditors Name and Telephone  
Number: \_\_\_\_\_

Creditors Name and Telephone  
Number: \_\_\_\_\_

Creditors Name and Telephone  
Number: \_\_\_\_\_

**DO YOU QUALIFY FOR DEDUCTIONS IN YOUR RENT?**

If you, as the head of the household, or your spouse, are 62 years of age or older – or if either or both of you are disabled, please answer the following questions. If neither of these conditions apply, please skip this section and start on the Vehicle section.

Do you have a Medicare Discount Card?  Yes  No

Does your household have any medical expenses (including insurance, doctor visits, Medicare deductions, hospital or clinic costs, medications, therapy, medical supplies, medical transportation)? If yes, please describe the type of expense(s) (not your medical condition) you have each month:

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Please enter the total **unreimbursed** amount you spend each month, and the name and telephone number of a person who can verify this information:

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If you have any expenses on behalf of a disabled household member so that an adult in the family can work, please describe the expense and the monthly amount:

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Please provide the name and telephone number of a person who can verify this information:

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If you have childcare expenses for children under 13 years old so that an adult in the family can work, go to school or attend job training, please enter the amount you pay each month, and the name, address and telephone number of your childcare provider:

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If any member of your family, 18 years old or older, and other than you or your spouse is a full-time student or a disabled person, please enter that person's name, and the name and telephone number of a person who can verify this information:

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**DO YOU OWN ONE OR MORE VEHICLES?**

First Vehicle:

Primary Driver: _____	Year: _____
Make and Model: _____	Color: _____
Color: _____	License Number: _____

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Second Vehicle:

Primary Driver: \_\_\_\_\_

Year \_\_\_\_\_

Case Worker's Name: \_\_\_\_\_

County: \_\_\_\_\_

Color: \_\_\_\_\_

License Number: \_\_\_\_\_

**DO YOU HAVE UTILITY SERVICE?**

If you have current service from gas or electric providers, please provide us with the company name(s) and your account number(s). If you owe any past due amounts, please tell us to whom and how much:

\_\_\_\_\_

**CRIMINAL AND CREDIT BACKGROUND CHECKS**

We conduct local criminal background checks through the Osceola Police Department, and national criminal and credit background checks on you and every one of your family members 18 years or older. The results of these checks are a **significant** factor in our consideration of your application for housing assistance. Please answer the following questions truthfully:

Have you, or any family member listed on this application ever been arrested for or convicted of a crime other than a traffic violation? If your answer is yes, please provide us with a detailed explanation:

\_\_\_\_\_

\_\_\_\_\_

Are you, or any family member listed on this application currently on parole or probation? If your answer is yes, please provide us with a detailed explanation:

\_\_\_\_\_

\_\_\_\_\_

## DO YOU OWN A PET?

OHA has a very strict policy regarding pets in our homes. If you wish to have a pet in your home, you will have to follow that policy exactly. You will be required to pay an additional pet deposit of \$195.00, \$95.00 of which is non-refundable. You will be required to read, understand and sign the pet policy prior to our signing a Lease Agreement with you.

Do you wish to have a pet in your home?

Yes

No

What type of pet do you own?

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Is it spayed or neutered?

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Who is your veterinarian?

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What is their address?

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What is their phone number?

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**FOR OUR USE**

Please tell us how you learned about the Osceola Housing Authority:

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**CERTIFICATIONS AND SIGNATURES**

I/we certify that all the statements on this application are true to the best of my/our knowledge and belief, and understand that all the statements will be verified. I/we authorize the release of information to the Osceola 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 application will be cause for me/us to be denied housing assistance.

_____	_____
Applicant	Date

_____	_____
Co-Applicant	Date

Accepted By:

_____	_____
Date	Time

\_\_\_\_\_  
OHA Representative

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 statements or entry in any manner within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000.00 or imprisoned for not more than five years, or both.

**SECTION 214 DECLARATION FORM**

**THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Relationship to Head of Household: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_  
Admission Number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(if applicable – from INS Form I-94 Departure Record) (country to which you owe legal allegiance – may or may not be country of birth)

**DECLARATION**

INSTRUCTIONS: Complete the Declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each proposed member of the household.

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

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

(If signing on behalf of a child for whom you are responsible, check here  )

**If you sign your name in this box, no further information is required**

2. I am a non-citizen with eligible immigration status, as described on reverse side.

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

(If signing on behalf of a child for whom you are responsible, check here  )

**If you sign your name in this box, you must complete the reverse side including the Verification Consent**

**REQUEST FOR AN EXTENSION**

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, and as described on the reverse, but the evidence needed to support my claim is temporarily unavailable. I am therefore requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

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

(if signing on behalf of a child for whom you are responsible, check here  )

**If you sign your name here, you must complete the reverse side including the Verification Consent**

## SECTION 214 DECLARATION FORM (continued)

**Penalties for misusing this consent:** Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government. HUD, the Housing Authority and any owner (or any employee of HUD, the Housing Authority or the owner) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purpose cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Housing Authority or the owner responsible for the unauthorized disclosure or improper use.

### THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes must be checked:

- 1. A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by Section 1011(a)(15) of the INA (8 USC 1001(a)(20) and 1101(a)(15), respectively). [immigrants] (This category includes a non-citizen admitted under Section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- 2. A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of the exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- 3. A non-citizen who is lawfully present in the U.S. pursuant to an admission under Section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under Section 203(a)(7) before 4-1-1980, because of persecution on account of race, religion or political opinion or because of being uprooted by a catastrophic national calamity;
- 4. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under Section 212(d)(5) of the INA (8 USC 1182(d)(5)) [parole status];
- 5. A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 USC 1253(h)) [threat to life or freedom]; or
- 6. A non-citizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 USC 1255a) [amnesty granted under INA 245A]

**If you checked one of the above boxes you must submit one of the following documents:**

- 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 2. Form I-94, Arrival-Departure record, with one of the following annotations:
  - a. "Admitted as Refugee Pursuant to Section 207"
  - b. "Section 208" or "Asylum"
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"
  - d. "Paroled pursuant to Section 212(d)(5) of the INA"
- 3. If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director granting asylum (if application filed before 10-1-1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- 4. Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 247a.12(11)" or "Provision of Law 247a.12";

- 5. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 247a.12(11)" or "Provision of Law 247a.12";
- 6. 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;
- 7. Form I-152, Alien Registration Receipt Card.

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**VERIFICATION CONSENT**

CONSENT: I, \_\_\_\_\_, hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) the INS for the purposes of verification of the immigration status of the individual. NOTIFICATION: Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## CONSENT TO VERIFICATION OF INCOME

I consent to allow HUD or OHA 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 Housing Authorities 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.

Head of Household's Name	Signature	Date
Co-Head of Household's Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date

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

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**Penalties for misusing this consent:** HUD, the Housing Authority and any owner (or any employee of HUD, the Housing Authority or the owner) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

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

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

P.O. Box 585  
100 Wingfield  
Osceola, AR 72370

May 8, 2007

RE: VIOLENCE AGAINST WOMEN ACT

Dear Resident:

In an effort to reduce domestic abuse and to provide housing to victims of domestic abuse, Congress made changes to the Violence Against Women Act (VAWA). These changes affect all public housing residents and become effective January 5, 2006.

Osceola Housing Authority will require male and female residents to certify to the incidents in which they claim they were victims of domestic abuse. Osceola Housing Authority will not disclose the certification information provided by the victim except as law permits.

In general, Osceola Housing Authority may not terminate the lease of a resident who is a certified victim of an actual or threatened incident of domestic abuse as defined by VAWA. Also, in general, Osceola Housing Authority may not terminate the lease of a certified victim for criminal activity that is directly related to domestic abuse.

However, Osceola Housing Authority may terminate the perpetrator's lease. Also, Osceola Housing Authority may terminate the lease of a victim, if there is an actual and immediate threat of harm to others, or for other lease violations not based on domestic abuse.

If you think that you are a victim of actual or threatened domestic abuse, or that you are facing lease violations for an actual or threatened domestic abuse incident, please contact your Property Manager for more information on your rights under VAWA.

Sincerely,

Robert Collins  
Executive Director, PHM

## COMMUNITY SERVICE AND SELF SUFFICIENCY POLICY

### A. Background

The Quality housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes or other activities that help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease.

### B. Definitions

**Community Service** – volunteer work which includes, but is not limited to:

- Work at a local institution including, but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.;
- Work with a non-profit organization that serves PHA residents or their children such as: Boy Scouts, Girl Scouts, Boys or Girls clubs, 4-H program, PAL, Garden Center, Community clean-up programs, beautification programs, other youth or senior organization;
- Work at the Authority to help improve physical conditions;
- Work at the Authority to help with children's programs;
- Work at the Authority to help with senior programs;
- Helping neighborhood groups with special projects;
- Working through resident organizations to help other residents with problems, serving as an officer in a Resident organization, serving on the Resident Advisory Board; and
- Caring for the children of other residents so they may volunteer.

**NOTE: Political activity is excluded**

**Self-Sufficiency Activities** – activities that include, but are not limited to:

- Job readiness programs;
  - Job training programs;
  - GED classes;
  - Substance abuse or mental health counseling;
  - English proficiency or literacy (reading) classes;
  - Apprenticeships;
  - Budgeting and credit counseling;
  - Any kind of class that helps a person toward economic independence; and
  - Full time status at any school, college or vocational school.
-

**Exempt Adult** – an adult member of the family who:

- Is 62 years of age or older;
- Has a disability that prevents him/her from being gainfully employed;
- Is the caretaker of a disabled person;
- Is working at least 20 hours per week; or
- Is participating in a welfare-to-work program.

C. Requirements of the Program

1. The eight (8) hours per month may be either volunteer work or self-sufficiency program activity, or a combination of the two.
2. At least eight (8) hours of activity must be performed each month; an individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The Authority will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside the jurisdictional area of the Authority.
4. Family obligations
  - a. At lease execution or re-examination after February 1, 2000, all adult members (18 or older) of a public housing resident family must
    - i. Provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and
    - ii. Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in non-renewal of their lease.
  - b. At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the Authority) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
  - c. If a family member is found to be noncompliant at the re-examination, he/she and the Head of Household will sign an agreement with the Authority to make up the deficient hours over the next twelve (12) month period.
5. Change in exempt status:
  - a. If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the Authority and provide documentation of such.
  - b. If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.



## 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:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C.3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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

- Public Housing (24CFR960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24CFR982)  
Section 8 Moderate Rehabilitation (24CFR882)
- Project-Based Voucher (24CFR983)

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 a diverse 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 issued 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 24CFR 5.233.

HUD requires PHAs, which administer 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; 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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**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 (5USC552a and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974(24CFR Part16), you have the following rights:

1. To have access to your records maintained by HUD.
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 to 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 debtor termination information reported about me?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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.

**This Notice was provided by the below-listed PHA:**

**Osceola Housing Authority  
100 Wingfield Street  
Osceola, AR 72370**

**I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:**

**Signature**

**Date**

**Printed Name**

## CONSENT TO BACKGROUND CHECK

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

I, \_\_\_\_\_, hereby authorize the Osceola Housing Authority to obtain any and all information necessary to determine my eligibility under the Public Housing Assistance Program. I understand that such information will be kept confidential and will be used only for housing screening purposes.

I also authorize the Osceola Housing Authority to obtain from the local police department, sheriff's department, tenant/consumer credit and criminal reporting agencies and the Federal Bureau of Investigation, any and/or all criminal records that they may have on file in my name. Furthermore, I release the local police department, sheriff's department, tenant/consumer credit and criminal reporting agencies and the Federal Bureau of Investigation and its employees thereof from any liability arising from the release of this information.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Maiden Name (if applicable)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other name(s) used

\_\_\_\_\_  
Social Security Number

WITNESSED BY:

\_\_\_\_\_  
OHA Representative Signature

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