

REQUIREMENTS BEFORE BEING ADMITTED TO LOW-INCOME PUBLIC HOUSING FOR RIO ARriba COUNTY HOUSING AUTHORITY

A thorough SCREENING of Criminal background checks is done on all applicants 18 years of age or older before being admitted to the Ojo Caliente and Tierra Amarilla Housing Developments. The following is a list of items that is a MUST and REQUIRED. You may bring them during the screening process which will take approximately two weeks or sooner:

1. Copy of Original Birth Certificates (for all family members) Baptismal Certificates are not accepted.
2. Copy of Social Security Cards (for all family members) or proof you have applied for one.
3. Verification of Income (such as):
 - Employment Income: (For every member of the Household that works, must bring the following Information.)
 - Name, address, telephone of the employer.
 - Current rate of regular pay and the number of hours per week or (3 current pay stubs).
 - Other types of Income you expect to receive from employment.
 - Benefit and Support Income: (A statement from any of the following)
 - Unemployment, Social Security, Supplemental Social Security, Pension, Annuities, Disability Income, Alimony, Child Support, Welfare/TANF, VA Benefits, or Regular support from family members and friends such as loans, gifts with monetary value, Assets, Land or House value and Savings (amount per month).
4. Copy of a Police Rap Sheet for Criminal background check (from City or State for all adults 18 years old and over).
5. Vehicle Registration: Please provide a copy of the current vehicle registration with license plate number for all vehicles owned by occupants of your dwelling unit. Only two vehicles are allowed.

Once we have completed the screening process and is acceptable you will be given a Unit Number. The sooner you bring in the information the sooner you can move-in provided the Unit is ready to occupy.

NOTE:

YOU ARE RESPONSIBLE FOR UTILITIES HOOK-UP (ELECTRICITY AND PROPANE). The Housing Authority does not pay for Utilities. The Housing Authority Pays for Trash Collection and Water usage only. (This may change in the future if the Water Consumer Association starts reading the Water Meters). You will be advised.

A \$100 Security Deposit is required and payable before you move-in and \$5 for each key up to 2 keys for 2 bedrooms and up and 1 key to one bedroom only. The Security Deposit is use for cleaning of Stove & Refrigerator if left dirty, or if Yard is left full of stuff and full of Weeds, or for Unpaid Rent due or any Damages to Unit. If there is any remaining balance it will be return within 30 days after move-out.

FOR UTILITIES SERVICE YOU MAY CONTACT ANY OF THE FOLLOWING COMPANIES:

ELECTRICITY For OJO CALIENTE: Contact: Kit Carson Electric in Taos, at 1-800-688-6780 or direct at (505) 758-2258

FOR PROPANE you may contact any of the following companies for best prices:
Kit Carson Propane 1-800-688-6780, Zia Propane - 852-0388, Ferrellgas - 753-3441, Amerigas - 583-2235, or Adobe Propane - 852-2233 (or in Penasco - 587-2231)

ELECTRICITY For TIERRA AMARILLA: Contact: Northern Rio Arriba Electric Coop (NORA) at 756-2181

FOR PROPANE you may contact any of the following companies for best prices:
Amerigas - 1-800-461-2235, Bob's LP Gas - 588-7012, Ferrellgas - 756-2118



Rio Arriba County Housing Authority
 P.O. Box 310, Espanola, NM 87532
 (505) 753-7870 or FAX (505) 753-3667

For Office Use Only	
Received Time: _____	Unit Size: _____
Eligibility Letter Sent? <input type="checkbox"/> Yes	By: _____

Housing Assistance Application

Who is Head of Household? (Legal Name)

Last:	First:	MI	Sex	Social Security No.	Date of Birth	Age
				- - -	- - -	

What is your present address?

Mailing address	City	State	Zip
Phone: Home () - - - - -	Work: () - - - - -	or Message: () - - - - -	

Ethnicity:

Marital Status:

<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Divorced
<input type="checkbox"/> Native American; Tribe: _____		<input type="checkbox"/> Separated	Date Separated: _____	(Copy of Divorce Decree)	
Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an Eligible Non-Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Do you have an Alien Registration Card? <input type="checkbox"/> Yes <input type="checkbox"/> No (must provide copy of card)			

Are you or any member of your household a Student at an Institution of Higher Learning? Yes No

Higher Education/College

Family Member's Name who are attending College	Name Of School	Tuition Amount	Grants/Scholarships Amount	Work Study Amount
		\$	\$	\$
		\$	\$	\$

Which of the following housing programs are you applying for?

<input type="checkbox"/> Public Housing (Ojo Caliente and Tierra Amarilla only NOT Espanola) (When a unit is available it be will offer in Ojo or T.A.)
<input type="checkbox"/> Housing Choice Voucher Rental Assistance (SECTION 8 PROGRAM)

Who is your current landlord and what is their address and phone number?

Name:	Phone: () - - - - -
Mailing address:	City State Zip

Household members: List the full legal names of all persons living with you below. Start with the head of household, then spouse or co-head etc. IF YOU LEAVE ANY BLANK INFORMATION, YOUR APPLICATION WILL NOT BE ACCEPTED.

No.	Legal Name	Sex M/F	Relationship to Head	Date of Birth	Age	Social Security No.	Place of Birth (City & State)
1			Head				
2							
3							
4							
5							
6							
7							

Income Information

Family Member's Name	Employer /Source of Income	Wages/Amount	How often received? (hour/week/month/year)	# Hours worked/week
		\$		

Do you receive any type of benefits listed below? List AMOUNTS RECEIVED PER MONTH for all family members:

Soc. Sec. or SSI Benefits: \$ TANF or Welfare (Cash Assistance Only): \$ Child Support: \$ Retirement Benefits: \$

Unemployment Benefits: \$ Workman Comp: \$ Contributions/Personal Loans: \$ Alimony: \$

VA Benefits: \$ Self Employment: \$ Rental Property Income: \$ Stock Dividends: \$

Interest from Bank Accounts: \$ Work for Cash (will require proof and expenses): \$

Did you file a Federal Income Tax return for the most recent year? Yes No

Are you **NOW** living with your parents? Yes No Does anyone outside of your household or Parents pay for any of your Bills and Expenses or Give you money? Yes No If Yes, How much do you get per month \$ Explain Why?

If you have No Income, How do your support yourself and family?

Are you entitled to receive Child Support? Yes No If Yes, How much? \$ _____ per month
(Copy of the Divorce Decree will be required or printout from Agency)

Disability Assistance Expenses: (For the Elderly and Handicapped only)

Family Member's Name	Expense Description	Amount	Period	Annual Amount
		\$		\$

For Elderly, Handicapped or Disabled Families Only. Do you have any Medical Expenses you pay out of pocket that are not covered by any type of insurance or other assistance? Yes No If yes, Please explain: _____

Asset Information: DO NOT include automobiles or furnishings

Family Member's Name	Asset Description	Current/Disposed?	Market Value	Cash Value	Interest Rate	Annual Income
			\$	\$		\$

Banking Information:

Name of Bank	Account Number	Type	Joint/Indiv.	Balance: Current	6-mo Avg.
				\$	\$

Program Integrity Information:

Do you expect anyone to move in or out of your household within the next 12 months? Yes No

Does anyone live with you now who is not listed in the application? Yes No

Have you ever lived in subsidized housing before? Yes No When? _____ Under what Name? _____
Where? _____ Who was head of household? _____

Have you ever used a name other than the one you are using now? Yes No

Have you ever used a social security number other than the one you listed?
If yes, what is it? Yes No

Has anyone in your household been engaged, arrested or convicted for any drug related criminal activity for the use, sale, manufacture or distribution of controlled substances? Yes No

Have you been in a Re-Habilitation center for Drug addiction within the last 3 years? Yes No

Are you now being evicted? (Answer Only if you are paying rent)
If Yes, Why? Yes No

Have you ever violated a family obligation in a HUD-assisted housing program? Yes No

Do you owe any money for back rent or damages to any Current or Previous landlords and/or Public Housing Agency? Yes No

Have you or anyone in the household been arrested or convicted for domestic violence? Yes No

Have you ever committed any fraud in a Federally Assisted Housing Program or been requested to repay money For knowingly misrepresenting information for such housing program? Yes No

Why do you wish to move?

Current Expenditures per month

Rent: \$	Phone: \$	Medical: \$	Credit Card - Visa: \$
Electric: \$	Auto Pmt: \$	Cable/Satellite: \$	Credit Card - Master: \$
Gas: \$	Auto Insurance: \$	Home/Life Insurance: \$	Auto/Home Loan: \$
Water: \$	Child Care: \$	Rentals: \$	Personal Loan (specify: \$
Do you have any other regular monthly payments besides those above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:			

Work History-Where was the last place of employment for all adult household members?

Family Member's Name	From (year)	To (year)	Name of Employer

Public Housing Suitability Screening

Have you ever been evicted? Yes No **By whom?** _____ **When?** _____ **Why?** _____

In case of emergency, or if we were unable to reach you, whom could we contact locally?

Name: _____ Phone () _____
 Mailing Address: _____ Relation: _____

Landlord References: List your landlords and their addresses for the past three years.

Landlord	Address	From	To	Telephone

Credit References: List at least two (2) credit references

Company	Account Number	Telephone

Pets

Do you have any pets? Yes No **If yes, What kind?** _____ **Size:** _____ **Weight:** _____
NOTE: A Non-Refundable fee of \$300 will be required if approved for Low-Income housing at Ojo Caliente or Tierra Amarilla housing development and is payable in full at time of admissions. A pet application will be required and must have all vaccinations as per pet policy.

Vehicles: How many vehicles do the family own? _____

List them: (2 Vehicles will only be allowed in Low Income Public Housing and must have current license tag and Insurance)

Owner	Make	Model	Year	Color	Tag #	State

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

NOTE: If your application is accepted you will receive a letter stating that your application was determined ELIGIBLE and you were placed on the Waiting List until a Letter of Offer is sent. If it is incomplete or additional information is needed you will receive a NOTICE OF REJECTION.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person in guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

Signature of Head of Household: _____ Date: _____

Signature of spouse or other adult: _____ Date: _____

DRIVER'S LICENSE or I.D. INFORMATION

YOU MUST PROVIDE AND COMPLETE THE FOLLOWING INFORMATION IF YOU HAVE A DRIVER'S LICENSE IF YOU DON'T YOU MUST HAVE AN IDENTIFICATION CARD (ID). IF LEFT BLANK OR INCOMPLETE YOUR APPLICATION FOR HOUSING WILL BE REJECTED.

Name of Head of Household: _____
Social Security Number: _____ - _____ - _____
License Number: _____ State _____
or ID Card Number: _____ State _____
Date of Expiration: _____
Date of Birth: _____

Male: ___ or Female: ___

Name of Husband/Wife/Boy/Girl Friend: _____
(Circle One)
Social Security Number: _____ - _____ - _____
License Number: _____ State _____
or ID Card Number: _____ State _____
Date of Expiration: _____
Date of Birth: _____

Male: ___ or Female: ___

TENANT FRAUD REMINDER

Tenant fraud may occur when:

1. ALL FAMILY INCOME IS NOT REPORTED (such as regular work for cash, monthly cash donations by friends/family members (mother, father, etc.), second jobs, overtime, part-time or child support, etc.)
2. ALL PERSONS LIVING IN YOUR HOUSE ARE NOT REPORTED (boyfriend, girlfriend, father, mother, brother, sister, nephew, niece etc.)
3. YOU PAY YOUR LANDLORD MORE RENT than what you reported to the Housing Authority, called "Side Payments". Side payments are not allowed and MUST BE REPORTED to the Housing Authority immediately.

If you or anyone you know are doing this, it is important and your obligation to report this IMMEDIATELY to the Rio Arriba County Housing Authority. This violation may or will cause you or anyone to lose their housing assistance. You can call Monday - Friday 8:00 a.m. to 4:30 p.m. at (505) 753-7870 or stop by our office at: 737 La Joya Street, Espanola, NM.

Rio Arriba County Housing Authority Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Rio Arriba County Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ (Head of Household), certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- 1. I am a citizen by birth, naturalized citizen or national of the United States; or
- 2. I have eligible immigration status and I am 62 years of age or older. (Proof of age will be required).
- 3. I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach **INS document(s) showing eligible immigration status.**
 - Immigrant status (Provide a copy of Form 1-155 - Alien Registration Receipt Card); or
 - Special Agricultural Worker with Temporary Resident Status (Provide a copy of Form 1-155 - Alien Registration Receipt Card or Form 1-688 - Temporary Resident Card annotated with "Section 210").
 - Permanent residence (amnesty granted under INA 249); or
 - Refugee, asylum, or conditional entry status. (Provide Form 1-94 - Arrival-Departure Record with appropriate annotation: "Refugee pursuant to Section 207"; "Section 208" or "Asylum" OR a final court decision granting Asylum or Withholding of Deportation; Letter from an INS asylum officer or district director granting asylum).
 - Parole status (Provide Form 1-94 - Arrival-Departure Record with appropriate annotation: "Paroled pursuant to INA Section 212 (d)(5)").
 - Threat to life or freedom, (Provide Form 1-94 - Arrival-Departure Record annotated with "Section 243 (h)" or "Deportation stayed by Attorney General").
 - Amnesty, (Provide Form 1-688 - Temporary Resident Card annotated with Section 245A")

Additional Family Members:

Name	Sex	Age	Relationship	1.	2.	3.	Signature (Head of Household for Minor)
Spouse/Co-head							Spouse's Signature
Child							
Child							
Child							
Child/Additional Household Member							
Child/Additional Household Member							

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

Signature: _____ Date: _____
(Head of Household)

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

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

The following instructions pertain to non-citizens who declare eligible immigration status in one of the following categories:

Eligible immigrations status and 62 years of age or older. For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigration status under 101(a)(15) or 101(a)(20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101 (a)(15) of the INA (8 U.S.C. 1101 (a)(20) and 1101 (a)(15), respectively [immigration status].) This category includes non-citizen admitted under 210 or 21 OA of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

Permanent residence under 249 of INA. A non-citizen who entered the U.S. before January 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 ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under NA 249]

Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 11980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA. 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 212(d)(5) of the INA (8U.S.C. 1182(d)(5)[parole status]).

Threat to life or freedom under 243 (ii) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245 of INA. A non-citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C.1255a) [amnesty granted under INA 245A].

Instruction to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Number and date that it was obtained. A HA signature is not required.

Authorization for the Release of Information/ Privacy Act Notice

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

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

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

Rio Arriba County Housing Authority
P.O. Box 310
Espanola, NM 87532

HA 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 im-proper 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(I)(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 _____	Other Family Member over age 18 _____	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.

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to «haname» any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
Head of Household: _____	«head»	Date: _____
Spouse: _____	«spouse»	Date: _____
Adult Member: _____	«adult1»	Date: _____
Adult Member: _____	«adult2»	Date: _____
Adult Member: _____	«adult3»	Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.