

APPLICATION FOR PARTICIPATION IN THE PUBLIC HOUSING PROGRAM

HEAD OF HOUSEHOLD NAME _____ DATE _____ TIME: _____
 CURRENT ADDRESS: _____ EMAIL, if applicable: _____
 _____ City _____ State _____ Zip Phone: _____ Race: _____
 Preferred Contact Method: Call Email Mail

I. FAMILY COMPOSITION

Member No.	Name(s)	Relationship	Date of Birth	City and State of Birth	Sex	Age	Social Security Number
1.		HEAD					
2							

Anticipated changes in family composition _____

Please mark all of the following that apply for the head of household and/or the spouse:

Working Elderly or Disabled Not Claiming a preference

II. RESIDENTIAL HISTORY (where you have lived the last **five** years). THIS INFORMATION IS REQUIRED. **A CONTACT NUMBER FOR LANDLORDS IS NEEDED.**

List Current Address	From	To	Rent	Utilities	Name, Address, and Phone Number of Landlord
			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	

III. INCOME AND ASSET INFORMATION:

A. Income:

Please answer each of the following questions. For each "yes" answer, provide details below.

Check **all** incomes you anticipate receiving and supply details as needed:

Social Security:
 SS \$ _____ Name of recipient: _____

SSI/SSDI \$ _____ Name of recipient: _____

SRS:
 Cash \$ _____ Food Stamps: \$ _____

Continued on next page

Employed:
 Name of person working: _____
 Name of employer: _____
 Address of employer: _____
 Hours worked per week: _____ Hourly Wage: \$ _____ Date Started: _____

Child Support:
 Court Order #: _____
 Amount: \$ _____ weekly/biweekly/monthly (circle one)

Pension/Retirement Benefits:
 Amount: \$ _____ Received from: Name _____
 Address _____
 City, State, Zip _____

School Loans or Grants:
 Amount: \$ _____ Received from: Name _____
 Address _____
 City, State, Zip _____

Unemployment:
 Amount: \$ _____ per week

Other:
 Include here all monies obtained by any member of the family from any source not listed above.
 Amount: \$ _____ weekly/monthly (circle one)
 Received from: Name _____
 Address _____
 City, State, Zip _____

B. Assets:

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of you or any minors in the home.

Member	Bank Name and address	Value	Type of Account	Earnings/Interest
		\$		
		\$		
		\$		
		\$		

3. List the value of any assets disposed of or less than fair market value during the past two years.

Assets Disposed of in the last two [2] years:

Member	Type & Date Disposed of:	Value	Net Amount Realized

IV. ALLOWABLE EXPENSES:

Do you have expenses for child care of a child aged 12 or younger? _____ If yes provide details below.

Child Care:

Child's name	Total amount	Provider's Name and Address	You Pay	SRS Pays	
	\$		\$	\$	

V. ELDERLY FAMILY ONLY:

- Do you have Medicare? _____ If yes, what is your monthly premium? _____
- Do you have any other kind of medical insurance? _____ If yes provide name of carrier, premium amount, and agent's name below:

Other Insurance:

Member	Amount Paid	Amount per Year	Carrier's Name and Address
	\$		

- Do you have outstanding medical bills which you are paying? If yes list them below:

Outstanding medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	

- What medical expenses do you expect to incur in the next twelve months?

Anticipated medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	
	\$	

VI. DISABILITY/MEDICAL EXPENSE:

Please list any/all disability/medical expenses related to your disability that you pay, which you would like to be considered "qualified disability related expenses" when figuring your annual income. Part or all of these expenses could reduce your annual income and affect how much rent you pay.

Anticipated disability/medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	

VII. OTHER REQUIRED INFORMATION:

- A. 1. Have you ever been a resident of any Housing Authority or received Section 8 or Shelter Plus care assistance?
 YES _____ NO _____
 If YES, list name used, where, and when: _____
2. Have you applied for housing at Sunrise Apartments before? YES _____ NO _____
 If YES, List name used and when: _____
3. Have you **ever** been evicted from **any** Public Housing Program or Section 8 Program? YES _____ NO _____
 If YES, list name used, where, and when: _____
- B. 1. Do you have a pet? YES _____ NO _____ What Kind? _____
- C. 1. Do you or any member of your household require reasonable accommodations or modifications to equally enjoy or access a housing unit, any other dwelling, program(s) or services? If so, please list necessary features or accommodations.

I qualify as an individual with a disability as defined by federal fair housing laws. I am requesting the accommodations/modifications listed above.

VIII. CRIMINAL HISTORY:

1. Have you (Head of Household) or any household member **ever** been **arrested** for or **received a citation** for FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS, including DRUG RELATED CRIMES & traffic violations?
 YES _____ NO _____ (If no, skip to question # 3.)
 Year of Arrest: _____ Arrested for or received citation for: _____
 City, State, and County where arrested or received citation: _____
2. Are you or any household member subject to lifetime registration as a SEX OFFENDER? YES _____ NO _____
 Name of Household member: _____
3. Are you or any household member persons who abuse or show a pattern of abuse of alcohol or drugs? YES _____ NO _____ If yes, provide the following information: Name _____ Is or was the household member enrolled in a treatment program? YES _____ NO _____ If yes, please describe _____.

NOTE: I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I HAVE NO OBJECTIONS TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED.

IMPORTANT UP-FRONT INCOME VERIFICATION NOTICE

Low Rent Housing Agency of Lenox aka Sunrise Apartments is required by the U.S. Department of Housing and Urban Development to use Up-Front Income Verification (UIV) Sources whenever possible to verify income information for program participants. UIV is the verification of income through an independent source that systematically maintains income information in computerized form for a large number of individuals.

Current UIV resources that we may be using include the following:

- Enterprise Income Verification System (EIV) HUD's System provides Employment Information, Quarterly Wages, Unemployment Insurance, Social Security and Supplemental Security Income (SSI) Benefits, and National Directory of New Hires (NDNH).
- Tenant Assessment Subsystem (TASS) – HUD's online system for Social Security (SS) and Supplemental (SSI) information.
- State Wage Information Collection Agencies (SWICA's)
- State systems for the Temporary Assistance for Needy Families (TANF) Program
- Credit Bureau Information (CBA) credit reports
- International Revenue Services (IRS)
- Private sector databases (e.g. The Work Number)

We will use additional UIV resources as they become available. This will be done before, during and/or after examination and/or re-examination of household income as necessary to ensure participants are reporting and paying rent on the appropriate amount of income.

It is important to note that UIV data will only be used to verify a participant's eligibility for participation in a rental assistance program and to determine the level of assistance the participant is entitled to receive.

You are required to disclose and report all sources of money (income) you and any member of your family receives. Failure to disclose and report sources of income is FRAUD. The consequences of not reporting all sources of money (income) may include:

- Termination of rent assistance and eviction
- Criminal prosecution, imprisoned up to 5 years and/or fined up to \$10,000.
- Immediate repayment for any excess rental subsidy you received.
- Prohibited from receiving future rental assistance.
- Any other appropriate remedy.

APPLICANT CERTIFICATION

I/We certify that the information given to Sunrise Apartments on income, household composition and characteristics, drug and criminal activity, income, net family assets, expenses and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for denial or termination of housing assistance and termination of tenancy. I/We understand that all changes in household composition, income, assets and expenses are to be reported in writing to Sunrise Apartments within 30 days of the change. Further, that no one is permitted to move into my unit without prior written approval of the Sunrise Apartments. I understand that any attempt to obtain Public Housing by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under

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.

Signature of Head of Household

Date

Signature of Other Adult in Household

Date

OFFICIAL USE ONLY

CERTIFICATION: On the basis of the information contained and verified herein, the above named applicant has been found to be:

_____ Eligible for Admission

_____ Ineligible for Admission

Title _____ Date _____

Remarks: _____

Number of Bedrooms Needed:

Type of Housing Needed:

Elderly/Disabled
Over 62

Family (1 or more persons,
Elderly or Disabled)

Low Rent Housing Agency of Lenox
 Sunrise Apartments
 401 E. Ohio
 Lenox, IA 50851
 sunriseapartments@lenoxia.com

CRIMINAL/CREDIT RECORDS VERIFICATION		
PERMISSION FOR RELEASE OF INFORMATION:		
I authorize & give permission to LRHA of Lenox to obtain information regarding my legal records, including police & criminal background records for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission/continued occupancy.		
NAME OF HEAD OF HOUSEHOLD:		
FULL NAME OF APPLICANT:	SOCIAL SECURITY #:	
APPLICANT DATE OF BIRTH:	ADDRESS:	
SIGNATURE:	DATE:	
***** STOP HERE *****		
Please indicate whether the above named family member has been arrested for or convicted of any misdemeanor or felony.		
FAMILY MEMBER'S NAME	CRIME(s) #	STATUS/DISPOSITION
PLEASE ATTACH COPIES OF REPORT(S)		
SIGNATURE OF PREPARER:		DATE:
CRIMINAL RECORDS VERIFICATION		
LAW ENFORCEMENT DEPARTMENT OR WHERE RECORDS WERE OBTAINED:		
ADDRESS:		
CITY, STATE, ZIP		

Thank you for your cooperation. All information is confidential. If you have any questions, please feel free to contact our office at (641) 333-4415.

LRHA of Lenox Representative

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. 07/31/2021

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

LRHA of Lenox dba Sunrise Apartments
401 E. Ohio
Lenox, IA 50851

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(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		
_____		_____	_____
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.