

Corinth Housing Authority
1101 Cruise Street
P.O. Box 1003
Corinth, MS 38835-1003

HOUSING APPLICATION



Main Office Hours: 8:00 a.m.-5:00 p.m. Monday-Thursday 662-287-1488/662-287-1489
Tinin Terrace, Pace Terrace, and Boyd Terrace Office 662-287-5533
J.B. Combs, Morgan Point, and Robbins Office 662-287-0305

adm@corinthhousingauthority.org

cha1@corinthhousingauthority.org

Items needed to complete your Application:

- *Social Security Cards for ALL household members
- *Birth Certificates or Proof of Birth for ALL children in the household
- *Marriage License or Divorce Papers if they apply to you
- *Drivers License or Picture ID of ALL adult household members
- *Statement from Social Security Office if receiving benefits
- *Statement from any and all pensions
- *Elderly or Disabled residents may claim OUT OF POCKET medical expenses by bringing proof of said expenses
- *Proof of ownership of vehicle
- *Prior 3 months bank statements.

Notes:

- *A \$250.00 Security Deposit is required.
- *Ranges, refrigerators, heaters, and air conditioners are provided in each unit
- *The Corinth Housing Authority does all yard work

The Corinth Housing Authority manages the following properties:

Tinin Terrace Apartments: Off Hwy 72 by Magnolia Hospital
100 elderly Units... Water, Garbage, and sewer paid by Corinth Housing Authority

Pace Terrace Apartments: Bell School Road behind Gaines Chapel Church
40 family units... All utilities paid by resident

Boyd Terrace Apartments: Across the street from Pace Terrace on Bell School Road
30 family units... All utilities paid by resident

Robbins Apartments: Near the National Cemetery
50 family units... Water, Garbage, Sewer, and Gas paid by Corinth Housing Authority

J.B. Combs and Morgan Point Apartments: Cass Street across from Southgate Shopping Center
110 family units... Water, Garbage, Sewer, and Gas paid by Corinth Housing Authority

Corinth Housing Authority
1101 Cruise Street
Corinth, MS 38834
662-287-1488



Date: _____

RENTAL APPLICATION

Time: _____

Last Name:	First:	Middle Initial:	Sex:	Date of Birth:	Social Security Number:
Address:	City:	State:	Zip Code:	How Long?	Phone Number: Alternate Phone Number:

Spouse's Name:	Sex:	Date of Birth:	Social Security Number:
Other Occupants & Their Relationship:	Sex:	Date of Birth:	Social Security Number:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
Name & Mailing Address of Landlord/Mortgage Co:	Phone Number:	Alternate Number:	Monthly Payment
Previous Address: City: State: Zip Code:	Phone Number:	How Long Did You Live Here?	

CURRENT EXPENDITURES:

Rent: \$ _____ Electric: \$ _____ Gas: \$ _____ Water: \$ _____
 Phone: \$ _____ Cable: \$ _____ Food: \$ _____ Credit Cards: \$ _____
 Rentals: \$ _____ Vehicle Payment (1): \$ _____ Vehicle Payment (2): \$ _____
 Health Insurance: \$ _____ Auto Insurance: \$ _____ Child Care: \$ _____
 Any owned properties (for example: Homes, Autos, Land, Boats, etc.): _____

BANKING INFORMATION:

Name of Banking Institution: _____
 Type of Account: ☐ Checking ☐ Savings ☐ Both Joint/Individual (Please Circle)
 Current Balances: Checking \$ _____ Savings \$ _____

FOR OFFICE USE ONLY: DO NOT WRITE BELOW

Date Needed: _____ Apt. Size: _____ Rent: \$ _____
 Site: _____ Apt. # _____

INCOME VERIFICATION

FAMILY MEMBER	SOURCE OF INCOME SALARY, SS, SSI, AFDC	WKLY, BIWKLY, MTLY	AMOUNT	ANNUAL INCOME

Did you file an income tax return this year? { } yes { } no Does anyone outside your household give you money? { } yes { } no If yes, whom? _____
How much? _____

ASSET INFORMATION:

Total Income from all Sources: \$ _____

FAMILY MEMBER	ASSET DESCRIPTION	CURRENT/ DISPOSED	MARKET VALUE	CASH VALUE	INTEREST RATE	ANNUAL INCOME

EMPLOYMENT HISTORY:

List previous employment of all household members.

FAMILY MEMBER	FROM	TO	EMPLOYER NAME & ADDRESS	REASON FOR LEAVING

CREDIT REFERENCES:

List 3 Credit References.

NAME & ADDRESS	TELEPHONE #	ACCOUNT #	BALANCE DUE

PERSONAL REFERENCES:

List 3 Personal References.

NAME & ADDRESS	TELEPHONE #

MARITAL STATUS:

() Single () Married () Separated () Divorced () Widowed

*** Your Maiden Name: _____ If separated, divorced or widowed, from whom? _____ How long? _____

Will the size of your household change within the next 12 months? () YES () NO

If yes to above question, please explain: _____

Does anyone live with you who is not listed on the application? () YES () NO

If yes to the above question, list names: _____

Have you ever lived in Income Based Housing before? () YES () NO

If yes to the above question, list where and when: _____

Under what name-who was head of household? _____

Have you or anyone living with you been evicted from any Income Based Housing program? () YES () NO

If yes, whom? _____ When? _____

Do you currently owe any money to any assisted housing agency? () YES () NO

If yes, to whom? _____

Have you or anyone in your household ever been convicted of a felony? () YES () NO

If yes, who and the nature of the felony: _____

Does anyone in your household now use a controlled illegal drug or is engaged in the sale or manufacture of an illegal drug? () YES () NO If yes, who? _____

Are you or any member of your household subject to a lifetime sex offender registration in any state?

() YES () NO If Yes, who and for which state: _____

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS:

I do hereby authorize the **CORINTH HOUSING AUTHORITY** to obtain a consumer report as defined in the Fair Credit Reporting Act, 15 USC Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity and general reputation or mode of living of applicants. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or termination of assistance. **WARNING:** **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 or Agency of the United States or the US Department of Housing and Urban Development. Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or any other fraud, any act of assistance to such attempt is a crime.

Signature of Head of Household: _____ Date: _____

Signature of Co-Head: _____ Date: _____

If either Co-Head is not present, why? _____

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS

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Signature of Head of Household: _____ Date: _____
Signature of Co-Head of Household: _____ Date: _____
Signature of Other Family Member over age of 18: _____ Date: _____
Signature of Other Family Member over age of 18: _____ Date: _____

FOR OFFICE USE ONLY

DEDUCTIONS: List below all eligible expenses

Child Care _____
Medical Expenses Total _____
Medical Expenses over 3% of Annual Income _____
Total Eligible Expenses _____

Notes or Other Expenses:

EXEMPTIONS:

Minor _____ 480 x _____ = \$ _____
Disabled Adults _____ 400 x _____ = \$ _____
Full-Time Students _____ 480 x _____ = \$ _____
Elderly Family _____ 400 x _____ = \$ _____
Total Deductions and Exemptions: \$ _____

Annual Income from page #1 _____ Total Deductions/Exemptions= Adjusted Annual Income \$ _____

Adjusted Annual Income: 12 x 30% = Monthly Rent Rate \$ _____

Annual Income: 12 x 10%= Minimum Gross Rent \$ _____

Larger of Monthly Rent Rate or Minimum Gross Rent = Total Tenant Payment \$ _____

Utility Allowance for ____ Bedrooms \$ _____

Tenants Contract for Rent: \$ _____

On the basis of the determination set forth herein, I hereby certify the family to be:

Eligible ☐ Community Service: YES ☐ NO ☐

Ineligible ☐ Bedroom Size Needed Now _____

Continued Occupancy ☐

Notes:

Signature of CHA Representative: _____

Application Review by: _____

Date: _____ Time: _____

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
 U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Corinth Housing Authority
 1101 Cruise Street
 Corinth, MS 38834

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
 Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____ Head of Household		_____ Date	
_____ Social Security Number (if any) of Head of Household		_____ Other Family Member over age 18	
		_____ Date	
_____ Spouse		_____ Other Family Member over age 18	
		_____ Date	
_____ Other Family Member over age 18		_____ Other Family Member over age 18	
		_____ Date	
_____ Other Family Member over age 18		_____ Other Family Member over age 18	
		_____ Date	

Privacy Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Notice to all Applicants:

Reasonable Accommodations for Applicants with Disabilities:

The Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, PHA has a legal obligation to provide “reasonable accommodations” to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of a PHS’s programs. Examples of reasonable accommodations would include:

- *Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- *Adding or altering unit features so they may be used by a family member with a disability;
- *Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing-impaired member;
- * Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of the dog is usually limited;
- * Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- * Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- * Permitting an outside agency or individual assist an applicant with a disability to meet the PHA’s applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the Corinth Housing Authority. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority at 662-287-1488 ext. 103.

Applicant Name _____

Interview Conducted By _____ Date _____

1. Will you, or any member of your family require any of the following:

_____ A separate bedroom	_____ Unit for Vision-Impaired
_____ A barrier-free apartment	_____ Unit for Hearing-Impaired
_____ One-level unit	_____ Bedroom & Bath on 1st floor
_____ Other modifications to unit	_____ Extra Bedroom
_____ Live-in Attendant	

2. Can you and all family members use the stairs unassisted? Yes _____ No _____ If No, please indicate how the PHA should accommodate your family: _____

3. Will you or any of your family members need a live-in aide to assist you? Yes _____ No _____
If Yes, please explain: _____

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed. _____

5. What is the name of the family member needing the features identified above? _____

Whom should we contact to verify your need for a special apartment?

Name _____ Address _____
Phone # _____

APPLICANT SIGNATURE

DATE



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 United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

☐ I am a citizen by birth, naturalized citizen or national of the United States.

OR:

☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

☐ Permanent residence under #249 of INA

OR:

☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

☐ Parole status under #212(d)(f) of the INA

OR:

☐ Threat to life of freedom under #243(h) of the INA

OR:

☐ Amnesty under #254 of the INA

Signature of Family Member

Date

☐ Check box if signature of adult residing in the unit is responsible for a child named on statement above.

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

City of Birth

State of Birth

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City of Birth

State of Birth

ORI # _____

Corinth Housing Authority
1101 Cruise St
Corinth, MS 38834
Phone 662-287-1489
Fax 662-286-6951

I do hereby authorize law enforcement agencies to release any complaint, criminal (felony), misdemeanor or traffic records which the Housing Authority of the City of Corinth may retain.

Print Name: _____ Date: _____
Signature: _____ Social Security Number: _____
Date of Birth: _____ Race: _____ Sex: _____
Address: _____

APPLICANTS- DO NOT WRITE BELOW THIS LINE

The above named person(s) is known by me or this agency: YES NO

If yes, please complete the following:

Felony arrest/conviction record found: YES NO

The family causes neighborhood disturbances: YES NO

The family carries on activities which could adversely affect the health, safety and general welfare of others: YES NO

Remarks: _____

Signature: _____ Title/Position: _____ Date: _____

ORI # _____

Corinth Housing Authority
1101 Cruise St
Corinth, MS 38834
Phone 662-287-1489
Fax 662-286-6951

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The family causes neighborhood disturbances: YES NO

The family carries on activities which could adversely affect the health, safety and general welfare of others: YES NO

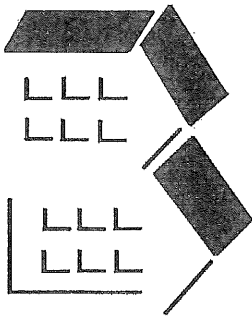
Remarks: _____

Signature: _____ Title/Position: _____ Date: _____



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

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

What is EIV?

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

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

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

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

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

What is the EIV information used for?

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

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

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

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

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

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

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

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

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

What are my responsibilities?

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

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

What are the penalties for providing false information?

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

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

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

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

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

What do I do if the EIV information is incorrect?

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

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

Debts owed to PHAs and termination information

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

Employment and wage information

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

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

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

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

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

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

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

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

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

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

My signature below is confirmation that I have received this Guide.

Signature

Date

February 2010



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:
**THE HOUSING AUTHORITY OF THE CITY
 OF CORINTH**
 1101 CRUISE STREET
 CORINTH, MS 38834
 PHONE: 662-287-1489
 FAX: 662-286-6951

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

Signature

Date

Printed Name

THE HOUSING AUTHORITY OF THE CITY OF CORINTH
1101 CRUISE STREET
CORINTH, MS 38834



PHONE: 662-287-1489

FAX: 662-286-6951

DATE: _____

TENANT NAME: _____

LANDLORD: _____

S.S. NUMBER: _____

ADDRESS: _____

The above named individual has applied for low-income housing. He/She has given your name as a former/present landlord reference. We would appreciate it if you would complete the following questionnaire. Please return this form within (10) ten days from the above date in the enclosed self-addressed, stamped envelope.

Authorization to release information:

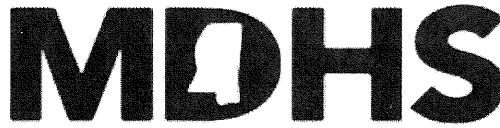
Applicant Signature: _____

ATTENTION APPLICANT: DO NOT WRITE BELOW THIS LINE:

FOR LANDLORD USE ONLY

1. How long were they in the residence? From: _____ To: _____
2. Were there people who lived in the household that were not on the lease? Yes: _____ No: _____
3. How did they pay their rent? On Time: _____ Late: _____
4. Would you rent to him/her again? Yes: _____ No: _____
5. How did he/she keep the premises? _____
6. Were they considerate of their neighbors? Yes: _____ No: _____
7. Did they have loud parties? Yes: _____ No: _____
8. Was the tenant required to perform community service? Yes: _____ No: _____
If so, default hours: _____
9. Did the tenant damage your property beyond the normal wear and tear? Yes: _____ No: _____
If yes, explain: _____
10. Was the unit left in good condition? Yes: _____ No: _____
If no, explain: _____
11. Did you refund the security deposit? Yes: _____ No: _____
If not, why? _____
12. Amount of rent paid: \$ _____ Balance left owed, if any \$ _____
13. Comments: _____

Landlord's Signature: _____ Telephone # _____ Date: _____



MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

INTERAGENCY REFERRAL FORM

General Information

Complex Manager: Nannette Wicks Phone: 662-287-1489 ext. 102
Complex Name: Corinth Housing Authority Fax: 662-286-6951
Address: P.O. Box 1003 City, St. Corinth, MS 38835
Email: chal@corinthhousingauthority.org

Federal regulations require that in order for a family to receive housing assistance through the U.S. Department of Housing & Urban Development (HUD), we must verify the family income, expenses and other information related to eligibility. The information you provide will be used only for the purpose of to determine the eligibility status and rent for housing at the apartment complex listed above.

Recipient's Consent

I understand that the Agency may contact other organizations to obtain proof or documentation of information needed to determine my eligibility for program services. Verifications and inquiries that may be requested include, but are limited to: personal identity; employment, income, and assets; medical or child care/ other state allowances.

This form must be signed by the household head and all other household members whose income, assets or other circumstances require verification. As long as the partnership retains the form with original signatures in its files, a photocopy of the authorization may be provided for the purpose stated above for twelve months from the date signed.

I _____ do hereby authorize MDHS to release the information requested regarding my income or lack of income from Child Support or Economic Assistance.

Applicant Signature

SSN

Date

You do not have to sign this form if either requesting organization or the organization supplying the information is left blank.

The above reference individual has made application for residency at our community. These individual states that he/she may be receiving payments from your agency. This community operates under the IRS section 42 program. For the applicant to be eligible to apply for housing, this form must be completed by an authorized associate at your agency. All information will be held in strict confidence.

Leasing Representative

Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

CORINTH HOUSING AUTHORITY
1101 CRUISE STREET
CORINTH, MS 38834

Do you have any interest in any of business/rental property? _____ If yes, describe: _____

Do you own or have any interest in any of the following: Stocks _____ Certificate of Deposit _____
Bonds _____ Savings Account _____ Other Investments _____

Do you have a checking account? _____ What is the 6-month balance? _____

Name and address of Bank _____

Do you own or have interest in any land? _____ Do you own or have interest in any
house/mobile home or property? _____ If yes, please describe: _____

Have you sold any property/land/house/etc. in the last two years? _____

Do you own a vehicle? _____ Are you purchasing a vehicle? _____

Make _____ Model _____ Year _____

Tag Number _____ Do you have insurance on the vehicle? _____

Do you own a pet? _____ Breed _____ Sex _____

Weight _____ Are all vaccines up to date on pet? _____

Do you foresee changes to your Household in the next twelve months? _____

If yes, please describe. _____

.....

I understand 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. I do hereby attest that all the information in this application is true and correct. I also understand that I am required to report ALL CHANGES in the income of my household as well as any changes to my family composition.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE OR OTHER ADULT

DATE

***** FOR OFFICE USE ONLY*****

PARKING PERMIT # _____

DATE ISSUED: _____ DATE PERMIT PUT ON VEHICLE: _____

BY: _____

911 NUMBER PROVIDED: YES _____ NO _____

PICTURE OF PET PROVIDED: YES _____ NO _____

SHOT RECORD OF PET PROVIDED: YES _____ NO _____

CORINTH HOUSING AUTHORITY
1101 CRUISE ST
PO BOX 1003
CPRINTH, MS 38835
PHONE: 662-287-1489
FAX: 662-286-6951



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

Information inquiries about:

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

Individuals or Organizations that may release information:

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

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

Social Security #

Signature Date

Social Security #

Signature Date

Social Security #

Signature Date

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

Housing Authority Representative Date

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

CORINTH HOUSING AUTHORITY
1101 CRUISE ST
PO BOX 1003
CORINTH, MS 38835
PHONE: 662-287-1488/287-1489 FAX: 662-286-6951



ACKNOWLEDGMENT OF HUD 1141

I received on this, the _____ day of _____, 20____, a copy of HUD 1141 "Is Fraud Worth it?". I have read the documentation and understand the contents therein, I understand the subject concerning the information I must provide to apply for Public Housing and the penalties that will apply if I omit information or give false information.

SIGNATURE

SIGNATURE OF SPOUSE (OR OTHER ADULT)

DATE

DATE

APPLICANT/TENANT CERTIFICATION

APPLICANT(S)'S/TENANT(S)'S STATEMENT:

We certify that the information given to the Housing Authority of the City of Corinth on household composition, income, net family assets, 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 and/or State Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

SIGNATURE

SIGNATURE OF SPOUSE (OR OTHER ADULT)

DATE

DATE

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590, if you are within the Washington, D.C. Metropolitan Area, call 426-3500.

After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development (HUD) on form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or magnetic tape.

See the Federal Privacy Act Statement for more information about its' use.



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

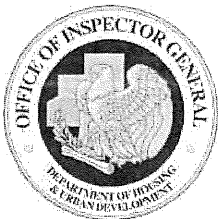
If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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

Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act (“VAWA”)? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact

or go to

You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*¹ includes the following HUD programs:
 - Public Housing
 - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
 - Section 8 Project-Based Rental Assistance (PBRA)
 - Section 8 Moderate Rehabilitation Single Room Occupancy
 - Section 202 Supportive Housing for the Elderly
 - Section 811 Supportive Housing for Persons with Disabilities
 - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
 - Section 236 Multifamily Rental Housing
 - Housing Opportunities for Persons With AIDS (HOPWA) program
 - HOME Investment Partnerships (HOME) program
 - The Housing Trust Fund
 - Emergency Solutions Grants (ESG) program
 - Continuum of Care program
 - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

¹ For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

What if I am an applicant under a program covered by VAWA? You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
 - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
 - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, contact Nannette Wicks, Housing Specialist for Corinth Housing Authority at 662-287-1489 ext. 102

. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

NOTICE OF OCCUPANCY RIGHTS UNDER
THE VIOLENCE AGAINST WOMEN ACT
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Expires 1/31/2028

Covered Housing Program(s)	Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	<p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p>
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	<p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; OR
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact Nannette Wicks, Housing Specialist at 662-287-1489 ext. 102

. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting Jackson Field office for HUD at (601) 965-4757

. You can also find additional information on filing VAWA complaints at

<https://www.hud.gov/VAWA> and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

Need further help?

- ° For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- ° To talk with a housing advocate, contact Nannette Wicks at 662-287-1489 ext. 102

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Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.