

**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 - Friday 662-287-1488

Tinin Terrace, Pace Terrace and Boyd Terrace Office ..... 662-287-5533

J. B. Combs, Morgan Point and Robbins Apartments ..... 662-287-0305

Items needed to complete your Application.

- \* Social Security Cards for ALL members in the household.
- \* 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 members in the household.
- \* Statement from Social Security Office if you receive 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.
- \* All Resident receives a Utility Allowance.

....The more Utilities the resident pays the larger their utility allowances.

**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 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 & 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 #



## 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, US Sec 1601a, 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, Sec 1001 of the US Code stated 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 other fraud and any act of assistance to attempt is a crime.**

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

Signature of CHA Representative: \_\_\_\_\_  
 Application Review by: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes:
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# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

Corinth Housing Authority  
PO Box 1003  
1101 Cruise Street  
Corinth, MS 38835  
Phone: 662-287-1488  
Fax: 6+62-286-6951

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.



## **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 PHA'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 dogs 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 to 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, to 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 at 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.

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Applicant Name \_\_\_\_\_

Interview Conducted By \_\_\_\_\_ Date \_\_\_\_\_

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

- |                                                      |                                                      |
|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> A separate bedroom          | <input type="checkbox"/> Unit for Vision-Impaired    |
| <input type="checkbox"/> A barrier-free apartment    | <input type="checkbox"/> Unit for Hearing-Impaired   |
| <input type="checkbox"/> One-level unit              | <input type="checkbox"/> Bedroom & Bath on 1st floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Extra Bedroom               |
| <input type="checkbox"/> 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



# MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

## INTERAGENCY REFERRAL FORM

### General Information

Complex Manager: Nannette Wicks Phone: 662-287-1488 Ext 102  
Complex Name: Corinth Housing Authority Fax: 662-286-6951  
Address: 1101 Cruise Street City, St. Corinth, MS 38834  
Email: cha1@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. This 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





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: \_\_\_\_\_

ORI # \_\_\_\_\_

Corinth Housing Authority  
1101 Cruise St  
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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: \_\_\_\_\_

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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\_\_\_\_\_  
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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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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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 \_\_\_\_\_

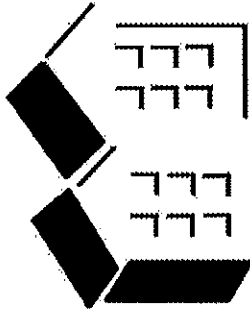
\_\_\_\_\_  
City of Birth

\_\_\_\_\_  
State of Birth



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



**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.

February 2010

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](http://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/bhprograrrs/iv/iv.cfm>.

**The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH 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



**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 10/31/2019.

**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**

**PO Box 1003**

**Corinth, MS 38835**

**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 where 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? One 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: \_\_\_\_\_





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.

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

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

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**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 STREET

CORINTH, MS 38834

PHONE: 662-287-1489

FAX: 662-286-6951

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

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Information inquiries about:

Child Care Expense

Citizenship

Credit History

Criminal Activity

Family Composition

Employment, Income, Pension, and Assets

Federal, State, Tribal or Local Benefits

Handicapped Assistance Expenses

Identity and Marital Status

Medical Expenses

Social Security Numbers

Residences and Rental History

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Individuals or Organizations that may release information:

Banks and Other Financial Institutions

Courts

Law Enforcement Agencies

Credit Bureaus

Employers, past and present

Landlords

Providers of:

Alimony

Child Care

Child Support

Credit

Handicapped Assistance

Medical Care

Pensions/Annuities

Schools and Colleges

U.S. Social Security Administration

U.S. Department of Veterans Affairs

U.S. Department of Immigration and Naturalization

Utility Company

Welfare Agencies

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I agree that photocopies of this authorization may be used for the purpose 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

ACKNOWLEDGMENT OF HUD 1140-OLG

I received on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a copy of HUD 1140-OLG "Things You Should Know".

I have read the documentation and understand the contents therein, I understand the subject concerning the information I must provide for Assisted Housing and the penalties that will apply if I omit information or give false information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE OF SPOUSE (OR OTHER ADULT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

ATTACHMENT 3  
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 Housing Agency 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 Nation 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

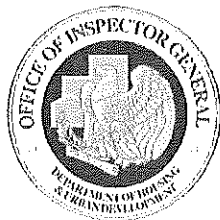
If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## 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](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410