

LENOIR HOUSING AUTHORITY



431 Vance Street NW

Lenoir, NC 28645

Phone: 828-758-5536 Fax: 828-758-5696

PLEASE READ AND COMPLETE ALL PAGES

BEFORE THIS APPLICATION CAN BE TAKEN OR
CONSIDERED PLEASE SUBMIT THE FOLLOWING
DOCUMENTS WITH YOUR APPLICATION

1. Birth Certificate(s) of ALL PERSONS that are to live in the Housing Unit.
2. A Photo ID Card or Driver's License for everyone in the household eighteen (18) years or older.
3. Social Security Cards of ALL PERSONS in the household.
4. Verification of Income—Three (3) Pay Stubs or a wage verification form provide by us for you to take to your employer to be filled out and mailed back to us.
5. Those applicants who receive any funds from Social Security will need to provide us with a copy of the Actual Benefit Letter no bank statement or check stubs.
6. You must have a Permanent Resident Card or Employment Card if you are not a natural born citizen of the United States.

**PLEASE NOTE YOUR IRS PIN NUMBER IS NOT A
SOCIAL SECURITY NUMBER**

Once you have obtained all the documents necessary and have completed the application, you can drop it off anytime Monday through Friday.

PERSONAL DECLARATION/HOUSING ASSISTANCE APPLICATION

APPLICATION FOR PUBLIC HOUSING

Important Information

Please read the following carefully before completing the application form

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.

- The application must be completed in the handwriting of the head of household. Incomplete applications will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please print all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as "What is your telephone number," and you do not have a telephone, write "none."
- All yes/no questions *must* be checked to indicate whether your response is a "yes" or "no."
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household and spouse/cohead (if any) must sign and date the application form.
- Where indicated on this form, the questions apply to all members of the family listed on the application.
- The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex offender registration checks on all adult household members, including live-in aides.

In order to qualify for Public Housing an applicant must:

- Be a family as defined in the Housing Agency's Admission and Continued Occupancy Policy (ACOP). A copy of the ACOP is either posted or available at the housing agency office.
- Meet the HUD requirements on citizenship or immigration status.
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the PHA's office.
- Provide documentation of Social Security numbers for all household members except noncontending persons.
- Pay any money owed to the PHA or any other housing authority.
- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms so that the PHA can verify the various eligibility requirements.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity.
- Qualify as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.

Americans with Disabilities Act

We need your help to ensure all of our programs, services, and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.

Rental Application

Applicant Information					
Name:					
Date of birth:		SSN:		Phone:	
Current address:			CellPhone#:		
City:		State:		ZIP Code:	
Own	Rent	(Please circle)	Monthly payment or rent:		How long?
Previous address:					
City:		State:		ZIP Code:	
Owned	Rented	(Please circle)	Monthly payment or rent:		How long?
Employment Information					
Current employer:					
Employer address:				How long?	
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	
Position:		Hourly	Salary	(Please circle)	Annual income:
Emergency Contact					
Name of a person not residing with you:					
Address:					
City:		State:		ZIP Code:	Phone:
Relationship:					
Co-applicant Information, if Married					
Name:					
Date of birth:		SSN:		Phone:	
Current address:					
City:		State:		ZIP Code:	
Own	Rent	(Please circle)	Monthly payment or rent:		How long?
Previous address:					
City:		State:		ZIP Code:	
Owned	Rented	(Please circle)	Monthly payment or rent:		How long?
Co-applicant Employment Information					
Current employer:					
Employer address:				How long?	
Phone:		E-mail:		Fax:	
City:		State:		ZIP Code:	
Position:		Hourly	Salary	(Please circle)	Annual income:
References					
Name:		Address:			Phone:
I authorize the verification of the information provided on this form as to my credit and employment.					
Signature of applicant:				Date:	
Signature of co-applicant:				Date:	

APPLICATION FOR PUBLIC HOUSING

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons age 18 or older (head/spouse/cohead regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
1.	HEAD					
2.						
3.						
4.						
5.						

CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name
6.							
7.							
8.							
9.							
10.							

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

Race: Check the appropriate race. (More than one category can be entered if applicable.)
 White Black/African American American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander
Ethnicity: (Check the appropriate ethnicity.) Hispanic or Latino Not Hispanic or Latino

Answer the following questions about all members of the household:

- Has any adult who will live in the home previously lived in a State other than this State?.. Yes No
 If yes, which family member(s)? _____ State lived? _____
 _____ State lived? _____
- Does anyone other than an adult who will live in the home share custody of any of the children listed?
 Yes No If yes, who? _____
- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If yes, who? _____
- Is anyone who will be living in the home expecting a child?
 Yes No If yes, who? _____
- Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who? _____
- Has anyone who will be living in the home ever used another social security number other than the one listed on this application? Yes No If yes, who? _____
- Has anyone who will be living in the home ever used another name, other than the one they are using now?
 Yes No If yes, who? _____
- Is there anyone who will be living in the home who is 18 or over and a full-time student?
 Yes No If yes, who? _____
- Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No If yes, who? _____
 What do they require? _____

APPLICATION FOR PUBLIC HOUSING

CONTACT INFORMATION: List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.

1. Contact Name Phone# Address City/State/Zip
2. Contact Name Phone# Address City/State/Zip

PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

List your current address and landlord information. Then list all prior addresses and landlords for the past five (5) years.

Current landlord Phone: Address City/state/zip How long?
Previous landlord Phone: Address City/state/zip How long?
2nd Previous landlord Phone: Address City/state/zip How long?
3rd Previous landlord Phone: Address City/state/zip How long?

PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all of the members of your household.

- 1 Has any household member ever been arrested for any crime?
2 Has any household member ever been convicted of any crime?
3 Is any household member a subject to lifetime sex offender registration?
4 Is any household member currently using illegal drugs?
5 Has any household member ever been evicted from any type of housing?
6 Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons?
7 Has any household member received rental assistance in public housing or HCV?

APPLICATION FOR PUBLIC HOUSING

PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY.
(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year? Yes No
 If yes, who? _____

2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?
 - Wages, salaries, tips, fees, or commissions from an employer? (full or part time) Yes No
 - Compensation for personal services? Yes No
 - Income from the operation of a business or profession? Yes No
 - Interest, dividends, or other income from real or personal property? Yes No
 - Payments from Social Security? Yes No
 - Payments from annuities? Yes No
 - Payments from insurance policies? Yes No
 - Payments from retirement funds? Yes No
 - Payments from pensions? Yes No
 - Payments from disability benefits? Yes No
 - Payments from death benefits? Yes No
 - Lump-sum payments for the delayed start of periodic payments? Yes No
 - Unemployment compensation? Yes No
 - Disability compensation? Yes No
 - Worker's compensation? Yes No
 - Severance pay? Yes No
 - Welfare assistance payments? Yes No
 - TANF payments? Yes No
 - Alimony payments? Yes No
 - Child support payments? Yes No
 - Regular contributions or gifts from anyone? Yes No
 - Money from self employment? Yes No
 - Regular or special military pay? Yes No
 - Regular contributions from anyone? Yes No
 - Financial assistance to attend school Yes No

3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency -- (Circle one)
			Week Month Year

APPLICATION FOR PUBLIC HOUSING

PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

(An asset is something of value that can be converted to cash)

1. Do you or any family member own or have access to any of the following?

Savings account? Yes No Checking account? Yes No
 Certificate of deposit? Yes No Money market account? Yes No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

Stocks? Yes No Bonds? Yes No
 Real property (land)? Yes No Trust funds? Yes No
 Pensions? Yes No Individual retirement accounts? Yes No
 Inheritances? Yes No Life insurance policies? Yes No
 Any other type of capital investment? Yes No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expenses for child care of a child age 12 or younger? Yes No

If yes, complete the following:

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? .. Yes No

If yes, how much is reimbursed per month? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) Yes No If yes, complete the following:

Care Attendant			Amount Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities). Yes No

If yes, what is the anticipated monthly cost? \$ _____

APPLICATION FOR PUBLIC HOUSING

5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Electric			
Gas			
Water			
Telephone			
TV cable			
Car payment(s)			
Car insurance			
Gas for car			
Life insurance			
Health insurance			
Loan			
Rentals			
Furniture			
Food			
Credit cards			

Medical Expenses (These questions only apply if the head, spouse or cohead is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

Medical insurance premiums? Yes No

Long term care insurance? Yes No

Out of pocket prescription expenses? Yes No

Past due medical bills? Yes No

Other anticipated medical expenses? Yes No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

APPLICATION FOR PUBLIC HOUSING

Certification of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing (within _____ days) if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under federal and state law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Signature of Head of Household

Date

Signature of Spouse or Cohead

Date

Certification of PHA Representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

Signature of PHA Representative

Date

APPLICANT NOTIFICATION and RELEASE FORM
Legal Disclaimer

The information provided is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which are deemed material by Lenoir Housing Authority shall result in Lenoir Housing Authority to deny housing.

I understand and agree that all information furnished in my application and all attachments may be verified by Lenoir Housing Authority. I hereby authorize all individuals and organizations named or referred to in my application and any background reporting organization to give Lenoir Housing Authority all information relative to such verification and hereby release such individuals, organizations, and Lenoir Housing Authority from any and all liability for any claim or damage resulting there from.

I hereby acknowledge that I have been informed by Lenoir Housing Authority that Lenoir Housing Authority may seek to obtain a consumer credit report and/or an investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and credit report and criminal convictions or arrest records if allowed, in order to assist Lenoir Housing Authority in making certain decisions.

I, my heirs, assigns and legal representatives, hereby release and full discharge Lenoir Housing Authority, its parent and affiliated companies, background reporting organization and the respective officers, directors, shareholders, employees, agents of each.

Print Name: _____

Signature: _____

Date: _____

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

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

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or 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(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 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.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant at Dwelling Place Housing Communities. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant name: _____

Applicant signature: _____ Date: _____

I choose not to complete this form

Do you, or does any member of your family have a condition that requires:

- | | |
|--|---|
| <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"/> BR/bath on 1 st floor |
| <input type="checkbox"/> Physical modifications to a typical apartment | |

Can you and all your family members go up and down stairs unassisted? Yes No

If no, please indicate how we should accommodate your family:

Will you or any of your family members require a life-in aide to assist you? Yes No

If yes, please explain:

If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation:

Are there any other reasonable accommodations, such as a service animal, etc. that you require?

What is the name of the family member who needs the features identified above?

Who should be contacted to verify your need for the features you have identified above?

Name: _____

Address: _____

Phone: _____