



51 JONES STREET
PIEDMONT, WV 26750
(304) 355-2929



WARNING! TITLE 18, SECTION 1001 OF UNITED STATES CODE SAYS THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY OR WILLFULLY MAKING A FALSE OR FRAUDULENT STATEMENT TO ANY AGENCY OF THE UNITED STATES

INSTRUCTIONS

Read this page and the next page **BEFORE** you begin filling out this application form! These two pages provide you with information you will need during your application process. After reading these, keep them for your reference.

NOTE: PAGES 11, 18 & 20 WILL NEED MULTIPLE COPIES – Please see instructions on those pages.

- The information you provide on this application will be used to determine your eligibility.
- After we review your **COMPLETE** application, we will mail you a letter notifying you of our determination on your **eligibility**.
- **Before you receive the benefit of any housing assistance**, we will examine and verify all household information.
- This will include the information you provide on this application **and** information **current at the time we expect to admit you**. You must provide us with all documents we request. If you fail to do so, you will be ineligible for assistance.
- **Answer all questions** on this application. If a question does not apply or if you do not know the answer, write "unknown" in the space provided. **Do not leave blanks!** If you do, the application will be incomplete and you will be ineligible.
- You must use the correct legal name of each member of your household.
- **All adult members of the household must sign all forms required by us, including** a release which allows us to ascertain whether or not they have engaged in any criminal activities (including but not limited to, drug-related activities or activities of a violent or life-threatening nature). You may request extra copies, if needed. **This application is "ineligible" until all adult members listed herein have signed required forms.**
- Periodically, **you will need to update information**. If you fail to do so when we ask, your application will be taken out of file and placed in inactive status. You will then have to file a new application. **You** are responsible for making sure we have **timely and current information**, including a valid mailing address. You may call us with new information as needed.
- Federal law prohibits making financial assistance available to persons other than U.S. citizens. You must declare **citizenship or eligible immigration** status for each household member. If you are unable to provide the required documentation by the date requested, you may ask for one extension. Failure to provide information or establish eligible status will result in your application being considered "ineligible."
- Please note our advisory statements regarding various Federal Laws. Full text copies are available upon request.

NOTICE ON CRIMINAL BACKGROUND CHECKS

The Housing Authority shall refuse eligibility for admission to its housing program to applicants who have been arrested/convicted for any of the following criminal activities; or have had a domestic violence protective order issued against them as follows:

1. Any drug-related criminal activities, including, but not limited to, possession or distribution of any controlled dangerous substance, within thirty six (36) month period immediately preceding the date of application;
2. Child abuse, spousal abuse, or domestic violence of any nature within thirty six (36) month period immediately preceding the date of application;
3. Criminal conduct of a violent coercive nature, including, but not limited to, any of the offenses defined and identified under provisions of Chapter 61, Article 2, et. seq. of the West Virginia Code, as amended, as "crimes against the person," within thirty six (36) month period immediately preceding the date of application.

FILING INSTRUCTIONS

Applications can be filed at the office located at 51 Jones Street, Piedmont, WV 26750, Monday through Friday, 7AM-2 PM. Copies of the following information must be submitted for each person listed on the application:

1. Birth Certificate
2. Social Security Card
3. Income Verification
4. Medical Deduction Information (where applicable)

Failure to provide this information will result in ineligibility

We are an Equal Opportunity Housing Facility and do not discriminate on the basis of race, color, creed, religion, sex, national or ethnic origin, familial status, sexual orientation, gender identity, marital status, disability or handicap. You have the opportunity to request reasonable accommodations.

APPLICATION INFORMATION

APPLICANTS FULL LEGAL NAME

MAILING ADDRESS
CITY, STATE, ZIP

RESIDENCE ADDRESS
CITY, STATE, ZIP

HOME TELEPHONE

WORK TELEPHONE

MESSAGE
TELEPHONE

FAMILY COMPOSITION

(VOLUNTARY – NOT REQUIRED)

(VOLUNTARY – NOT REQUIRED)

RELATIONSHIPS

S=SPOUSE GC=GRANDCHILD
C=COHEAD OA=OTHER ADULT
D=DAUGHTER S=SON

*ETHNICITY

1=HISPANIC/LATINO
2=NOT HISPANIC/LATINO

**RACE (ENTER AS MANY AS NECESSARY)

1=WHITE; 2=BLACK/AFRICAN AMERICAN;
3=AMERICAN INDIAN/ALASKA NATIVE; 4. ASIAN
5=NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

| LEGAL NAME OF MEMBER | RELATION- SHIP | SSN | GENDER (M/F) | BIRTH DATE | HANDICAP (Y/N) | DISABLED (Y/N) | *ETHNICITY | **RACE |
|----------------------|-------------------|-----|-----------------|---------------|-------------------|-------------------|------------|--------|
| 1. NAME | HEAD | | | | | | | |
| 2. NAME | | | | | | | | |
| 3. NAME | | | | | | | | |
| 4. NAME | | | | | | | | |
| 5. NAME | | | | | | | | |
| 6. NAME | | | | | | | | |
| 7. NAME | | | | | | | | |
| 8. NAME | | | | | | | | |
| 9. NAME | | | | | | | | |

EMPLOYMENT/INCOME INFORMATION

Enter each type of income that any household member will have in the next year

| MEMBER # | SOURCE OF INCOME | RATE OF PAY | NEXT 12 MONTHS |
|-----------|------------------|--|----------------|
| (EXAMPLE) | WAL-MART | \$5.50 PER HR, 30 HRS PER WEEK, ALL YEAR | \$8,580.00 |
| | | | |
| | | | |
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| | | | |

ASSET INFORMATION

Enter the assets that your household currently possesses. Enter the anticipated income from each asset next to Annual Income

| | |
|----------------------|------------------|
| Family Member Name | Contact |
| Description of Asset | Address |
| Cash Value | City, State, Zip |
| Annual Income | Telephone |
| Family Member Name | Contact |
| Description of Asset | Address |
| Cash Value | City, State, Zip |
| Annual Income | Telephone |

EXPENSES

If you are disabled, elderly, or handicap family, please enter any Medical or Handicap Expenses that your household currently has.

| | |
|-----------------|-----------------|
| Family Member | Family Member |
| Type of Expense | Type of Expense |
| Expense Cost | Expense Cost |
| Weekly | Weekly |
| Monthly | Monthly |
| Annually | Annually |

Enter any child care expenses that your household currently has.

| | |
|-----------------|-----------------|
| Family Member | Family Member |
| Type of Expense | Type of Expense |
| Expense Cost | Expense Cost |
| Weekly | Weekly |
| Monthly | Monthly |
| Annually | Annually |

PREVIOUS INFORMATION – RENTAL HISTORY

| | |
|--------------------------|-----------------|
| CURRENT LANDLORD ADDRESS | AMOUNT \$ |
| PHONE NUMBER | FROM / / TO / / |

| | |
|---------------------------|-----------------|
| PREVIOUS LANDLORD ADDRESS | AMOUNT \$ |
| PHONE NUMBER | FROM / / TO / / |

| | |
|---------------------------|-----------------|
| PREVIOUS LANDLORD ADDRESS | AMOUNT \$ |
| PHONE NUMBER | FROM / / TO / / |

Previously lived in Public Housing? Yes No

Previously lived in any federally assisted or FmHA housing? Yes No

Previously received Section Eight Rental Assistance? Yes No

| | |
|------------------|------------------------|
| Previous HA Name | Previous Landlord Name |
| Address | Address |
| City, State, Zip | City, State, Zip |
| Telephone | Telephone |
| Dates | Dates |

REFERENCES

Bank 1

Address

City, State, Zip

Telephone

Checking Account #

Savings Account #

Bank 1

Address

City, State, Zip

Telephone

Checking Account #

Savings Account #

CREDIT REFERENCES

Name

Address

City, State, Zip

Telephone

Account #

Name

Address

City, State, Zip

Telephone

Account #

PERSONAL REFERENCES

Emergency Contact

Address

City, State, Zip

Telephone

Name

Address

City, State, Zip

Telephone

Name

Address

City, State, Zip

Telephone

OTHER INFORMATION

OFFICE USE

1. Accessibility features requested? _____ Vision _____ Hearing _____ Wheelchair _____ Physical _____

2. List any special housing needs related to question 1.

_____3. Pet Information: ☐ Cats ☐ Dogs ☐ Other
Comments: _____

_____**PREFERENCES**

1. Working family employed at least 30 hours per week. Also applies to all elderly families and all families whose head or spouse is receiving income based on their inability to work.

2. Working family employed not less than 20 hours per week, enrolled in an employment training program or attending school on a full time basis.

3. Families displaced by government action or whose dwelling has been extensively damaged as a result of a disaster declared pursuant to the Federal Disaster Relief Laws.

4. Previous resident who has moved out of public housing in good standing.

5. Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

CERTIFICATION OF NOTICEI have received a notice of Section 214 requirements with this application. ☐ YES ☐ NOI have received a notice of the Federal Privacy Act Statement. ☐ YES ☐ NOI have received a "Lead Base Paint Notice." ☐ YES ☐ NOI have received a Reasonable Accommodations Form. ☐ YES ☐ NO

PROGRAM INTEGRITY

1. Has anyone in your household been convicted for the crime of felonious use, sale, manufacture, possession, or distribution of controlled substances (illegal drugs)? ☐ YES ☐ NO
If yes: Who? When? For What?

2. Does anyone in your household currently use a controlled or illegal drug? ☐ YES ☐ NO
If yes, please explain.

3. Has anyone in your household ever been convicted of violent criminal activity? ☐ YES ☐ NO
If yes: Who? When? For What?

4. List any adult member who, within the last 3 years, was convicted of any criminal activity. INCLUDE MISDEMEANORS AND FELONIES.

5. Have you or any household member ever committed any fraud in a federally assisted housing program or been requested by a Public Housing Agency to repay money for such programs? ☐ YES ☐ NO
If yes, explain

6. Does anyone outside of your household pay for any of your bills or expenses? ☐ YES ☐ NO
If yes: Who? When? For What?

7. List name, mailing address and SSN of any "absent spouse" or "absent parent of any minor child" listed:

8. Did you sell or give away any real estate within the last 2 years? ☐ YES ☐ NO

9. Did you sell or give away any asset net valued at more than \$5000 within the last 3 years? ☐ YES ☐ NO

CERTIFICATION OF INFORMATION

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes a false or fraudulent statement to any Department or Agency of the U.S. government is guilty of a felony.

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

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

| | | | |
|----------------------|-------|------|-------|
| Applicant | _____ | DATE | _____ |
| Co-Applicant | _____ | DATE | _____ |
| Other member over 18 | _____ | DATE | _____ |
| Other member over 18 | _____ | DATE | _____ |
| Other member over 18 | _____ | DATE | _____ |
| Other member over 18 | _____ | DATE | _____ |

OFFICE USE

Application Number _____ Time of Application _____

Date of Application _____

Interviewed by _____

CERTIFICATION:

On the basis of the determination set forth above, the applicant family named herein has been found to be:

Eligible for Admission _____

Ineligible for Admission _____

Signed _____

Title _____

LEASING:

A. Project Number WV029

B. Unit Number _____

C. Unit Size Assigned _____

D. Date Assigned _____

E. Lease Effective _____

**EVERY ADULT 18 YEARS AND OLDER MUST CAREFULLY READ THIS PAGE
AND THEN COMPLETE AND SIGN PAGE 11.
(One copy per each adult must be made for Page 11)**

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR TENANT SCREENING
PURPOSES**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for housing, the **Piedmont Housing Authority** may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making a housing-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Piedmont Housing Authority can obtain a consumer report or investigative consumer report about you for tenant screening purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

Personal Data

First Name

Last Name

Middle Name

Current Address

Date of Birth

Social Security Number

I have the right to make a request to **IntelliCorp Records, Inc.** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Piedmont Housing Authority to obtain and rely upon consumer reports or investigative consumer reports in considering me for housing eligibility. By my signature below, I authorize the Piedmont Housing Authority to obtain any such reports and to share the information received with any person involved in the housing eligibility decision about me.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of my application and will render me ineligible for housing assistance.

I agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Piedmont Housing Authority.

Printed Name

Applicant 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. 1/31/2014

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

Piedmont Housing Authority
51 Jones Street
Piedmont, WV 26750

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(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.

The Federal Privacy Act prohibits the disclosure of an individual's information to another person without the written consent of such individual. By signing this form, you are agreeing that other adult household members may have access to your EIV income data.

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.

Piedmont Housing Authority
51 Jones Street - Piedmont, WV 26750
(304) 355-2929 FAX (304) 355-2909

AUTHORIZATION TO RELEASE INFORMATION

I consent to, and authorize the Housing Authority of the City of Piedmont to, obtain information from the individuals or organizations listed below for determining or verifying my eligibility for federally assisted housing programs:

Banks and Financial institutions
Credit Bureaus
Courts
Department of Veteran Affairs
Educational Institutions
Employers, Past and Present
Health and Human Services Agencies
Information Protected by HIPPA
Housing Assistance Agencies
Housing Authorities

Landlords, Past and Present
Law Enforcement Agencies
Pensions and Annuities
Providers of Alimony
Providers of Child Care
Providers of Child Support
Social Security Administration
Unemployment Agencies
Workers' Compensation Agencies

I agree that photocopies of this RELEASE will be used for the purposes stated above and that the original of this form will remain in the Authority's office. This ***AUTHORIZATION TO RELEASE INFORMATION*** is valid for up to 15 months from the date of signature.

| |
|--|
| Failure to sign this authorization may result in denial of, or termination of, housing assistance. |
|--|

| | | |
|--------------------------------|------------|------|
| Signature of Head of Household | Print Name | Date |
|--------------------------------|------------|------|

| | | |
|--------------------------------|------------|------|
| Spouse or Co-Head of Household | Print Name | Date |
|--------------------------------|------------|------|

| | | |
|--------------------------|------------|------|
| Signature of Other Adult | Print Name | Date |
|--------------------------|------------|------|

| | | |
|--------------------------|------------|------|
| Signature of Other Adult | Print Name | Date |
|--------------------------|------------|------|

| | | |
|--------------------------|------------|------|
| Signature of Other Adult | Print Name | Date |
|--------------------------|------------|------|

Piedmont Housing Authority
51 Jones Street, Piedmont, WV 26750
(304)355-2929

Reasonable Accommodations

Sometimes people with disabilities may need reasonable accommodation in order to take full advantage of the Housing Authority's housing programs and related services. If you feel that you do or do not need reasonable accommodations to fully take advantage of our housing programs, please complete the form as indicated:

_____ I do not need reasonable accommodations. Please sign where indicated.

_____ I do need reasonable accommodations. Please check the following accommodations you feel necessary and sign the form:

- ☐ In-home visits
- ☐ Expanded use of mail, Fax, Fed Ex, UPS
- ☐ Use of literature in large type, Braille, or a "reader"
- ☐ Handicapped accessible homes or other devices
- ☐ Other; Please specify _____

Name: _____

Address: _____

Phone: _____

Generally, the individual knows best what they need; however, the Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the Housing Authority's programs or services. If more than one accommodation is equally effective in providing access to the Housing Authority's programs and services, we retain the right to select the most efficient or economic choice. The cost necessary to carry out and approve the requests will be the burden of the Housing Authority if there is no other source to pay for the modifications. If another party pays for the modification, the Housing Authority will seek to have the same entity pay for any restoration costs.

James Miller
Executive Director



May 1988
P-88-2

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

| | |
|----------------|--|
| Purpose | This is to inform you that there is certain information you must provide when applying for assisted housing. There are certain penalties that apply if you knowingly omit information or give false information. |
|----------------|--|

| | |
|---------------------------------------|--|
| Penalties for Committing Fraud | The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If our application or recertification forms contain false or incomplete information, you may be: |
|---------------------------------------|--|

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisonment for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

| | |
|-------------------------|---|
| Asking Questions | When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is. |
|-------------------------|---|

| | |
|-----------------------------------|--|
| Completing the Application | When you give your answers to application questions, you must include the following information: |
|-----------------------------------|--|

Income

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certification of deposit; dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

HUD 1140-OIG
Updated 4/92

Optional and Supplemental 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.

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

| | |
|--|-----------------------|
| 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. | |
| 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.

EVERY ADULT 18 YEARS AND OLDER MUST COMPLETE THIS PAGE
(One copy per each adult)

PIEDMONT HOUSING AUTHORITY

CITY OF KEYSER POLICE DEPARTMENT
111 N. DAVIS STREET
KEYSER, WV 26726

51 Jones Street
Piedmont, WV 26750
(304)355-2929
(304)355-2909

**NCIC/III CRIMINAL BACKGROUND CHECK & VERIFICATION OF LOCAL
POLICE RECORD**

SUBJECT: _____

ADDRESS: _____

SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____

The person named above has applied for housing assistance under a program of the U.S. Department of Housing & Urban Development which requires the housing authority to verify all information used in determining eligibility or level of benefits. We ask your cooperation in providing the information on the reverse side of this form and returning it directly to us at the address at the top of this page. The subject has consented to the release of information as shown below. A self-addressed, stamped envelope is enclosed for your convenience. Thank you.

James Miller, Executive Director

NOTE: DO NOT SIGN THIS FORM IF EITHER THE REQUESTING AGENCY OR
THE AGENCY SUPPLYING THIS INFORMATION IS LEFT BLANK.
RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION
REQUESTED ON THE FRONT AND REVERSE SIDE OF THIS FORM.

SIGNATURE OF SUBJECT: _____ GENDER (M/F) _____

DATE SIGNED: _____

SOCIAL SECURITY NO: _____

BIRTH DATE: _____

RACE (Voluntary-Not Required)
1-White; 2-Black; 3-American
Indian; 4-Asian; 5-Native
Hawaiian/Other Pacific Islander

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly 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 \$5000. Any applicant or participant affected by negligent disclosure of the information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employees of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

NCIC BACKGROUND CHECK

In accordance with the User Agency Agreement signed January 2, 2003, between the City of Piedmont Housing Authority and the City of Keyser Police Department, please furnish criminal offender record information and such criminal history information as is available and required for NCIC/III for the subject referenced on the reverse side of this form.

FINDINGS:

- ☐ THIS SUBJECT DOES NOT HAVE A NCIC RECORD.
- ☐ THIS SUBJECT MAY HAVE A NCIC RECORD.

LOCAL CRIMINAL RECORD CHECK

Please indicate whether subject has a local arrest or conviction record for any crimes relating to the following:

- | | |
|--------------------------------------|--|
| 1. Homicide/Murder | 7. Drug Trafficking/Use/Possession |
| 2. Rape or Child Molesting | 8. Child Abuse/Domestic Violence |
| 3. Burglary/Robbery/Larceny | 9. Receiving Stolen Goods |
| 4. Threats or Harassment | 10. Fraud |
| 5. Destruction of Property/Vandalism | 11. Prostitution |
| 6. Assault or Fighting | 12. Public Intoxication/Drunk and Disorderly Conduct |

- ☐ THIS SUBJECT DOES NOT HAVE A RECORD
- ☐ THIS SUBJECT DOES HAVE A RECORD

PRINT NAME AND TITLE OF PERSON COMPLETING THIS FORM

SIGNATURE

DATE

EVERYONE IN HOUSEHOLD MUST COMPLETE THIS FORM!
(One copy per each adult and each child – parent/guardian must fill out for each child)

FOOTNOTES & INSTRUCTIONS FOR THIS FORM ARE ON PAGE 21.

DECLARATION OF SECTION 214 STATUS

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

(Print Full Name)

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/;
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 §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/;
or
 - ☐ Permanent residence under §249 of INA 4/; or
 - ☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5/; or
 - ☐ Parole status under §§212(d)(5) of the INA 6/; or
 - ☐ Threat to life or freedom under §243(h) of the INA 7/; or
 - ☐ Amnesty under §245A of the INA 8/.

(Signature of Family Member)

(Date)

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

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

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

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

Instructions To Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.