

Madison County Housing Authority

Andy Hightower, Executive Director

COMMISSIONERS

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Wilbert Gasper, 1st Vice Chairman
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Cheryl Jouett, Secretary
LaSonya Stiff, Member
William Beatty, Attorney

1609 Olive Street
Collinsville IL 62234
618.345-5142
Fax: 618.345-5148
TDD: 800.526.0844
Info@mchail.org



RENTAL APPLICATION

Dear Applicant:

Thank you for applying for our apartments. Please take the time to answer all questions and if a question does not pertain to you, please enter N/A. Application must be completed in full and written in **ink**. Any application filled out in pencil or is not completed in its entirety will be rejected.

Due to the number of applications submitted it may be a few months before your application is processed.

If there are any changes regarding your application you must notify our agency in writing. These changes include but not limited to, mailing address, income, employment, education or family size. **NO** changes will be taken over the phone so please mail all changes to:

M.C.H.A.
1609 Olive Street
Collinsville, IL 62234

Once your application is processed you will receive a status letter. The waiting period will be based upon availability. When your name comes to the top of our waiting list you will be notified by mail.

Please do not call to inquire about your placement/number on our waiting list. We are unable to give that information due to status changes that occur daily.

RENTAL APPLICATION

Do not write in this area for office use only

Date Application Mailed: ____/____/____

Time Application Received: ____:____ AM PM

Date Received:

APPLICATIONS MUST BE RETURNED WITHIN 30 DAYS

It is the policy of Madison County Housing Authority to provide housing on an equal opportunity basis.

Madison County Housing Authority does not discriminate on the basis of race, religion, sex, familial status, national origin, disability, sexual orientation, gender identity, or marital status.

PLEASE PRINT NAME (FIRST, LAST)

= MEANS THIS WAITING LIST IS CLOSED AND YOU ARE UNABLE TO APPLY

Housing Choice Voucher (Section 8)

Alton Pointe Apartments 618-462-2660
1001 Alton Point Circle Dr., Alton, IL 62002
1-2-3 Bedrooms

Public Housing
 Project Based Voucher

Braner Building 618-344-6772
150 S. Aurora, Collinsville, IL 62234
Efficiency, 1 & 2 Bedroom

Public Housing - Efficiency & 2 bedroom only

Olin Building 618-259-6841
310 Smith St., East Alton, IL 62024
Efficiency, 1 & 2 Bedroom

Public Housing

Market St Homes 618-345-5147
1676 Market St, Madison IL 62060
4 Bedroom Homes (Sec 8 Accepted)

Tax Credit (Not HUD Assisted-Must have income to apply)

Woodland Park Apartments 618-344-6543
1601 Olive St, Collinsville IL 62234
1, 2, 3 & 4 Bedrooms
Smoke free facility

Public Housing - 4 bedroom only
 Project Based Voucher - 4 bedroom only
 Tax Credit (Not HUD Assisted-Must have income to apply)

Meachum Crossing Apartments, 618-876-7731
928 Bob Collins, Venice, IL 62090
1-2 & 3 Bedrooms

Public Housing
 Project Based Voucher - 2 bedroom only
 Tax Credit (Not HUD Assisted-Must have income to apply)
 Market (NOT HUD ASSISTED)

Gateway Apartments 345-5147
1676 Market St, Madison, IL 62060
1-2-3 & 4 Bedrooms

- Public Housing
- Project Based Voucher - 2 bedroom only
- Tax Credit (Not HUD Assisted-Must have income to apply)

May Apartments, 618-692-0076
1701 Bryant Ave, Edwardsville, IL 62025
Development restricted for older adults & persons with disabilities
At this time applications are restricted to those 62 years of age and older
1 & 2 Bedrooms
Smoke free facility

- Public Housing - 2 bedroom only
- Project Based Voucher - 1 bedroom only
- Tax Credit (Not HUD Assisted-Must have income to apply)

Vintage Garden Apartments 345-5142 ext. 1805
1 Vintage Dr, Granite City, IL 62040
55 and older only
1 & 2 Bedrooms

- Tax Credit (Not HUD Assisted-Must have income to apply)

Collinsville Commons 618-345-5142
814-820 St. Louis Rd., Collinsville, IL 62234
Elderly and persons with disabilities
Mentally ill supportive services available
1 & 2 bedrooms

- Project Based Voucher

Stevens Building 618-254-6568
118 Haller St, Wood River, IL 62095
Development restricted for older adults & persons with disabilities
At this time applications are restricted to those 55 years of age and older
Efficiency, 1 & 2 Bedrooms

- Project Based Voucher (Section 8 NC)

Washington Avenue Apartments
1530 Market Street, Madison, IL 62060
2 & 3 Bedrooms

- Public Housing

Do you currently or have in the past received a Section 8 Voucher? Yes No

If yes, what Housing Authority? _____

Are you currently or have in the past received Rental Assistance (Public Housing) Yes No

If yes, what Housing Authority? _____

How long did you live there? _____

Rental Application



APPLICANT (Information regarding Head of Household)

FULL NAME		BIRTHDATE	APPLICANT'S CURRENT HOUSING: <input type="checkbox"/> RENT HOME <input type="checkbox"/> RENT APARTMENT <input type="checkbox"/> OWN HOME <input type="checkbox"/> OTHER	OFFICE USE ONLY <input type="checkbox"/> Credit Check <input type="checkbox"/> Criminal Check <input type="checkbox"/> Landlord Check
STREET ADDRESS (INCLUDE APT #)		HOME TELEPHONE NUMBER		
CITY		WORK TELEPHONE NUMBER	FOR HOW LONG?	
STATE	ZIP CODE	SOCIAL SECURITY NUMBER	MONTHLY PAYMENT \$	
APPLICANT'S E-MAIL ADDRESS			DRIVER'S LICENSE NUMBER	CURRENT LANDLORD'S NAME:
Do you request a special accessible unit? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, select which type of unit: <input type="checkbox"/> Accessible <input type="checkbox"/> Hearing/vision enhanced				Unit size preferred: <input type="checkbox"/> Efficiency <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR <input type="checkbox"/> 4BR
How did you hear about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Drive-by <input type="checkbox"/> Phone Book <input type="checkbox"/> Internet <input type="checkbox"/> Resident (name) _____ <input type="checkbox"/> Other				
Sex:(optional) <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	Ethnicity: <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	Race: <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE <input type="checkbox"/> HAWAIIAN / OTHER PACIFIC ISLANDER	<input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> Other	

EMPLOYMENT INFORMATION (Information regarding Head of Household)

NAME OF EMPLOYER OR INCOME SOURCE		SUPERVISOR NAME		SUPERVISOR TELEPHONE NO.
EMPLOYER'S STREET ADDRESS				HOURLY WAGE
CITY	STATE	ZIP CODE	HOURS WORKED PER WEEK	

SPOUSE OR CO-HEAD OTHER ADULT FAMILY MEMBER (Information regarding persons **other than** Head of Household) Additional adult family members may need an additional application.

FULL NAME		BIRTHDATE	SOCIAL SECURITY NUMBER	OFFICE USE ONLY
EMPLOYER/INCOME SOURCE'S NAME		SUPERVISOR NAME		
EMPLOYER STREET ADDRESS		SUPERVISOR TELEPHONE NO		
CITY	STATE	ZIP CODE		
HOURLY WAGE	HOURS WORKED PER WEEK			

CHILDREN'S INFORMATION (Complete only for children who will occupy unit)

CHILD'S FULL NAME	Sex:(optional)	BIRTHDATE	SOCIAL SECURITY NO	OFFICE USE ONLY	

- If you DO NOT have a social security number, were you or any household member age 62 or older as of January 31, 2010 receiving HUD rental assistance at another location on January 31, 2010? YES NO
- Do you anticipate any changes in household composition in the next twelve months? YES NO
If yes, explain: _____

<p>How many household members are or will be full-time or part-time students? (Only for persons 17 years or older) # _____</p> <p style="text-align: center;">Full-time <input type="checkbox"/> YES <input type="checkbox"/> NO Part-time <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>❖ Educational institution _____</p>	<p>If the Student is currently in High School, Please list the projected date of Graduation:</p> <p>_____</p>
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INCOME: You must select "Yes" or "No" for each item listed below: Report MONTHLY INCOME for all household members.

- YES NO Employment Gross Monthly Amount(s) \$ _____
 - YES NO Spouse, Co-Head or Any Adult Family Member: Employment Income (please list separately) Gross Monthly Amount(s) \$ _____
 - YES NO Unemployment Income gross monthly amount \$ _____
 - YES NO Public Aid, Cash assistance gross monthly amount \$ _____
 - YES NO Social Security/SSI/SSD Income gross monthly amount \$ _____
Who receives the benefits? _____
 - YES NO Pension(s) gross monthly amount gross monthly amount \$ _____
 - YES NO Recurring Gifts, Lump sum payments \$ _____
 - YES NO Inheritances, lottery winnings Insurance settlements \$ _____
 - YES NO Educational Scholarship/grants gross monthly amount \$ _____
 - YES NO Child Support/Alimony gross monthly amount \$ _____
- We must count court-ordered support whether or not it's received unless legal action has been taken to remedy.**
- YES NO Workers' Compensation Benefit gross monthly amount \$ _____
 - YES NO Any other income not listed above \$ _____

ASSETS: You must select "Yes" or "No" for each item listed below: Report all ASSETS for all household members.

- YES NO Checking, Savings/debit card accounts, Money markets \$ _____
- YES NO Any Trust funds, CD's, stocks, bonds, Life Ins. or 401K \$ _____
- YES NO Any Securities, IRA/Keogh Accounts \$ _____
- YES NO Real Estate, House, Mobile Home, Land, ,Rental Property \$ _____
- YES NO Land contract/contract for deed, Personal property held for investment \$ _____
- YES NO Cash held, Safe Deposit Box \$ _____

YES NO Has any family member disposed of or given away assets \$_____ for less than fair market value within the last 2 years

YES NO **Are the assets as defined above for the entire household less than \$5000**

ADDITIONAL INFORMATION

- What states have the applicant and/or household member lived in?

- Have you or a household member ever been evicted from any residence for committing a crime? YES NO
- Have you or a household member ever been convicted of or pleaded guilty or “No Contest” to a felony (whether or not resulting in a conviction)? YES NO If YES, When? _____
If YES, for what? _____
- Have you or a household member ever been convicted of or pleaded guilty or “No Contest” to a misdemeanor or felony involving sexual misconduct (whether or not resulting in a conviction)? YES NO
- Have you or a household member ever been convicted of or pleaded guilty or “No Contest” to a misdemeanor or felony for a Violent Criminal Act (whether or not resulting in a conviction)? YES NO
- Have you or a family member ever been convicted of Selling, Manufacturing, Distribution, or Possession of ILLEGAL drugs? YES NO
- Are you or any household member currently using an ILLEGAL substance? YES NO
- Are you or any household member a Registered Sex Offender in any state? YES NO

TERMS AND REQUIREMENTS

- Applicant certifies all information provided is true to the best of his/her knowledge.
- Applicant understands that a security deposit is required prior to occupancy. (If applicable)
- Applicant grants permission to verify any information deemed necessary for the evaluation of the application from all applicable sources
- Applicant grants permission to verify credit through a credit bureau.
- Applicant grants permission to verify criminal history
- Applicant has no obligation to rent unit if application is accepted and approved.
- Applicant certifies that unit applied for will be permanent residence and he/she will not maintain a separate subsidized rental unit in a different location.
- Applicant agrees to notify the Madison County Housing Authority of any changes in address, phone number, family composition, or family income.
- All information above or received from other sources will remain confidential.

Applicant understands that false statements or information can be punishable by law and will void this application or lead to termination of residency after occupancy.

Applicant/Head of Household Signature

Date

Preferences

Madison County Housing Authority (MCHA) has established the following admission preferences. The more preference points an applicant has, the higher they will be placed on the waiting list. If you feel that you qualify for any of the preferences listed below place and "X" in the box beside that preference. Verification will be required at the time of selection for assistance. **If your name is selected and we are unable to verify your eligibility for a particular preference, your record will be updated and your name returned to the waiting list.** Any changes in income or household composition, must be reported in writing, to MCHA central office. If changes in preference status occurs, due to changes in the household, the applicants file will be updated to reflect a change in preference points.

- Residency Preference** **10 points**
Families who live, or work in Madison County.

- Veteran Preference** **8 points**
Families whose head, spouse or co-head is a current member of the U.S. Armed forces, a Veteran or the surviving spouse of a Veteran.

- Disability Preference** **15 points**
Families whose head, spouse, co-head is disabled, as defined under Federal Civil Rights Laws (24 CFR Parts 8.3, 25.104 and 100.201)

- Working Preference** **20 points**
Families whose head, spouse, or co-head is employed 20 or more hours a week. Elderly applicants will be awarded the 20 points working preference; disabled applicants who already receive 15 points for their disability will be awarded an additional 5 points to equal the 20 point working preference.

- Educational/Training Participants Preference** **10 points**
Families whose head, spouse or co-head is a graduate of or a participant in educational or training programs designed to prepare for the job market.

- Involuntary Displacement Preference** **30 points**
Families who are being or have been displaced due to either a formally declared natural disaster, a government action, actions taken by the owner/agent of the unit or Urban renewal (land redevelopment)

- Transitional Housing Program Preference/OTHER (please circle what applies)** **10 Points**
Families who have graduated from Madison County Community Development's Transitional Housing Program. Nursing Home residents, Group home, Domestic Violence, State Referral Network

- Need for Onsite Support Services for Seriously Mentally Ill** **20 points**
Applies only to Collinsville Commons Apartments. Must have a locus score between 7 and 27 points. To be screened contact Chestnut Health Systems, Phone 618.205.8200



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 08/31/2016

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 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.

Form HUD-52675

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.

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

MADISON COUNTY HOUSING AUTHORITY

Signature

Date

Printed Name

Form HUD-52675

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No.	Cell Phone No:
E-mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	<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: _____
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	

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.

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)

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.

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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (07/14)



PLEASE TELL US ABOUT YOURSELF:

Full Name: _____ Home Phone: _____

Date of Birth: _____ Social Security #: _____

Email Address: _____ Other Phone: _____

Driver's License or State ID # _____ State it is issued for: _____

Are you currently employed? Yes _____ or No _____

If **YES**, Who is your Employer? _____

Supervisor's Name: _____ Supervisor's Telephone # _____

How many hours a week do you work? _____ How much are you paid per hour? _____

PLEASE GIVE RESIDENTIAL HISTORY (IF IT DOES NOT APPLY TO YOU PLEASE WRITE N/A)

Current Address: _____ Apt#: _____

City: _____ State: _____ Zip code: _____

Month/Year Moved In: _____ Reason for Leaving: _____

Rental Amount: \$ _____ Landlord's Name: _____

Landlord's Telephone Number: _____

Previous Address: _____ Apt#: _____

City: _____ State: _____ Zip code: _____

Month/Year Moved In: _____ Reason for Leaving: _____

Rental Amount: \$ _____ Previous Landlord's Name: _____

Previous Landlord's Telephone Number: _____

Previous Address: _____ Apt#: _____

City: _____ State: _____ Zip code: _____

Month/Year Moved In: _____ Reason for Leaving: _____

Rental Amount: \$ _____ Previous Landlord's Name: _____

Previous Landlord's Telephone Number: _____

PLEASE DESCRIBE YOUR CREDIT HISTORY (CHECK MARK YES OR NO):

Have you ever declared bankruptcy in the past 7 years? Yes _____ No _____

Have you ever been evicted from a rental residence? Yes _____ No _____

Have you ever had 3 or more late payments in a year? Yes _____ No _____

Have you ever refused to pay rent? Yes _____ No _____

I/ WE AUTHORIZE LANDLORD SHIELD, INC. TO DO A COMPLETE SCREENING OF ALL INFORMATION PROVIDED ABOVE. I HAVE PERSONALLY FILLED IN AND OR REVIEWED ALL INFORMATION LISTED ABOVE. A COMPLETE SCREENING MAY INCLUDE ANY OR ALL OF THE FOLLOWING: CREDIT REPORT, CRIMINAL RECORD, EMPLOYMENT OR RENTAL HISTORY REFERENCES AND PERSONAL INTERVIEW WITH ABOVE REFERENCES. I/WE ACKNOWLEDGE THAT LANDLORD, INC PROVIDES REPORTS TO HOUSING AGENCIES AND OR EMPLOYERS AND DOES NOT PARTICIPATE IN THE APPROVAL OR DENIAL PROCESS. MY SIGNATURE BELOW AUTHORIZES ALL ABOVE LISTED COMPANIES TO RELEASE RENTAL, JOB HISTORY, CRIMINAL RECORD AND CREDIT INFORMATION. LANDLORD SHIELD, INC – 3115 SOUTH GRAND BLVD, SUITE 200 ST. LOUIS, MISSOURI 63118 (314) 771-6500

APPLICANT'S SIGNATURE

DATE