



Morristown Housing Authority

PERSONAL DECLARATION (Application)

PROGRAM PREFERENCE:

0 PH 0 S8

Date: ____/____/____

Time: _____

Application #: _____

INSTRUCTIONS:

YOU MUST COMPLETE THIS FORM AND BRING IT TO YOUR OFFICE APPOINTMENT.
(PLEASE TYPE OR PRINT IN BLACK OR BLUE INK ONLY)

(Failure to complete this form will result in delays in processing your application and/or rescheduling your office appointment.)

The information you give regarding household composition, income, family assets and deductions must be accurate and complete to the best of your knowledge and belief.

APPLICANT FAMILY/UNIT:

APPLICANT NAME	MAILING ADDRESS	APT. #	ZIP	HOME #	WORK #
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Person to call in case of emergencies:

NAME OF FRIEND/RELATIVE	ADDRESS	APT. #	ZIP	HOME #	WORK #
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A. HOUSEHOLD ADULT MEMBERS: [List children in Part B.]

List yourself and all other persons who are part of your application. List all adults, age 18 and over in this section. Print clearly.

1. Head of Household

Last Name	First Name	MI	Soc. Sec. #
Birth Place / City, State	Birth Date	Driver's Licence # / State	
Check all that apply:			
<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Male	<input type="radio"/> Female
<input type="radio"/> Divorced	<input type="radio"/> Separated	<input type="radio"/> Disabled	<input type="radio"/> Handicapped
<input type="radio"/> Widowed	<input type="radio"/> Student	<input type="radio"/> Self employed	<input type="radio"/> Retired

Relation to Head of Household: SELF

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name	Address
Social Security #	Birth Date

2.

Last Name	First Name	MI	Soc. Sec. #
Birth Place / City, State	Birth Date	Driver's Licence # / State	
Check all that apply:			
<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Male	<input type="radio"/> Female
<input type="radio"/> Divorced	<input type="radio"/> Separated	<input type="radio"/> Disabled	<input type="radio"/> Handicapped
<input type="radio"/> Widowed	<input type="radio"/> Student	<input type="radio"/> Self employed	<input type="radio"/> Retired

Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name	Address
Social Security #	Birth Date

OFFICIAL USE ONLY

Housing Assistant

- 1.
- SSA Card on file.
- ID/Birth Certificate on file.
- Aged/Disabled.
- Marriage Certificate
- Divorce/Separation Certification.
- Criminal History

- 2.
- SSA Card on file.
- ID/Birth Certificate on file.
- Aged/Disabled.
- Marriage Certificate
- Divorce/Separation Certification.
- Criminal History



3.

Last Name	First Name	MI	Soc. Sec. #
Birth Place / City, State	Birth Date	Driver's Licence # / State	
Check all that apply:			
<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Male	<input type="radio"/> Female
<input type="radio"/> Widow	<input type="radio"/> Student	<input type="radio"/> Divorced	<input type="radio"/> Separated
<input type="radio"/> Employed	<input type="radio"/> Unemployed	<input type="radio"/> Disabled	<input type="radio"/> Handicapped
		<input type="radio"/> Self employed	<input type="radio"/> Retired
			Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name	Address
Social Security #	Birth Date

OFFICIAL USE ONLY

3.

- SSA Card on file.
- ID/Birth Certificate on file.
- Aged/Disabled.
- Marriage Certificate
- Divorce/Separation Certification.
- Criminal History

4.

Last Name	First Name	MI	Soc. Sec. #
Birth Place / City, State	Birth Date	Driver's Licence # / State	
Check all that apply:			
<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Male	<input type="radio"/> Female
<input type="radio"/> Widow	<input type="radio"/> Student	<input type="radio"/> Divorced	<input type="radio"/> Separated
<input type="radio"/> Employed	<input type="radio"/> Unemployed	<input type="radio"/> Disabled	<input type="radio"/> Handicapped
		<input type="radio"/> Self employed	<input type="radio"/> Retired
			Relation to Head of Household:

If you are separated or divorced, complete the following:

Spouse/Ex-spouse Name	Address
Social Security #	Birth Date

4.

- SSA Card on file.
- ID/Birth Certificate on file.
- Aged/Disabled.
- Marriage Certificate
- Divorce/Separation Certification.
- Criminal History

B. CHILDREN IN HOUSEHOLD: List all children who stay with you under 18 years of age.

1.

Last Name	First Name	MI	Relation to Head of Household:
Social Security #	Sex	Birth Date	
Birth Place	School Name	Address	Zip Code

B.

1.

- SSA Card on file.
- ID/Birth Certificate on file.
- Custody.

2.

Last Name	First Name	MI	Relation to Head of Household:
Social Security #	Sex	Birth Date	
Birth Place	School Name	Address	Zip Code

2.

- SSA Card on file.
- ID/Birth Certificate on file.
- Custody.

3.

Last Name		First Name	MI	Relation to Head of Household:
Social Security #	Sex	Birth Date		
Birth Place	School Name	Address	Zip Code	

3.

- SSA Card on file.
- ID/Birth Certificate on file.
- Custody.

4.

Last Name		First Name	MI	Relation to Head of Household:
Social Security #	Sex	Birth Date		
Birth Place	School Name	Address	Zip Code	

4.

- SSA Card on file.
- ID/Birth Certificate on file.
- Custody.

5.

Last Name		First Name	MI	Relation to Head of Household:
Social Security #	Sex	Birth Date		
Birth Place	School Name	Address	Zip Code	

5.

- SSA Card on file.
- ID/Birth Certificate on file.
- Custody.

C. FOSTER CHILDREN:

Is anyone living in your home a foster child? Yes No
 If yes, list complete name for each foster child:

C.

- Documentation of foster care status, for each child.
- Foster Care License.

D. LIST ALL FULL-TIME STUDENTS 18 YEARS OR OLDER:

Student's Name	Name and Address of School
Student's Name	Name and Address of School
Student's Name	Name and Address of School
Student's Name	Name and Address of School

D.

	Yes	No
Student Aid	<input type="checkbox"/>	<input type="checkbox"/>
Student Aid	<input type="checkbox"/>	<input type="checkbox"/>
Student Aid	<input type="checkbox"/>	<input type="checkbox"/>
Student Aid	<input type="checkbox"/>	<input type="checkbox"/>

E. WORKING: Is Anyone working or planning to start work in the next 12 months?

Yes No

If yes, complete the portion below. (If self-employed, please provide a ledger of income and expenses.)

Name Occupation Gross Wages Per Month

Employer's Name Address City, State, Zip Phone

Did you ever receive any of the following:

Overtime Yes No Tips Yes No
Bonus Yes No Commission Yes No

Name Occupation Gross Wages Per Month

Employer's Name Address City, State, Zip Phone

Did you ever receive any of the following:

Overtime Yes No Tips Yes No
Bonus Yes No Commission Yes No

Name Occupation Gross Wages Per Month

Employer's Name Address City, State, Zip Phone

Did you ever receive any of the following:

Overtime Yes No Tips Yes No
Bonus Yes No Commission Yes No

Name Occupation Gross Wages Per Month

Employer's Name Address City, State, Zip Phone

Did you ever receive any of the following:

Overtime Yes No Tips Yes No
Bonus Yes No Commission Yes No

Name Occupation Gross Wages Per Month

Employer's Name Address City, State, Zip Phone

Did you ever receive any of the following:

Overtime Yes No Tips Yes No
Bonus Yes No Commission Yes No

OFFICIAL USE ONLY

E.

Paystubs on file.
 Employer's report on file.
 W2 / 1099

Earnings Exempt:

Yes No

Paystubs on file.
 Employer's report on file.
 W2 / 1099

Earnings Exempt:

Yes No

Paystubs on file.
 Employer's report on file.
 W2 / 1099

Earnings Exempt:

Yes No

Paystubs on file.
 Employer's report on file.
 W2 / 1099

Earnings Exempt:

Yes No

Paystubs on file.
 Employer's report on file.
 W2 / 1099

Earnings Exempt:

Yes No

K. Does anyone receive any income from any other source, including someone outside your household paying for any of your bills or giving you money? Yes No
 If yes, please explain.

L. Does anyone own or have the use of any vehicle, such as car, truck, motor home, motorcycle, off-road vehicle, camper, boat, or any other type of vehicle? Yes No
 If yes, complete the following:

Type	Tag#	State	Year	Make and Model
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

M. Do you have a live-in aide? Yes No If yes, complete the following:

Name	Social Security #
_____	_____

Do you pay for this service yourself? Yes No If no, please explain:

N. Have you or any other adult member ever used any name(s)/social security number(s) other than the one you have listed? Yes No If yes, explain:

O. Have you or any other adult household member sold any business or asset in the last 2 years for less than its full value? Yes No If yes, explain:

P. Have you or any other household member lived in any rental assisted housing? Yes No
 If yes, give the details:

Where	When
_____	_____

Q. Have you ever committed any fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes No
 If yes, explain:

R. Are there any children 6 years and under who have an elevated blood level of lead?
 Yes No

OFFICIAL USE ONLY

K.

L. PH USE ONLY
 Parking Decal #

 Registration on file.
 Title on file.

M.
 Physician's Evaluation
 24 hour care.
 IHSS Evaluation
 24 hour care.
 Live-In Aide
 Certification.

N.

O.
 Third Party Verification
 of Property Value
 Verification that Asset is no
 longer owned by household
 member.
 Disposition of Proceeds.

P.
 Review for Outstanding
 Collections.

Q.
 Review eligibility status.
 (Is account balance zero
 or up to date?)

R

U. MEDICAL EXPENSES - ELDERLY HANDICAPPED OR DISABLED FAMILIES ONLY.

If the head of household or the spouse of the head of household is: a) 62 years of age or older; b) handicapped,; or c) disabled; AND if any household member pays for medications, medical/dental treatments, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of monthly/yearly costs. You may bring receipts for medicine or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your medicare and insurance statements with you.

Name of Pharmacy	Address	City, State, Zip
Name of Physician	Address	City, State, Zip
Name of Hospital or Clinic	Address	City, State, Zip
Other, please specify	Address	City, State, Zip

HEAD OF HOUSEHOLD ONLY, please complete:
(Enter code which best describes your race.)

Race []		Ethnicity []	
1 - White	3 - American Indian/ Alaskan Native	1 - Hispanic	
2 - Black or African American	4 - Asian / Pacific Islander	2 - Non-Hispanic	

DISPLACED

Are you displaced because of a federally declared disaster? Yes No

If yes, when did it occur? ____/____/____

Address of this residence: _____

Agency handling the situation: _____

ID or file # _____

TENANCY HISTORY / INFORMATION SHEET

NAME _____ HOME TELEPHONE _____

(Check One)

- 1. Are you visually impaired? (optional) Yes _____ No _____
- 2. Are you hearing impaired? (optional) Yes _____ No _____
- 3. Does anyone in your family need a wheelchair? (optional) Yes _____ No _____
- 4. Can you live in an apartment with steps? Yes _____ No _____
- 5. Will you have any pets? Yes _____ No _____

If yes, please describe: _____

- 6. Has anyone on this application ever been arrested or detained by the police for drug related or other criminal activity? (This includes charges that have been dropped, expunged, and any drug related charge.) Yes _____ No _____

If yes, who? _____

Describe criminal activity (conviction/pending): _____

Action taken / judgment: _____

- 7. Has anyone on this application ever been evicted from a rental unit within the last two (2) years? Yes _____ No _____

If yes, give date, address and reason why _____

Below please list your residence history for the past two (2) years. Use additional paper, if necessary.

1) CURRENT ADDRESS _____
STREET CITY/STATE ZIP CODE

DATE FROM: _____ DATE TO: _____

NAME OF OWNER/MANAGEMENT COMPANY _____ TELEPHONE NUMBER _____

STREET ADDRESS OF OWNER _____ CITY/STATE _____ ZIP CODE _____

2) PREVIOUS ADDRESS _____
STREET CITY/STATE ZIP CODE

DATE FROM: _____ DATE TO: _____

NAME OF OWNER/MANAGEMENT COMPANY _____ TELEPHONE NUMBER _____

STREET ADDRESS OF OWNER _____ CITY/STATE _____ ZIP CODE _____

REASON FOR LEAVING: _____

3) PREVIOUS ADDRESS _____
STREET CITY/STATE ZIP CODE
DATE FROM: _____ DATE TO: _____
NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER
STREET ADDRESS OF OWNER CITY/STATE ZIP CODE
REASON FOR LEAVING: _____

4) PREVIOUS ADDRESS _____
STREET CITY/STATE ZIP CODE
DATE FROM: _____ DATE TO: _____
NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER
STREET ADDRESS OF OWNER CITY/STATE ZIP CODE
REASON FOR LEAVING: _____

5) PREVIOUS ADDRESS _____
STREET CITY/STATE ZIP CODE
DATE FROM: _____ DATE TO: _____
NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER
STREET ADDRESS OF OWNER CITY/STATE ZIP CODE
REASON FOR LEAVING: _____

6) PREVIOUS ADDRESS _____
STREET CITY/STATE ZIP CODE
DATE FROM: _____ DATE TO: _____
NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER
STREET ADDRESS OF OWNER CITY/STATE ZIP CODE
REASON FOR LEAVING: _____

7) PREVIOUS ADDRESS _____
STREET CITY/STATE ZIP CODE

DATE FROM: _____ DATE TO: _____

NAME OF OWNER/MANAGEMENT COMPANY TELEPHONE NUMBER

STREET ADDRESS OF OWNER CITY/STATE ZIP CODE

REASON FOR LEAVING: _____

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE

DATE

SIGNATURE OF OTHER ADULT

DATE

PUBLIC CHAPTER #608
HOUSE BILL #1630 by Bell (Knox)
Substituted for: Senate Bill #1828 by Atchley

AN ACT to provide criminal penalties for certain acts of fraud relative to obtaining certain housing benefits; and to amend Tennessee Code Annotated, Title 39, Chapter 19.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

Section 1. Tennessee Code Annotated, Title 39, Chapter 19 is amended by adding the following new section:

Section

(a) Any person who makes or causes to be made, any false statement in writing, knowing it to be false and with the intent that it be relied on, respecting his financial condition for the purpose of obtaining or maintaining occupancy in (i) a housing project provided by a housing authority established under the Housing Authority Law, (ii) a housing project provided by a housing authority established under any special statute, or (iii) a unit in a privately-owned publicly subsidized housing development; or for the purpose of establishing or attempting to establish eligibility for a reduction in housing rental charges, or any rent subsidy shall be guilty of a misdemeanor.

(b) Notice of this section shall be printed in all public housing and privately-owned publicly subsidized housing application forms, and shall be displayed in each office where such application is made.

Section 2. This Act takes effect upon becoming a law, the public welfare requiring it.

TENNESSEE CODE ANNOTATED TITLE 39
CRIMINAL OFFENSES

39-14-104. Theft of services (Effective November 1, 1989) — A person commits theft of service who:

- (1) Intentionally obtains services by deception, fraud, coercion, false pretense or any other means to avoid payment for the services.
- (2) Having control over the disposition of services to others, knowingly diverts those services to the person's own benefit or to the benefit of another not entitled thereto;
- (3) Knowingly absconds from establishments where compensation for services is ordinarily paid immediately upon the rendering of them, including, but not limited to, hotels, motels and restaurants, without payment or a bona fide offer to pay.
(Acts 1989, ch. 591, Section 1).

I also understand that Section 1001 to Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation for the purpose of obtaining rental assistance to any Department or Agency of the United States as to any matter within its jurisdiction.

Applicant/resident _____ Date _____

Applicant/resident _____ Date _____

PHA Representative _____ 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

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

MORRISTOWN HOUSING AUTHORITY
P.O. BOX 497
MORRISTOWN, TN 37815-0497

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.D. 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 required income as referenced at Section 6103(1)(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 authorized 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.



Morristown Housing Authority

AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE: The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

INQUIRIES MAY BE MADE ABOUT:

- CHILD CARE EXPENSES
- CREDIT HISTORY
- CRIMINAL ACTIVITY
- FAMILY COMPOSITION
- EMPLOYMENT, INCOME, PENSIONS, AND ASSETS
- FEDERAL, STATE, TRIBAL, OR LOCAL BENEFITS
- HANDICAPPED ASSISTANCE EXPENSES
- IDENTITY AND MARITAL STATUS
- MEDICAL EXPENSES
- SOCIAL SECURITY NUMBERS
- RESIDENCES AND RENTAL HISTORY

INDIVIDUALS OR ORGANIZATION THAT MAY RELEASE INFORMATION

- BANKS AND OTHER FINANCIAL INSTITUTIONS
- COURTS
- LAW ENFORCEMENT AGENCIES
- CREDIT BUREAUS
- EMPLOYERS, PAST AND PRESENT
- LANDLORDS
- PROVIDERS OF:
 - ALIMONY
 - CHILD CARE
 - CHILD SUPPORT
 - CREDIT
 - HANDICAPPED ASSISTANCE
 - MEDICAL CARE
 - PENSIONS/ANNUITIES
- SCHOOLS AND COLLEGES
- U.S. SOCIAL SECURITY ADMINISTRATION
- U.S. DEPARTMENT OF VETERANS AFFAIRS
- UTILITY COMPANIES
- WELFARE AGENCIES

I AUTHORIZE THE MORRISTOWN HOUSING AUTHORITY TO OBTAIN INFORMATION ABOUT ME OR MY FAMILY THAT IS PERTINENT TO ELIGIBILITY FOR PARTICIPATION IN ASSISTED HOUSING PROGRAMS.

I AUTHORIZE THE RELEASE OF ANY INFORMATION (INCLUDING DOCUMENTATION AND OTHER MATERIALS) PERTINENT TO ELIGIBILITY FOR PARTICIPATION UNDER THE PROGRAM.

I AGREE THAT PHOTOCOPIES OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSE STATED ABOVE.

PRINT NAME _____

SIGNATURE/DATE _____

PRINT NAME _____

SIGNATURE/DATE _____

PRINT NAME _____

SIGNATURE/DATE _____

PRINT NAME _____

SIGNATURE/DATE _____

ORIGINAL IS RETAINED BY THE REQUESTING ORGANIZATION WHO MUST SIGN: HEAD OF HOUSEHOLD AND SPOUSE, ALL ADULT MEMBERS OVER AGE OF 18 LIVING IN THE HOUSEHOLD.



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch out for Housing Assistance Scams!

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

Report Fraud

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

You can write the Hotline at:



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

December 2005

Applicant/Tenant Signature _____ **Date** _____

NOTICE OF PORTABILITY

Form 1

WHAT IS PORTABILITY?

The ability of a family to move from one PHA's jurisdiction to another location.

TYPE OF PORTABILITY

- **STATUTORY:** (*Sometimes called Short-distance Portability*)
- Both Certificate and Voucher families are eligible.
- Family must lease up to Initial PHA's jurisdiction for 12 months if they did not reside in the Initial PHA's jurisdiction when they applied.
- PHA **cannot** limit the number of families that move under this option.

REGULATORY: (*Sometimes called Long-distance Portability*)

- **Only** Voucher families are eligible.
- Family **MUST** live in Initial PHA's jurisdiction and hold a valid Voucher.
- Family may move anywhere that Statutory Portability does not apply.
- PHA may limit number of families who move to 15% of units under lease in its Voucher program.

Exceptions:

Receiving PHA does not have to accept a Voucher unless it has a Voucher program.

Receiving PHA with only a Certificate program may: (1) refer Initial PHA to statewide or other multi-jurisdictional PHA that administers a Voucher program, (2) administer the Voucher and bill the Initial PHA, or (3) issue a Certificate to the family.

TO USE YOUR PORTABILITY OPTION

Contact your caseworker if you want to move to any other location. Your caseworker will assist you in completing a *Request of Portability* and provide you with important information.

I HAVE READ THE ABOVE AND UNDERSTAND THAT I MAY MOVE UNDER PORTABILITY SUBJECT TO FEDERAL REGULATIONS AND PHA POLICY. I HAVE RECEIVED A COPY OF THIS FORM.

Applicant/Tenant Signature

Applicant/Tenant Signature

Date

Staff Signature

Date

DANGER!! LEAD PAINT POISONING

TO: APPLICANTS FOR SECTION 8 HOUSING PROGRAMS

Housing which was constructed before 1978 may contain lead-based paint. Please read the following concerning lead paint poisoning.

WATCH OUT FOR LEAD PAINT POISONING!!!!!!

Children get lead poisoning when they eat bits of paint that contain lead. If a child eats enough lead paint, his or her brain will be damaged. The child may become mentally retarded or even die.

Older houses and apartments often have layers of lead paint on the walls, ceilings, and woodwork. When the paint chips off or when the plaster breaks, there is real danger for babies and young children. Outdoors, lead paints and primers may have been used in many places, such as on walls, fences, porches, and fire escapes.

If you have seen your child putting pieces of paint or plaster in his or her mouth, you should take the child to a doctor, clinic, or hospital as soon as you can. In the beginning stages of lead poisoning, a child may not seem really sick. Do not wait for signs of poisoning. Lead paint poisoning is treatable and blood lead level screening is advisable for children under the age of seven. The testing can be conducted in doctor's offices, clinics, and the Public Health Department.

Of course, a child might eat paint chips or chew on a painted railing or window sill while parents aren't around. Has your child been especially cranky? Is he or she eating very little? Does your child throw up or have stomach aches often? These could be signs of lead poisoning. Take the child to a doctor's office or clinic, or the Public Health Department. If medical screening identifies your child as having elevated Blood Lead Level, please notify the Morristown Housing Authority. Be sure to tell the rest of your family and people who babysit for you about the danger of lead poisoning.

If you want to know more about how to keep your child safe from lead poisoning, talk to your doctor, public health nurse, or social worker at the clinic or health department.

Signature

Date