# Newbern Housing Authority Application Process 731.627.2142 731.627.6271 fax

clharris@newbernhousing.com

Thank you for choosing to apply with Newbern Housing Authority. You may drop off your completed application or email it to the email above. Please make sure to check each of the following to ensure your application is complete and able to be successfully processed. Please allow 2-4 weeks for processing.

## • COMPLETED APPLICATION

- **o** SIGNED RELEASE OF INFORMATION
- **o** SIGNED VIOLENCE AGANIST WOMEN'S ACT ACKNOWLEDGMENT
- **o** SIGNED PUBLIC CHAPTER FRAUD STATEMENT
- **o** SIGNED DECLARATION OF SECTION 214 STATUS FOR EACH MEMBER OF HOUSEHOLD
- $\circ$   $\,$  3 CHARACTER REFERENCE- NOT RELATED TO YOU AND HAVE KNOWN YOU MORE THAN 2 YEARS  $\,$
- **o PREVIOUS LANDLORDS CONTACT NAME AND WORKING CONTACT NUMBER**
- **o** COPIES OF BIRTH CERTIFICATES FOR EACH MEMBER OF HOUSEHOLD
- **o** COPIES OF SOCIAL SECURITY CARDS FOR EACH MEMBER OF HOUSEHOLD
- **o** COPIES OF PHOTO ID FOR ALL ADULT MEMBERS OF HOUSEHOLD
- COPIES OF PROOF OF INCOME FOR EACH MEMBER OF HOUSEHOLD (SNAP, FAMILY FIRST, SS DISABILITY, SS BENEFIT LETTERS; LAST 2 MONTHS PAY STUBS FROM EMPLOYMENT, CHILD SUPPORT STATEMENT AND CASE NUMBER.)

# IF ALL THE ABOVE ARE NOT COMPLETED YOUR APPLICATION IS CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED! ONCE YOUR APPLICATION HAS BEEN PROCESSED YOU WILL RECEIVE A LETTER WITH THE DETERMINATION. IF YOU HAVE ANY HOUSEHOLD CHANGES OR INCOME CHANGES DURING AFTER TURNING IN YOUR COMPLETED APPLICATION PLEASE CONTACT THE OFFICE.

If a section of the application does not apply to you or your household please leave it blank.

To be completed by Newbern Housing Authority:					
Name:					
Date & Time Returned:		Number in I	Household:		
Area Requested: Jones Street	Oak & Maple	Flower Valley	Spring Valley		

# Current mailing address:

Name	<u>DOB</u>	<u>Relationship</u> <u>HOH/ Spouse/</u> <u>child</u>	<u>Social</u> security #	<u>Phone</u> <u>Number</u>	<u>Race</u> <u>Ethnicity</u>	<u>Gender</u> <u>Male/ Female</u>	<b>Birth Place</b>	<u>Check All that</u> <u>Apply</u>
								<ul> <li>Married</li> <li>Divorced</li> <li>Separated</li> <li>Widowed</li> <li>Employed</li> <li>Student</li> <li>Pregnant</li> <li>Disabled</li> </ul>
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## **EMPLOYMENT/WORK HISTORY:**

List all working household members.

1)			
Name	Occupation	Gross wages per month	
Employer's Name	Employer's Address	Employer's Telephone #	Start Date
2)			
Name	Occupation	Gross wages per month	
Employer's Name	Employer's Address	Employer's Telephone #	Start Date/End Date

## **TOTAL HOUSEHOLD INCOME:**

List ALL money earned or received by everyone who will be living in your household. This includes money from wages, self-employment, child support, Social Security, SSI, Worker's Compensation, retirement benefits, Families First, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

## VERIFICATION MUST BE PROVIDED ALONG WITH COMPLETED APPLICATION

Household Member	Employer and Phone Number	Hourly wage & hours worked weekly	Monthly VA SS/SSI	Monthly Child Support	Monthly Other income	Monthly Families First	Monthly Food Stamps
Example: John Doe	LOGO Inc. 555-555-5555	\$ 20.00 /14hr	\$	\$150	\$		\$150

# List Current Expenses:

Expense Item	Amount	Paid Current?	Paid to Whom
	Amount	Yes No	
Rent	\$		
Car payment	\$		
Electric bill	\$		
Phone bill	\$		
Cable bill	\$		
Other	\$		
	\$		

# ASSETS

Tag Number	_						
<b>—</b>							
Year/Model	Tag Number						
in the last two years?							
Do you or any household member own or have an interest in any real estate and/or mobile home?							
igs account or certificates of deposit?	Do you own any stocks or bonds?						
i	ber own or have an interest in any rea in the last two years? Year/Model						

## **OTHER INFORMATION:**

1.	Have you or another member of your family been arrested for any drug related crime or for a violent crime within the past 3 years?

If yes, give dates, Charges, city and state \_\_\_\_\_

2. Have you or any member of your household lived in any public housing or other rental assistance housing,	such as Section 8?
If yes, give name of housing authority or rental assistance housing, address, and dates of occupancy.	
<ul> <li>3. Do you or anyone listed on this application owe any outstanding balances to any public housing or rental as program, previous landlords or previous utility bills?</li> <li>Yes</li> <li>No</li> <li>If yes, please explain</li> </ul>	ssistance housing
4.Has anyone listed on this application ever been evicted from public housing or any other rental housing within the Yes No	e past five years?
If yes, please explain, giving dates and reason	
Rental History	
Please list ALL previous landlords in order of dates resided.	

Landlord's name	Landlord's address/phone #	Date of residency	Reason you moved

# **Character References**

Please list ALL 3 Character References who are not related to you and have known you for 2 years or more.

Name	Address	Phone Number	Relationship (Friend, co-worker, fellow church member, ect.)

# **Utility Information**

Please list all present & past Utility Companies and phone numbers where you have had service:

Utility Company Name	Address of Services	Phone Number	Dates of Service

WARNING: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the U. S. government is guilty of fraud.

I do hereby certify that all information I have provided on this personal declaration is complete and accurate. I understand that I am to notify the Newbern Housing Authority directly in writing of any changes.

Signature of Appl	licant ninal History Check	Date	<u>Newbern Housin</u> 709 Maple <u>Newbern, Ter</u> <u>Phone 731-6</u> <u>Fax 731-62</u>	<u>Drive</u> nnessee 27-2142	Date
Name:	(Last)		(First	(MI)	
Sex: Male	Female	Race: _			
DOB:		SS#	: 		
Place of Birth:					
Other States of R	esidence:				
Signature	(Applicant)				
Signature: _	(NHA Authorized	Person)			
Does the applicant	need to submit fingerpri	nts:			

Probable Existence

Non-Probable Existence

Please see attached release of information by applicant.

## Newbern Housing Authority 709 Maple Drive Newbern, Tennessee Phone 731-627-2142 Fax 731-627-6271

**Request for Criminal History Check** 

Name:						
	(Last)	(First	(MI)			
Sex: Male_	Female	Race:				
DOB:		SS#:				
Place of Birth:						
Other States of Residence:						
Signature	(Applicant)					
Signature: (NHA Authorized Person)						
Does the applicant need to submit fingerprints:						
Probable Exister	ice	Non-Probable Existence				

Please see attached release of information by applicant.

## Newbern Housing Authority 709 Maple Drive Newbern, Tennessee Phone 731-627-2142 Fax 731-627-6271

**Request for Criminal History Check** 

Name:						
	(Last)	(First	(MI)			
Sex: Male_	Female	Race:				
DOB:		SS#:				
Place of Birth:						
Other States of Residence:						
Signature	(Applicant)					
Signature: (NHA Authorized Person)						
Does the applicant need to submit fingerprints:						
Probable Exister	ice	Non-Probable Existence				

Please see attached release of information by applicant.

## Newbern Housing Authority <u>100 Flower Valley Drive</u> <u>Newbern, Tennessee 38059</u> (P)731-627-2142 (F) 731-627-6271

### Authorization for the Release of Information

With my signature, I authorize Newbern Housing Authority to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

Information covered 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

Any individual or organization including any governmental organization may be asked to release information. For Example, information maybe requested from the following:

#### Banks and Other Financial Institutions

Courts Law Enforcement Agencies Credit Bureaus Employers, past & Present Landlords, past & present

#### 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 Veteran's affairs Utility companies Welfare agencies

With my signature, I agree that photocopies of this authorization may be used for the purposes stated above. If I refuse to sign this authorization, my housing assistance may be denied or terminated.

Head of Household	Date	Other Adult	Date
Spouse or other adult	Date		
Other adult	Date		

# **DECLARATION OF SECTION 214 STATUS**

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.				
I, the U	nited St	, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within ates because (please check 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 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/.		

Please check box on left if signature is of adult residing in the unit who is responsible for the child named on the statement above. \*PARENT/GUARDIAN, please sign your name, not the child's name.

HA only: Enter INS/SAVE Primary Verification #:\_\_\_\_\_ Date:\_\_\_\_ OFPARTMENT , U.S. UPBAN DEVEN RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT U.S. Department of Housing and Urban DevelopmentOffice of Public and Indian Housing (PIH) What You ShouldKnow About EIV A Guide for Applicants & Tenants of Public Housing & Section 8 Programs What is EIV? The Enterprise Income Verification (EIV) system is a web-based computer system that containsemployment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required touse HUD's EIV system. What information is in EIV and where does itcome from? HUD obtains information about you from your localPHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services(HHS). HHS provides HUD with wage and employmentinformation as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA). SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information. What is the EIV information used for? Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

- 1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
- 2. Verify your reported income sources and amounts.
- 3. Confirm your participation in only one HUDrental assistance program.
- 4. Confirm if you owe an outstanding debt to anyPHA.
- 5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
- 6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. *Remember, you may receive rental assistance at only one home!* 

EIV will also alert PHAs if you owe an outstanding debtto any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application. The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules. Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) ora PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rentalassistance. The information collected about you will beused only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

<u>Note:</u> If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

#### What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

#### What are the penalties for providing falseinformation?

Knowingly providing false, inaccurate, or incompleteinformation is FRAUD and a CRIME.

If you commit fraud, you and your family may be subject to any of the following penalties:

- 1. Eviction
- 2. Termination of assistance
- 3. Repayment of rent that you should have paid had you reported your income correctly
- 4. Prohibited from receiving future rental assistance for a period of up to 10 years
- 5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your householdreceives.

If you have any questions on whether money received should be counted as income or how your rent is determined, <u>ask your PHA</u>. When changes occur in your household income, <u>contact your PHA</u> <u>immediately</u> to determine if this will affect your rental assistance.

#### What do I do if the EIV information isincorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information aboutyou. If you do not agree with the EIV information, let your PHA know. If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

*Employment and wage information* reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute <u>and</u> request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772–1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completionand submission to the PHA. You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

*Identity Theft.* Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with yourlocal police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <a href="http://www.ftc.gov">http://www.ftc.gov</a>). Provide your PHA with a copy of your identity theft complaint.

#### Where can I obtain more information on EIVand the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV webpages at http://www.hudgov/offices/pih/programs/ph//hip/uiv.dm.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

- 1. Public Housing (24 CFR 960); and
- 2. Section 8 Housing Choice Voucher (HCV),(24 CFR 982); and
- 3. Section 8 Moderate Rehabilitation (24 CFR882); and
- 4. Project-Based Voucher (24 CFR 983)

Signature

Date