

Read and sign the warning before completing this application!

WARNING

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If it is found that an applicant or tenant has misrepresented the facts upon which his/her rent is based on that he/she is paying less than he/she should be paying, the swelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subject to civil and criminal penalties.

The applicant/tenant is advised that any person who, by means of false statement, failure to disclose information, impersonation or other fraudulent scheme or device: 1) obtains or attempts to obtain, or 2) establishes or attempts to establish eligibility for, and/or 3) knowingly or intentionally aids or helps such person obtain or attempt to obtain housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, shall be guilty of a misdemeanor. Upon conviction, the person shall be punished by a fine of not less than \$300 nor more than \$500, be punished at hard labor for the county not to exceed 60 days, or both fined and imprisoned, at the discretion of the court. (24-1-10, Code of Alabama, 1975)

Signature: _____

Date: _____

ATTENTION APPLICANTS: YOU MUST HAVE WITH YOU WHEN YOU TURN IN YOUR APPLICATION THE FOLLOWING INFORMATION FOR ANYONE LISTED ON THE APPLICATION. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS RETURNED!

Documents to bring with you:

1. Birth certificates
2. Picture ID/Drivers Licenses
3. Social Security Cards



MUST have for each member of household including children.

4. All final divorce decrees
5. Marriage Certificate
6. Most current landlord's name and complete mailing address
7. Employer's name and complete mailing address (Most current 6 weeks paystubs)
8. Most recent Social Security/SSI award letter (Must be dated within 90 days)
9. Child support check stubs
10. Unemployment check stubs
11. Veterans benefits award letter & Pension

Date Received _____

Public Housing _____

Time Received _____

Application No _____

Section 8 _____

HOUSING ASSISTANCE APPLICATION

PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Legal Name of Head of Household: _____

2. Social Security # _____ 3. Alien Registration # _____

4. Current Address: _____

5. Mailing Address: _____

6. Previous Address: _____

7. Phone: Home: _____ Cell: _____ Work: _____ Other: _____

8. Date of Birth: _____ 9. Age: _____ 10. Place of Birth: _____ 11. Sex _____

12. Citizenship: Are you a citizen of the United States? (Yes/No) _____

13. Racial Group () White () Black/African American () American Indian/Alaska
() Asian () Other: _____

14. Ethnicity () Hispanic/ Latino () Not Hispanic/ Latino

15. Do you or any member of your household claim any time of disability for the purpose of qualifying for reason accommodation in PHA rules or polices, modification of the housing unit, or specific housing needs? (Yes/No) _____ If yes please describe: _____

16. Marital Status of Head of Household: Married _____ Single _____ Widow(er) _____ Divorced _____

17. Current Spouse Name: _____

18. List names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you:

1. Contact Name:	2. Contact Name:
Address:	Address:
Phone #:	Phone #:
Relationship:	Relationship:

19. Have you or any household member ever received any type of housing assistance? (Yes/No) _____ If yes, provide: Household Member Name _____

Public/Assisted Housing Agency: _____

Agency Address: _____

What year(s)? _____ Who was head of Household? _____

20. Do you currently owe any money to any Public or Assisted Housing Agency? (Yes/No) _____

If yes, amount: _____ Name of Agency: _____

Address of Agency: _____

21. Have you ever used a name other than the one you are using now? (Yes/No) _____

If so, please explain: (maiden name, previous marriages, etc.) _____

22. Have you ever used a social security number other than the one you listed on page 1 of this form? (Yes/No) _____ If yes, what is the other number? _____

23. LIST ALL MEMBERS WHO WILL BE LIVING IN THE UNIT:

Print Full Name(s)	Relation to Head	Birth Date	Race	Age	Sex	Social Security Number	Birth Place	U.S. Citizen? (Y/N)
1	Head							
2								
3								
4								
5								
6								
7								
8								

If there are additional household members check here ___ & attach a separate page with the application.

24. Are any family members temporarily absent from the home? (Yes/No) _____

If yes, state the reason they are absent: _____

25. Full-Time Students: List the household member name, and school name, address, and telephone # of all household members who are attending school full-time:

a. Name of Household Member:	
School Name:	
School Address:	
b. Name of Household Member:	
School Name:	
School Address:	
c. Name of Household Member:	
School Name:	
School Address:	

26. For all household members that are not United States citizens, provide the following

a. Name of Household Member:	
Alien Registration #:	
b. Name of Household Member:	
Alien Registration #:	

PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities

1. Have you or any household member ever been arrested or convicted of any drug-related or criminal activity? (Yes/No) _____ If so, please provide the following information:

When: _____ Reason: _____

Name of Household Member: _____

2. Have you or any household member ever been evicted from Public or Assisted Housing for violent criminal or drug-related activity? (Yes/No) _____ If yes, provide the following information: When: _____

Reason: _____ Household Member: _____

Name of Public/Assisted Housing: _____

3. Have you or any household member ever been convicted of the manufacture or production of methamphetamine on the premises of Public or Assisted Housing? (Yes/No) _____

Household Member: _____

Name of Public/Assisted Housing: _____

4. Are you or any household member subject to lifetime registration as a sex offender? (Yes/No) _____

If yes, please provide name of Household Member _____

5. Are you or any household member persons who abuse or show a pattern of abuse of alcohol?

(Yes/No) _____ If yes, please provide the following:

Household Member: _____ Is household member currently enrolled in a treatment program? (Yes/No) _____ If yes, please describe: _____

PART C: INFORMATION

This part applies to all the household members, including minors.

1. Work full time, part-time, or seasonally-including wages, fees, tips bonuses money for services?

(Yes/No) _____ If yes, provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone Number
a.		
b.		
c.		
d.		

2. Any household member work for someone who pays cash? (Yes/No) _____

If yes, please provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone Number
a.		
b.		

3. Does any household member receive unemployment benefits; workers compensation or severance pay? (Yes/No) _____ If yes, provide the following:

Household Member Name: _____

Type of Benefit: _____ Amount: _____

Employer Name & Address _____

4. Does any household member receive child support from the child support recovery unit?

If yes, please provide the following:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		
b.		
c.		
d.		

5. Does any household member receive child support directly from the absent parent?

(Yes/No) _____ If so, please provide the following:

Minor's Name	Name of Absent Parent	Child Support Amount
a.		
b.		
c.		
d.		

6. Does any household member receive alimony? (Yes/No) _____ If yes, provide the following:

Household Member Name: _____ Amount: _____

Former Spouse Name: _____

7. Does any household member receive public assistance (TANF)? (Yes/No) _____

If yes, please provide the following:

Household Member Name: _____ Amount: _____

8. Does any household member receive food stamps? (Yes/No) _____ If yes, please provide:

Amount: _____ Case Number: _____ County: _____

9. Does any household member receive Social Security or SSI benefits? (Yes/No) _____

If yes, please attach a copy of the current award letter to this application and provide:

Household Member: _____ Amount _____ Social Security Number _____

10. Does any household member receive income from a pension or annuity? (Yes/No) _____

If yes, provide: Household Member Name: _____ Amount: _____

Type of Pension/Annuity: _____ Claim Number: _____

Address of Pension/Annuity: _____

11. Does any household member receive regular contributions from organizations or from individuals not living in the unit? (Yes/No) _____ If so, provide: Household Member Name: _____

Amount: _____ Address of Contributing Individual/Organization: _____

12. Does any household member receive income from assets including interest on checking or savings accounts, interest & dividends from certificate of deposit, stocks or bonds, or income from a rental property? (Yes/No) _____ If yes, provide: Household Member Name: _____

Amount: _____ Type of Asset _____ Amount of Income/Interest Received _____

13. Does any household members own a business or are self-employed? (Yes/No) _____ If yes, provide:

Household Member Name: _____ Business Name & Address: _____

14. Does any household member receives any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units)? (Yes/No) _____ If yes, provide the following:

Household Member Name: _____ Amount _____

Source of Pay/Allotment: _____

15. Does any household member receive money to pay bills from someone outside of your household? (Yes/No) _____ If yes, provide:

Household Member Name: _____ Amount _____

Name & Address of party paying the bills: _____

PART D: ASSETS

1. Does any household member own or have an interest in any property (real estate, mobile home, and/or land)? (Yes/No) _____ If yes, provide:

Household Member Name: _____ Value: _____

Real Estate Address: _____

2. Has any household member sold or given away any property (real estate, mobile home, and/or land) in the last two years? (Yes/No) _____ If yes, describe below

3. Does any household member own any stocks or bonds? (Yes/No) if yes, describe below:

Where do all household members bank? Provide ALL information below:

Household Member	Bank Name & Address	Type of Account	Account Number
a.			
b.			
c.			

5. Does any household member have any savings certificates, money market funds, or trust funds?
 (Yes/No) _____ If yes, please describe: _____
6. Does any household member have any of retirement account (Company, IRA, Keogh)?
 (Yes/No) _____ If yes, please describe: _____
7. Do you have anything you consider as an investment? (Yes/No) _____ If yes, please describe:

PART E: EXPENSES

1. Does any household member have expenses for child care of a child aged 12 or younger?

Minor's Name	Childcare Provider Name/Address	Providers Telephone Number	Monthly Cost
a.			
b.			
c.			
d.			

Is any portion of your child care expenses reimbursed from an outside agency or person? (Yes/No) _____

2. Indicate the dollar monthly expenditure for your household below:

Rent	Phone	Medical	Credit Card
Electric	Car Payment	Cable	Credit Card
Gas	Car Ins	Insurance	Loan
Water	Child Care	Rentals	Loan

Indicate in the space if any of the above that are delinquent or not paid current: _____

3. Do you pay a care attendant or for any equipment for any household member(s) with disabilities that is necessary to permit that person or someone else in the household to work? (Yes/No) _____ If yes, provide:

Care Attendant Name	Care Attendant Address	Care Attendant Telephone Number
a.		
b.		

What is the monthly cost to you for the care attendant and/or the equipment? _____

ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions in the part (Part E) only if the head of household or spouse is 62 years of age or older, or if the head or spouse is a person with a disability.

4. Do you have Medicare? (Yes/No) _____. If yes, what is your monthly premium? _____

5. Do you pay for any other kind of medical insurance? (Yes/No) _____. If yes, provide:

Policy Number:	Policy Number:
Insurance Agent's Name:	Insurance Agent's Name:
Name of Insurance Company:	Name of Insurance Company:
Address:	Address:
Telephone Number:	Telephone Number:
Monthly Premium Amount:	Monthly Premium Amount:

6. Do you have any outstanding medical bills that you are paying? (Yes/No) _____. If yes, provide:

Name of Provider	Address of Provider	Telephone Number
a.		
b.		

7. Do you expect to incur additional medical expenses in the next 12 months that will not be covered by insurance? (Yes/No) _____. If yes, list anticipated medical expenses not covered below:

PART F: UNIT INFORMATION

1. Name, Address and telephone number of your current landlord?

2. What is the total monthly rent of your unit? _____

What amount do you pay monthly for rent? _____

3. Indicate the type of housing you currently occupy: House _____ Apartment _____ Mobile Home _____

Other _____

4. In your opinion is your present home decent, safe and sanitary? (Yes/No) _____. If no, why not?

APPLICANT / PARTICIPANT CERTIFICATION

I certify that the information given to the Hamilton Housing Authority (PHA) on household composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in household composition, income, assets, and expenses of any household member(s) to the Hamilton Housing Authority PHA within ten (10) days of the change. I understand that all changes in household composition due to birth, adoption, or court award custody must be reported in writing to the Hamilton Housing Authority PHA with ten (10) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Hamilton Housing Authority PHA and my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other frauds, and any act of assistance to such attempt is a crime under:

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of Adult Member: _____ Date: _____

Signature of Adult Member: _____ Date: _____

DO NOT WRITE IN THIS SPACE- FOR PHA ONLY:

I have reviewed this application in its entirety with the above Head of Household and verify by my signature that this application is complete and any items that were not complete on this date that application was originally submitted have now been entered, dated, and initialed by the Head of Household and myself.

Signature of 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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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)

Hamilton Housing Authority
690 Bexar Avenue East, Office
Hamilton, AL 35570

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.

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"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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.

The Housing Authority of Hamilton, Alabama
690 Bexar Avenue East, Office
Hamilton, AL 35570
(205) 921-3155

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the HOUSING AUTHORITY OF HAMILTON, ALABAMA, any information or materials needed to complete and verify my application for participation and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include by are not limited to: (1) Identity and marital Status, (2) Employment Income and Assets, (3) Medical or Child Care Allowances, (4) Child Support, (5) Credit and Criminal Activity, and (6) Residences and Rental Activity.

I understand that this authorization cannot be used to obtain any information that is not pertinent to my eligibility form and continued participation in, a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups of individuals that may be asked to release the above information (depending on program requirements) including, but are no limited to : Previous Landlords (including Public Housing Agencies), State Unemployment Agencies, Social Security Administration , Courts and Post Offices, Medical and Child Care Providers, Schools and Colleges, Veterans Administration , Law Enforcement Agencies, Retirement Systems, Support and Alimony Providers, Banks and Other Financial Institutions, Past and Present Employers, Credit Providers and Credit Bureaus, Department of Human Resources and Utility Companies.

COMPUTER MATCHING NOTICE AND CONCERN

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. Fi a computer match is done; I understand that I have the right to notification of the adverse information found, and a chance to disprove that information. HUD may in the course of its duties, exchange automated information with Federal, State, or Local Agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, The Social Security Agency, and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for purposes stated above. This authorization will stay in effect as long as I am an applicant/tenant of the Housing Authority.

Head of Household: _____ SSN: _____ Date: _____
Spouse/Co-Head: _____ SSN: _____ Date: _____
Adult Member: _____ SSN: _____ Date: _____
Adult Member: _____ SSN: _____ Date: _____

REQUEST FOR CRIMINAL HISTORY NCIC CHECK
HOUSING AUTHORITY OF HAMILTON, ALABAMA

In accordance with the Agreement between the U.S. Department of Housing and Urban Development and the U.S. Department of Justice, a copy of which is on file with this Housing Authority and this law enforcement agency, relating to Access to National Crime Information Center Data (NCIC), the Housing Authority of Hamilton, Alabama hereby request that this law enforcement agency conduct a name test to determine whether or not the following person has a criminal history record indexed in the Interstate Identification Index (III):

Full Name (PRINT)

Present Address

Social Security Number

Date of Birth

Race

Sex

Authorizing (Applicant) Signature

Housing Authority Representative

****TO BE COMPLETED BY LAW ENFORCEMENT AGENCY ONLY****

_____ There is no additional information in the NCIC for the above-named person.

_____ There is a Criminal History Record of the named person and the Authority should refer the named person to the State or Local Law Enforcement Agency for fingerprinting and further checks with the FBI.

Agency Representative

Date: _____

REQUEST FOR CRIMINAL HISTORY NCIC CHECK
HOUSING AUTHORITY OF HAMILTON, ALABAMA

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Housing Authority Representative

****TO BE COMPLETED BY LAW ENFORCEMENT AGENCY ONLY****

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Agency Representative

Date: _____