FORT SILL APACHE HOUSING AUTHORITY

43187 US Highway 281, Apache, OK 73006-8038
Phone (580) 588-2298, Ext. 2284/2263

RENTAL APPLICATION BETWEEN APPLICANT AND HOUSING AUTHORITY

Application must include a copy of Driver's License, Tribal Enrollment Membership card, Social Security Card for all tenants and income verification from all sources and for all tenants.

Primary Applicant Full Legal Name: _____

Date of Birth: _____

Tribal Enrollment #: _____

Address: _____

Phone #: _____

Email: _____

Annual Income from all sources: _____

Have you ever been convicted of a felony?

If yes, explain ( ) Yes ( ) No

Where: _____

When: _____

Crime Committed: _____

Co-Applicant Full Legal Name: _____

Relationship to Applicant: _____

Date of Birth: _____

Tribal Enrollment #: _____

Address: _____

Phone #: _____

Email: _____

Annual Income from all sources: _____

Have you ever been convicted of a felony?

If yes, explain ( ) Yes ( ) No

Where: _____

When: _____

Crime Committed: _____

HOUSEHOLD INFORMATION:

Excluding the applicant AND co-applicant, please list all other residents living in the household (or who will be living in the household. Attach copies of social security numbers, CDIB or Tribal Membership Identification (if applicable) for each resident. Attach additional information sheets if necessary.

Name	DOB	SSN	Tribal Affiliation	Relationship

HOUSEHOLD INCOME:

Please list all income (including applicant), other assets or assistance received by all residents in this household. Income includes, but not limited to, employment wages, social security benefits, Veteran Disability, DHS or any other federal assistance, pensions, annuities, retirement, alimony, child support and other sources of income that contribute to the household income. Other assets include: cash, trust, or IIM accounts, rental properties, stocks, securities, inheritances, personal investment properties, guardianship, power of attorney or other assets of value. Attach documentation and additional information sheets if applicable.

Name	Type of Income/Name	Gross Monthly Income	Annual Income

Provide last 12 months of housing history:

1. **Present Housing** ( ) Own ( ) Rent ( ) Living with relatives ( ) Other
Is this your primary residence ( ) Yes ( ) No
Amount of Monthly Rent or Mortgage: $_____
Current Address: _____
How Long at Address: _____
Name of Landlord or Mortgage Company: _____
Address and Phone Number of Landlord or Mortgage Company: _____
Are you current on rent/mortgage ( ) Yes ( ) No
If No, explain: _____
Have you ever been evicted for any reason? If yes, explain. ( ) Yes ( ) No
_____

2. Present Housing ( ) Own ( ) Rent ( ) Living with relatives ( ) Other
Is this your primary residence ( ) Yes ( ) No
Amount of Monthly Rent or Mortgage: $_____
Current Address: _____
How Long at Address: _____
Name of Landlord or Mortgage Company: _____
Address and Phone Number of Landlord or Mortgage Company: _____
Are you current on rent/mortgage ( ) Yes ( ) No
If No, explain: _____
Have you ever been evicted for any reason? If yes, explain. ( ) Yes ( ) No
_____

If less than 12 months at address:
Housing ( ) Own ( ) Rent ( ) Buying ( ) Living with Relatives ( ) Other
Dates at Address: From _____ to _____
Amount of Monthly Rent or Mortgage: $ _____
Current Address: _____
Name of Landlord or Mortgage Company: _____
Address and Phone Number of Landlord or Mortgage Company: _____
Was rental/mortgage history satisfactory: ( ) Yes ( ) No
If No, Explain: _____
Have you ever been evicted for any reason, If yes, explain. ( ) _____
_____

Does the applicant or co-applicant have any Outstanding Judgements from a creditor?

1. Legal Collections:

Applicant or Co Applicant	Where/Court County and State	For What Creditor	How Much is owed?

2. Court Fees and Fines Owed

Applicant or Co Applicant	Where/Court County and State	For What Creditor	How Much is owed?

3. Wage Garnishments

Applicant or Co Applicant	Where/Court County and State	For What Creditor	How Much is owed?

4. Property Seized such as vehicle, home, RV, boat and etc.

Applicant or Co Applicant	Where/Court County and State	For What Creditor	How Much is owed?

Provide 2 years of work history for the primary applicant:

Employer	Employer Contact Number	Job title	Annual wage	Years/months served

Provide 2 years of work history for the co-applicant:

Employer	Job title	Annual wage	Years/months served

ACKNOWLEDGEMENT:

I/we do certify the information provided to the FSAHA to determine program eligibility is true, accurate and complete to the best of my/our knowledge. It is understood that false statements or any information misrepresented is punishable under federal law and any false statements are grounds for termination of services or a determination of ineligibility for housing assistance under FSAHA.

_____ _____
Applicant Signature Date

_____ _____
Co-applicant Signature Date

I/we understand FSAHA requires certain documentation, and that eligibility will not be determined until all requested documentation has been received. FSAHA reserves the right to determine what deems adequate documentation.

_____ _____
Applicant Signature Date

_____ _____
Co-applicant Signature Date

I/we understand that I/we will NOT be placed on a waiting list for the program for which this application is being submitted upon. I/we also understand that a submission of this application and relevant documentation is NOT a guarantee of services or assistance. FSAHA reserves the right to determine program eligibility.

_____ _____
Applicant Signature Date

_____ _____
Co-applicant Signature Date

***Warning**: It is a criminal offense to make willful, false statements or to misrepresent any material fact and application may be denied.*

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014
exp. 1/31/2014

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

Application Accepted: ☐ **Application Denied:** ☐

_____ _____

Fort Sill Apache Housing Authority
Chairman

Date

_____ _____

Fort Sill Apache Housing Authority
Secretary

Date