



Warren Metropolitan Housing Authority



990 East Ridge Drive Lebanon, Ohio 45036
Lebanon (513) 695-3380 Fax (513) 695-1638
Email: waha@go-concepts.com

Cincinnati (513) 925-3380 * Middletown (513) 261-3380 * Dayton/Franklin (937) 425-3380

Applicant Name: _____

Address: _____
Street Apt. #

City State Zip Code

Phone: _____
Home Phone/Cell Phone Work Phone Message Phone Person's Name

The following items MUST be submitted with your application.

- Birth Certificates (**certified originals**) and Social Security Cards (**originals**) for all family members and Photo I.D. (**original**) for all adults
- Preference documents (DD-214, Transitions letter, etc.)
- List of Addresses for the past 7 years for all adults in household.

Providing the following documents will allow WMHA to process your application faster and decrease your application processing time.

- Social Security Award Letter, Workers Compensation Award Letter, TANF Award Letter, Unemployment Award Letter, or Your Most Recent Paycheck Stubs(4 or more preferred)
- Most Recent Bank Statements (Past 3 months preferred)

If you have any questions, please call the office at the numbers above.

Public Housing *These are units owned by WMHA and rented to you.*

Public Housing units are available as follows:

One Bedroom: Metropolitan Village, (Lebanon) Brookview Apartments (few)(Middletown)

Two Bedroom: Brookview Apartments, (Middletown), Franklin

Three Bedroom: South Lebanon, Lebanon, Franklin (few), Brookview (few)

Housing Choice Voucher (Section 8) *You find a landlord who will accept the Housing Choice Voucher within Warren County. Please call your housing coordinator for more information.*



Warren Metropolitan Housing Authority

HCV

990 East Ridge Drive Lebanon, Ohio 45036
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Email: wjha@go-concepts.com

Cincinnati (513) 925-3380 * Middletown (513) 261-3380 * Dayton/Franklin (937) 425-3380

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 990 East Ridge Dr
 Lebanon, Ohio 45036

APPLICATION FOR ADMISSION * APLICACION PARA ADMISION

Date of App.: _____
 Dia de Aplicacion

1) Phone No. - _____
 Numero de telefono

Applicant Name: _____
 Nombre del Aplicante

2) Phone No. - _____
 Numero de telefono

Street Address: _____
 Direccion

3) Phone No. - _____
 Numero de telefono

City/State/Zip: _____
 Ciudad/Estado/Zip:

Where we can reach you 3 - 4 months from today.
 Donde le podemos llamar 3-4 meses después de hoy

*Are you planning on a change in the number of people on your application?
 Esta usted planeando en un cambio en el numero de personas en su aplicación? Si No

*(Requested Bedroom Size) _____ (Tamaño de Dormitorio solicitado)

Please list all persons who will be residing in your household:
 Por favor liste todas las personas que vivirán en su casa:

(Name) First, M.I., Last	Relation to head	Birth Date	Age	Sex	Social Security Number	City/State Of Birth
(Nombre) Primero, Ultimo	Relacion a la cabeza	Fecha de Nacimiento	Edad	Sexo	Numero de Social Security	Ciudad/Estado de Nacimiento
	Head/Cabeza					

INCOME FROM EMPLOYMENT * INGRESO DE EMPLEO.

List all full-time and/or seasonal employment for head, spouse and other household members age 18 or older, including the self-employed.
 Liste todo empleo full-time y o temporaneo para la cabeza, esposa(a) y otro miembro de familia edad 18 o mas, incluyendo trabajadores autónomos.

PLACE OF EMPLOYMENT	EMPLOYER ADDRESS	EMPLOYER TELEPHONE	EARNINGS RECEIVED: WEEKLY/BI-WKLY/MONTHLY
Lugar de Empleo	Direccion de Empleo	telefono de Empleo	Ganancias recibidas: Semanal/Bi-semanal/Mensual

INCOME FROM OTHER SOURCES * INGRESO DE OTRAS FUENTES

List unearned income for all household members. This includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, workers compensation and disability compensation.
 Liste ingreso no honrado para todos los miembros de la casa. Incluyendo interés, ingreso de propiedad rentada, social security, pensiones, asistencia pública, SSI, compensación de desempleo, pensión, child support, compensación de trabajo o compensación de incapacidad.

TYPE OF INCOME	NAME OF AGENCY/PERSON INCOME RECEIVED FROM:	CONTACT PERSON NAME/TELEPHONE	TOTAL AMOUNT RECEIVED WEEKLY/BI-WKLY/MONTHLY
Tipo de ingreso	Nombre de agencia/persona Que recibe ingreso de:	Persona para contactar Nombre/telefono	Cantidad total recibida Semanal/bi-semanal/mensual

ASSETS * CUENTAS

List assets of all household members, including but not limited to bank accounts, stocks, bonds, credit union shares, whole life insurance policies and any type of real estate owned. Liste todas las propiedades de los miembros de la casa, incluyendo cuentas de banco, acciones, bonos, uniones e créditos, acciones, seguros de vidas enteros y tipos de propiedad poseída.

NAME OF BANK - TYPE OF ASSET	EST. CURRENT BALANCE OR VALUE.	EST. ANNUAL INCOME FROM ASSETS
Tipo de asset(propiedad)	Estimado balance o valor	Estimado ingreso anual de asset(propiedad)

Check race of household head: *Por favor un check en su raza:*

White (Blanca/a) Black (Americano/a-Africano/a) Hispanic (Hispano/a)

**Does any member of your household attend school full-time? Yes No
Cual quien miembro de la casa atiende una escuela full-time(tiempo completa)? Si No

**Have you or any household member sold or given away any real property or assets in the past two years? Yes No
A usted o otro miembro de su casa vendido o regalado propiedad en los últimos dos años? Si No

**Military Service: Yes No If yes Please list any household member who is currently serving in the active military or naval service and/or a Veteran who was discharged or released under conditions other than dishonorable (This does not include Reverse training).
Servicio de Militaría. Liste cualquier miembro de la casa que esta sirviendo activo en la militaría o servicio naval y/o Veterano que fue descargado o liberado sobre condiciones que no sean deshonrosas. (No incluye Reverse Training.)

1) _____ 2) _____

**HANDICAP/DISABILITY STATUS: Yes No If yes please state any special accommodation due to a specific condition your household may need. *Posición de desventaja/incapacidad: Por favor diga cualquier alojamiento especial debido a una condición específica que cualquier miembro de la casa necesite.*

Remember, at any time during the application process or after you are housed you can request "Reasonable Accommodations" by putting it in writing to the Authority and submitting proper documentation.
Recuérdese, que en cualquier tiempo durante el proceso de la aplicación o después que usted sea albergado/a pueden pedir "Acomodaciones Razonables" al ponerlo en escrito a la Autoridad y dar documentación apropiada.

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.
Entiendo que esto no es un contrato y no hace ningún lado. La información arriba esta llena, verdadera, y completa a lo mejor de mi conocimiento. No tengo objeciones a indagaciones echas por razones de verificar la declaración hecho aquí.

Signature of Applicant (*firma del aplicante*)

Date (*Fecha*)

Interviewed by WMHA Employee

Date

How did you hear about us?

¿Como supo sobre nosotros?

- Cable.
- Word of mouth. / *Amigo/as*
- Social Service Agency. / *Ajenc. Social*
- Phone Book / *libro de telefono*
- Internet.



FOR AUTHORITY USE ONLY

On the basis of the rules and regulations set forth in the WMHA policy, the Applicant named herein has been found to be;
(Eligible) for admission _____ (Ineligible) for admission _____

(Eligible Bedroom Size) _____

WMHA Employee

Title

Date

CERTIFICATION:

Effective Lease Date: _____ Community #: _____ Acct. #: _____ Unit Size: _____

Verified type of income at the time of leasing unit: _____

Total Gross Annual Amount of Income: _____

Allowable Deductions: _____

Total Tenant Payment: _____

Utility Allowance: _____

Housing Manager/WMHA Employee

Date

WARREN METROPOLITAN HOUSING AUTHORITY

NON-ECONOMIC CRITERIA QUESTIONNAIRE
Questionario Criterico No-Economico

For Additional Adult (over 18yrs)
(Para el otro adulto en la aplicación)

Name: _____ Address: _____
Nombre: _____ Direccion: _____

City/State: _____ Phone #: _____
Ciudad/Estado: _____ Telefono: _____

1. How long have you lived at this address? _____
Cuanto tiempo usted a vivido en esta dirección?

2. Have you ever been a resident of WMHA's Public Housing or Section 8 program.
A vivido usted antes en un programa de BMHA como Public Housing o Seccion 8.
Yes/No _____ If so, at what address? _____

3. Are you now a resident of Section 8 or Public Housing? _____
Es usted un residente de Sección 8 o Public Housing?

4. Do you presently owe money to Section 8 or Public Housing? _____
Usted presentemente debe dinero a Sección 8 o Public Housing?

5. Have you ever been ordered by a judge to move? _____
A sido usted ordenado/a por un juez a que se mude?

6. Please list your last two (2) addresses:
Por favor liste sus últimas (2) direcciones:

A. _____ City/State: _____ How long? _____
_____ Ciudad/Stado: _____ Por cuanto? _____

B. _____ City/State: _____ How long? _____
_____ Ciudad/Stado: _____ Por cuanto? _____

Continue on back of this page.

ARREST RECORD: A POLICE CHECK WILL BE PERFORMED!!! INCOMPLETE INFORMATION WILL BE TREATED AS FALSIFICATION!!!

If our police background check reveals that you have a criminal record, in order to process your application any further, you must agree to be fingerprinted by your local police department and your prints will be submitted to OBI & I in Columbus to complete the criminal background check. Your ability to be housed depends on what, if anything, is revealed in the criminal background check.

If any household member has been found guilty of any crime other than traffic violations, list the members(s) and crime(s) even if they did not go to jail. If there have been no convictions mark "n/a".
Si cualquier miembro de la familia de cualquier crime que no sea de una violación de trafico, liste el miembro/s y el crimen en que no hallan ido a la cárcel. Si no hay ninguna convicción marque "n/a".

Family Member/*Miembro de Familia*

e Crime/*Crimen*

MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND THE INFORMATION CONTAINED HEREIN WILL BE USED TO DETERMINE MY ELIGIBILITY FOR BUTLER METROPOLITAN HOUSING AUTHORITY'S LOW RENT PROGRAM. I FURTHER UNDERSTAND THAT ALL MONIES OWED TO BMHA MUST BE PAID BEFORE I CAN BE DEEMED ELIGIBLE BUT PAYMENT DOES NOT GUARANTEE ELIGIBILITY.

Signature of Applicant/*Firma del aplicante*

Date/*Fecha*



Warren Metropolitan Housing Authority

Supplemental Information Sheet

Please fill out this sheet of supplemental information that will be used to process your application.

Household Expenses:

Does any family member have expenses for child care of a child age 12 or younger? Yes No
 If yes, complete the following:

Child's name	Day care provider	Address	Phone #	Amount monthly
				\$
				\$
				\$

Is any portion of these childcare expenses reimbursed from an outside agency? Yes No
 If yes, by whom? _____

Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) Yes No
 If yes, complete the following:

Care Attendant	Address	Phone Number	Amount Monthly

Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities) Yes No
 If yes, what is the anticipated monthly cost? _____

Medical Expenses: *(These questions only apply if the head, spouse or co-head is 62 years or older or is disabled.)*

Do you or any member of the family pay for any of the following items?:

Medical Insurance premiums	Yes	No
Long Term Care Insurance	Yes	No
Out of pocket prescription expenses	Yes	No
Past due medical bills	Yes	No
Other anticipated medical expenses	Yes	No

If yes, please list household member and expense:

Household Member	Type of Expense	Monthly Amount

Criminal Background and Other Information:

Has any household member ever been arrested for any crime? Yes No
 If yes, how many times? ____ Please explain. Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed. _____

Has any household member ever been convicted on any crime? Yes No
If yes, how many times? _____ What crime(s) _____

Is any household member subject of lifetime sex offender registration? Yes No
If yes, Who? _____ In what state(s)? _____

Has any household member ever been evicted from any type of housing? Yes No
If yes, explain when, where and for what reason: _____

Has any adult who will live in the home previously lived in a State other than Ohio? Yes No
If yes, which family member(s)?
Name _____ City _____ State _____
Name _____ City _____ State _____

Current Landlord Information

Name _____ How long have you lived at your current
Address _____ address? _____
Phone _____

VETERAN PREFERENCE

Are you or your spouse currently a member of the U.S. armed forces, an honorable discharged verteran or the widow of such? _____

LOCAL PREFERENCE

Do you currently live, work, or have been promised a job in Warren County? _____

TRANSITIONAL HOUSING PREFERENCE

Have you ever been assisted by the WMHA Transiton program or any other transitional housing program? _____

If yes, when? _____ Did you complete? _____ Do you owe a balance? _____

WORKING PREFERENCE/ELDERLY/DISABLED

Have you or your spouse been employed at least 6 months, with less than 2 weeks between employment, are age 62 or older or disabled and receiving compensation for the disability? _____

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.

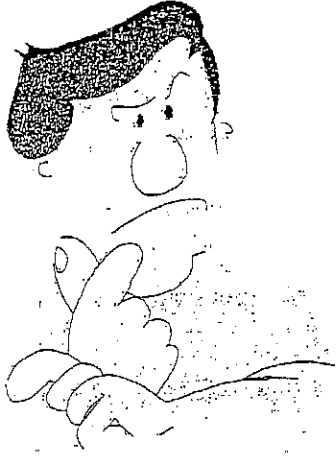
Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input 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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

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.



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 a 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

Signature _____

Date _____

form HUD-1141
(12/2005)

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)

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

WARREN METROPOLITAN HOUSING AUTHORITY
990 EAST RIDGE DRIVE
LEBANON, OH 45036
JOY A. BANKSTON
Executive Director

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(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 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.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p> <p>Warren Metropolitan Housing Authority 990 East Ridge Drive Lebanon, Ohio 45036</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p>			
	<table border="1"> <tr> <td data-bbox="779 1816 1218 1879">Signature</td> <td data-bbox="1218 1816 1542 1879">Date</td> </tr> <tr> <td colspan="2" data-bbox="779 1879 1542 1936">Printed Name</td> </tr> </table>	Signature	Date	Printed Name
Signature	Date			
Printed Name				



Warren Metropolitan Housing Authority

990 East Ridge Drive Lebanon, Ohio 45036
Lebanon (513) 695-1226 Fax (513) 695-1638
Email: wmha@go-concepts.com

Cincinnati (513) 925-1226 * Middletown (513) 261-1226 * Dayton/Franklin (937) 425-1226

INFORMATION RELEASE FORM

I, _____, being a participant in Warren Metropolitan Housing Authority of Warren County, Ohio hereby affix my signature so that the Warren Metropolitan Housing Authority may obtain information from the following sources:

1. Any type of retirement plan (s)
2. Internal Revenue Service
3. Previous landlords
4. Employers, current and former
5. Any public assistance agency
6. Sheriff and police departments
7. City, county or state Health Departments
8. Credit references
9. Any social service organization
10. School systems
11. Financial institutions
12. Utility companies
13. Day care providers
14. Personal References
15. Life insurance companies
16. Pharmacies
17. Physicians or other medical providers
18. Other (Any department or agency of any kind that can furnish the required information to determine continued eligibility for the program including information relating to household income and family/household composition.

A copy/faxed copy of this release shall be used as an original.

Please print your name

Social Security Number

Signature

Date

Spouse or Other Adult (Print Name)

Social Security Number

Signature

Date

This release of information will be in effect for 18 months from signature date.



Warren Metropolitan Housing Authority

990 East Ridge Drive Lebanon, Ohio 45036
Lebanon (513) 695-3380 Fax (513) 695-3403
Email: wmha@go-concepts.com

Cincinnati (513) 925-3380 Middletown (513) 261-3380 Dayton/Franklin (937) 425-3380

DECLARATION OF CITIZENSHIP
OR ELIGIBLE IMMIGRATION STATUS

I, _____ certify, under the penalty of perjury¹ that to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen, Naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age² or older. Attach evidence of proof of age; or
- I have eligible immigration status as checked below (see next page for explanations). Attach INS documents(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §§101 (a) (15) or 101 (a) (20) of the INA³
 - Permanent Residence under § 249 of INA⁴
 - Refugee, asylum, or conditional entry status under §§ 207, 208, or 203 of the INA⁵
 - Parole status under §§ 212 (d) (5) of the INA⁶
 - Threat to life of freedom under Section 243 (h) of the INA⁷
 - Amnesty under § 245A of the INA⁸

(Signature)

(Date)

- Check box if signing for a minor.

1Warning: 18U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than Five (5) years, or both.

2Eligible immigration status and 62 years of age or older: For non citizens who are 62 years of age or older or will be 62 years of age or older and receiving assistance under a section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3Immigrant status under §§101 (a) (15) or 101 (a) (20) of INA: a non citizen lawfully admitted for permanent residence as defined by Section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA (8U.S.C. 1101 (a)(20) and 1101 (a)(15), respectively (immigrants). This category include a non citizen admitted under section 210 or 210A of the INA (U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful temporary residents status.

4Permanent residence under §249 of INA: A non citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 159).

5Refugee, asylum, or conditional entry status under §§ 207, 208 or 203 of INA: A non citizen who is lawfully present in the U.S. pursuant to an admission under § 207 of the INA (8 U.S.C. 1157) (Refugee status); pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1153 (a)(7), before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity (conditional entry status).

6Parole status under §212(d)(5) of INA. A non citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212 (d)(5) of the INA (8 U.S.C. 1182(d)(5), (parole status).

7Threat to life or freedom under §243 (h) of INA: A non citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h), (threat to life or freedom)

8Amnesty under §245A of INA: A non citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) (amnesty granted under INA 245A)