



# The Fairmont-Morgantown Housing Authority

NeighborWorks® HomeOwnership Center

Agency Stamp of Receipt:  
(FOR OFFICAL USE ONLY)

## PRE-APPLICATION FOR PUBLIC HOUSING RENTAL ASSISTANCE *The Fairmont-Morgantown Housing Authority*

Applicant Name: (Head of Household) \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Co-Applicant Number: \_\_\_\_\_ Email: \_\_\_\_\_

### I. HOUSEHOLD COMPOSITION - List the Head of Household and all other members who will be living in the unit.

	Full Name	Relationship to Head of Household	Birthdate	Sex	Social Security #	Disabled Y/N
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

1. Does anyone live with you now who are not listed above? Yes No

If yes, please explain: \_\_\_\_\_

2. Do you plan to have anyone living with you in the future who are not listed above? Yes No

If yes, explain: \_\_\_\_\_

3. Are there any special housing needs required by you or any other family members: Yes No

4. Are there now, or will there be any children in your household under the age of 6 years with an EIBL (Environmental Intervention Blood Level)? Yes No

**II. CURRENT HOUSING STATUS**

- 1. How many people live in your household now? \_\_\_\_ How many bedrooms do you have? \_\_\_\_
- 2. Are you now living in a government subsidized unit? Yes No
- 3. Have you or any family member ever lived in Public Housing or Section 8? Yes No  
If Yes, when and where? \_\_\_\_\_
- 4. What is your current rent? \_\_\_\_\_ What utilities do you pay for? \_\_\_\_\_

**III. INCOME INFORMATION**

- 1. Is any member of your household employed full-time, part-time or seasonally? Yes No
- 2. Does any member of your household expect to work for any period during the next twelve months? Yes No
- 3. Does any member of your household work for someone who pays them in cash? Yes No
- 4. Does any member of your household currently receive regular cash contributions from individuals not living in the unit or from agencies? Yes No
- 5. Please answer YES or NO to each of the following income sources that apply to your household.

<u>Source:</u>	<u>Person Receiving It</u>	<u>Monthly Gross Amount Received</u>
_____ TANF (WV Works check)	_____	_____
_____ Food Stamps	_____	_____
_____ Child Support	_____	_____
_____ Employment	_____	_____
_____ Social Security, SSI or SSD	_____	_____
_____ Unemployment	_____	_____
_____ Pension	_____	_____
_____ Worker's Compensation	_____	_____
_____ VA Benefits	_____	_____

- 6. Do you owe money to a Housing Authority agency? \_\_\_\_\_ If so, what Agency and from when?  
\_\_\_\_\_

**IV. HOUSEHOLD ASSET INFORMATION**

(Please circle Yes or No. DO NOT leave any questions unanswered)

- 1. Do you own a home or other real estate? Yes No  
If so, you will need to provide a copy of your current taxes, mortgage payments, deed, etc.
- 2. Have you sold or given away any real estate property or other assets in the past two (2) years? Yes No  
If yes, what is the current market value of the assets? \_\_\_\_\_

3. Does anyone in your household 18 years of age and older attend any type of school or training program? Yes No

If yes, do they receive financial aid? Yes No

4. Do you have a checking account? Yes No

5. Do you have a savings account? Yes No

6. Do you have an IRA/Keogh Account? Yes No

7. Do you have Certificates of Deposit? Yes No

8. Do you have a life insurance policy? Yes No

9. Do you have Stocks/Bonds/Trust Fund/Pension? Yes No

## V. EXPENSES

Do you pay for child care which enables you or another family member to work or go to school? \_\_\_\_\_  
If yes, give name and address of the child care provider.

## VI. DISABLED FAMILIES ONLY

(If this does not apply to your household please indicate by NONE)

1. Do you pay for a care attendant or for any equipment for the disabled person(s) of the household necessary to permit that person or someone else in the household to work? \_\_\_\_\_

If yes, explain expenses: \_\_\_\_\_

## VII. SPECIAL ACCOMMODATIONS

(Submission of this information is voluntary)

1. Does any member of your family/household require special housing accommodations due to a disability? Yes No

If yes, what type of accommodations will be needed? Explain below:

\_\_\_\_\_  
\_\_\_\_\_

## VIII. PERSONAL HISTORY

1. Marital Status (**Select one**): Single  Married  Separated  Divorced  Live-In

Racial Group (Select one): FOR STATISTICAL PURPOSES ONLY

White  Black  Native American  Asian  Spanish American  Other

2. Have you or any member of your household ever been arrested or convicted of a crime?  
Yes No

If so, when and what was the nature of the crime that you, or a household member was arrested for, or convicted of? \_\_\_\_\_

3. Have you, or any household member, ever engaged in felonious use/possession/selling of illegal drugs?  
Yes No

4. Are you or any other adult member of the household under house arrest? Yes No
5. Do you or any other adult member of the household expect to be placed under house arrest? Yes No
6. Have you ever used any names other than the one you are using now? Yes No

If yes, please list the names: \_\_\_\_\_

(Housing Authority policy prevents providing rental assistance to adults who currently are, or will be under house arrest.) \*\*Note: A criminal background check will be conducted to confirm your answer.\*\*

7. Please provide a landlord history dating back 5 years for each adult on the application. If more space is needed you may attach a separate sheet of paper.

Current Address: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_  
 Landlords Address: \_\_\_\_\_  
 Landlords Phone# & Email: \_\_\_\_\_  
 Move-in Date: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_  
 Landlords Address: \_\_\_\_\_  
 Landlords Phone# & Email: \_\_\_\_\_  
 Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

**IX. INFORMATION CERTIFICATION**

I certify that the information given above to The Fairmont-Morgantown Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for termination of assistance.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse or Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

HA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO APPLICANT: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-669-9777.**

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.**

# 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)

Fairmont-Morgantown Housing Authority  
Public Housing Manager: Mindy Thorne  
103 12th Street, Fairmont WV 26554  
304-363-0860 Ext 106

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

N/A

**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.



# The Fairmont-Morgantown Housing Authority

## RELEASE OF INFORMATION AGREEMENT

I hereby authorize the Fairmont and Morgantown Housing Authority to acquire a copy of my credit report and give my permission to release information regarding my credit.

I hereby give my permission to the Fairmont and Morgantown Housing Authority to acquire information on any of the following: financial liabilities, present and previous landlord references, personal references, income verification, employment verification, bank accounts verification, asset verification.

I hereby give my permission to the Fairmont and Morgantown Housing Authority to acquire information on my medical care, therapy, medical insurance, life insurance and prescription medications.

I hereby authorize the Fairmont and Morgantown Housing Authority to do any and all necessary inquiries into my educational background and to conduct a criminal background check.

I/We hereby give my consent for the information sought by this form to be released as requested.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Housing Authority Staff Signature (witness) or Notary

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Signature \_\_\_\_\_ Date \_\_\_\_\_