

**PERSONAL DECLARATION FORM
FOR APPLICATION FOR PUBLIC HOUSING**

DIRECTIONS: This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the social security card. All adult members of the household must sign below certifying that the information pertaining to them is correct.

YOUR NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

HOUSEHOLD COMPOSITION List all persons who will be living in your home, putting your information in the first line.

ADULTS	Date of Birth	Relation-ship to Head of Household	Social Security Number	Married, Widowed, Divorced, or Separated?
		APPLICANT		
CHILDREN	Date of Birth	Relationship to Head of Household	Social Security Number	Absent Parent's Name

If you are separated or divorced, list the name and address of your spouse or ex-spouse as follows:

Name: _____ **Address:** _____

City: _____ **SS Number:** _____

TOTAL HOUSEHOLD INCOME List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, Social Security, disability payments, Workers Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources. You don't have to list Food Stamps.

Name of family member	Income	Per month or week?	Source (Please put address on back of this form)

ASSETS Answer each of these questions with a "yes" or "no".

- 1. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? _____
- 2. Have you sold any real estate in the last two years? _____
- 3. Do you own any stocks or bonds? _____
- 4. Do you have a savings account? _____
- 5. Do you own a car? _____
- 6. Does anyone outside of your household pay for any of your bills or give you money? _____

If you answered "yes" to any of these questions, please provide detailed information on the back of this form.

OTHER Answer each of these questions with a "yes" or "no".

- 1. Have you or anyone in your household ever been convicted of any crime other than traffic violations? _____
- 2. Have you or anyone in your household ever been arrested for any reason? _____
- 3. Have you ever committed any fraud in a Federally assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? _____
- 4. Have you or any other adult member of your family ever used any name(s) or Social Security numbers(s) other than the one you are currently using? _____
- 5. Do you have any disability or handicap? _____
- 6. Have you ever been in the military service? _____

If you answered "yes" to any of these questions, please provide detailed information on the back of this form.

RENTAL HISTORY

- 1. Have you ever been evicted from any rental property? _____
- 2. Have you or any member of your family ever lived in assisted housing before? _____

If you answered "yes" to either of these questions, please provide the information on the back of this form.

Please list the address where you are presently living. If you are renting, list the name of the landlord and his or her address and phone number.

How much rent did you pay each month? _____
List any amount you paid extra for utilities. _____

TO COMPLETE YOUR APPLICATION, YOU MUST:

- 1. PROVIDE THE SOCIAL SECURITY CARD ITSELF FOR EACH PERSON WHO WILL BE LIVING WITH YOU,
- 2. PROVIDE A COPY OF THE BIRTH CERTIFICATE FOR EACH PERSON WHO WILL BE LIVING WITH YOU.
- 3. SIGN THE ACTUAL APPLICATION FORM ITSELF.
- 4. PROVIDE A COPY OF THE LATEST CHECK OR CHECK STUBS YOU RECEIVED OR SIGN A CONSENT FORM FOR INCOME VERIFICATION.

CERTIFICATION: I do hereby swear and attest that all of the information I have written on this Personal Declaration about me is true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members must be reported to the Housing Authority in writing immediately.

Signature of Head of Household.	Date
Signature of Other Adult	Date
Signature of Other Adult	Date

(SIGNATURE OF EACH ADULT MEMBER MUST APPEAR ON THIS FORM.)

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. IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOT LINE AT 1-800-424-8590.

This form may be returned by mail to:
The Housing Authority
Post Office Box 220
Woodland, Georgia 31836

LEAD BASED PAINT FORM

This is to certify that I have been provided a copy of the pamphlet, "Protect Your Family From Lead in Your Home". I have been informed that certain apartments of the Woodland and the Talbotton Housing Authorities have lead based paint in them. I understand that abatement efforts have been done in the apartments.

Signed: _____

Date: _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ Signature	_____ Date
_____ Attorney for Individual (Pur E and U Only)	_____ Date
_____ Bar Number	

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	P - Public Records
<input type="checkbox"/>	U - Personal Copy
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title

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. 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.

Tri City Housing Authority
P.O. Box 220
Woodland, Georgia 31836
(706) 674-2316 Office (706) 674-2282 Fax

Applicants/Resident Certification

I/We certify that the information given to the Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and State Law, if applicable. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of head of household

Date

Signature of other adult in
Household

Date

Signature of other adult in
Household

Date

If you believe that you been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-424-8590.

After verification by the Housing Authority, the information will be submitted to the U.S. Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary). See the Federal Privacy Act statement for more information about its use.

CERTIFICATION BY HOUSING AUTHORITY

I certify that:

- (1) The information given to the Housing Authority by the household of _____ on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal Law;
- (2) The family was eligible at admission; and
- (3) The family has certified that it has given our agency accurate and complete information.

Vicki J. Alston, Executive Director

Date

HOUSING AUTHORITY OF THE CITY OF TALBOTTON, GEORGIA
HOUSING AUTHORITY OF TALBOT COUNTY, GEORGIA
HOUSING AUTHORITY OF THE CITY OF WOODLAND, GEORGIA
POST OFFICE BOX 220
WOODLAND, GEORGIA 31836
706/665-3149 or 706/674-2316

STATEMENT OF NO INCOME

I, the undersigned, hereby state that at this time I am not employed nor am I receiving unemployment or other benefits paid to me in lieu of wages and neither am I receiving regular contributions in the form of money from family or friends or any organization.

I understand that when I am again employed, or begin to receive unemployment benefits, or to receive monetary contributions on a regular basis that I must notify the Authority at once. Failure to do so can cause severe penalties which have been explained to me.

Signed: _____

Date: _____

CONSOLIDATED HOUSING AUTHORITY OF TALBOT COUNTY, GEORGIA
HOUSING AUTHORITY OF THE CITY OF WOODBURY, GEORGIA
Post Office Box 220
Woodland, Georgia 31836
(706)665-3149 (706)674-2316 (706)553-5668

PROJECT PREFERENCE

The Housing Authority manages four developments. Please indicate the development(s) in which you would accept an offer for an apartment.

- _____ Talbotton development
- _____ Woodland development
- _____ Talbot County development
- _____ Woodbury Housing Authority
- _____ in any development.

Signature

Date

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - Permanent residence under 249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA 5/; or
 - Parole status under 212(d)(5) of the INA 6/; or
 - Threat to life or freedom under 243(h) of the INA 7/; or
 - Amnesty under 245A of the INA 8/.

Signature

Date

*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

