

- ____ 13. Now receive or expect to receive regular contributions from
____ organizations or individuals not living in the unit?
____ 14. Receive income from assets including interest on checking or
____ savings accounts, interest, and dividends from certificates of deposit
____ stocks or bonds, or income from rental property?
____ 15. Own real estate or any assets for which you receive no income
____ (checking account, cash)?
____ 16. Have you sold or given away real property or other assets (including cash)
____ in the past two years?

Check **all** incomes you anticipate receiving and supply details as needed:

____ **Social Security:**

SS \$ _____ Name of recipient: _____

SSI/SSDI \$ _____ Name of recipient: _____

____ **SRS:**

Cash \$ _____ Food Stamps: \$ _____

____ **Employed:**

Name of person working: _____

Name of employer: _____

Address of employer: _____

Hours worked per week: _____ Hourly Wage: \$ _____ Date Started: _____

____ **Child Support:**

Court Order #: _____

Amount: \$ _____ weekly/biweekly/monthly (circle one)

____ **Pension/Retirement Benefits:**

Amount: \$ _____ Received from: Name _____
Address _____
City, State, Zip _____

____ **School Loans or Grants:**

Amount: \$ _____ Received from: Name _____
Address _____
City, State, Zip _____

____ **Unemployment:**

Amount: \$ _____ per week

____ **Other:**

Include here all monies obtained by any member of the family from any source not listed above.

Amount: \$ _____ weekly/monthly (circle one)
Received from: Name _____
Address _____
City, State, Zip _____

Explanations for any of the above if needed:

B. Assets:

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of you or any minors in the home.

Member	Bank Name and address	Value	Type of Account	Earnings/Interest
		\$		
		\$		

2. List the value of all stocks, bonds, trust, pensions, or other assets owned by you or any minors in the home.

3. List the value of any assets disposed of or less than fair market value during the past two years.

Assets Disposed of in the last two [2] years:

Member	Type & Date Disposed of:	Value	Net Amount Realized

IV. ALLOWABLE EXPENSES:

Do you have expenses for child care of a child aged 12 or younger? _____ If yes provide details below.

Child Care:

Child's name	Total amount	Provider's Name and Address	You Pay	SRS Pays	
	\$		\$	\$	

V. ELDERLY FAMILY ONLY:

1. Do you have Medicare? _____ If yes, what is your monthly premium? _____
2. Do you have any other kind of medical insurance? _____ If yes provide name of carrier, premium amount, and agent's name below:

Other Insurance:

Member	Amount Paid	Amount per Year	Carrier's Name and Address
	\$		

3. Do you have outstanding medical bills which you are paying? If yes list them below:

Outstanding medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	

4. What medical expenses do you expect to incur in the next twelve months?

Anticipated medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	
	\$	

VI. DISABILITY/MEDICAL EXPENSE:

Please list any/all disability/medical expenses related to your disability that you pay, which you would like to be considered "qualified disability related expenses" when figuring your annual income. Part or all of these expenses could reduce your annual income and affect how much rent you pay.

Anticipated disability/medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	

VII. OTHER REQUIRED INFORMATION:

- A. 1. Have you ever been a resident of any Housing Authority or received Section 8 or Shelter Plus care assistance?
YES _____ NO _____
- If YES, list name used, where, and when: _____
2. Have you applied for housing at the Corning Housing Commission before? YES _____ NO _____
- If YES, List name used and when: _____
3. Have you **ever** been evicted from **any** Public Housing Program or Section 8 Program? YES _____ NO _____
- If YES, list name used, where, and when: _____
- B. 1. Do you have a pet? YES _____ NO _____ What Kind? _____
- C. Are you or a member of your family on the Bar and Ban List? YES _____ NO _____
- D. 1. Do you or any member of your household require reasonable accommodations or modifications to equally enjoy or access a housing unit, any other dwelling, program(s) or services? If so, please list necessary features or accommodations.

I qualify as an individual with a disability as defined by federal fair housing laws. I am requesting the accommodations/modifications listed above.

VIII. CRIMINAL HISTORY:

1. Have you (Head of Household) or any household member **ever** been **arrested** for or **received a citation** for FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS, including DRUG RELATED CRIMES & traffic violations?
YES _____ NO _____ (If no, skip to question # 3.)
- Year of Arrest: _____ Arrested for or received citation for: _____
City, State, and County where arrested or received citation: _____
2. Have you (Head of Household) or any household member **ever** been convicted of a FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS or for DRUG RELATED CRIMES, including traffic violations?
YES _____ NO _____
- Year of Conviction: _____ Convicted of _____
City, State, and County where convicted: _____
3. Are you or any household member subject to lifetime registration as a SEX OFFENDER? YES _____ NO _____
Name of Household member: _____
4. Are you or any household member persons who abuse or show a pattern of abuse of alcohol or drugs? YES _____ NO _____ If yes, provide the following information: Name _____ Is or was the household member enrolled in a treatment program? YES _____ NO _____ If yes, please describe _____.

IX. LEGAL GUARDIAN/POWER OF ATTORNEY INFORMATION:

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

X. IN CASE OF EMERGENCY, PLEASE NOTIFY (Required):

Name _____ Relationship _____ Phone Number: _____
Address _____
Street _____ City _____ State _____ Zip _____

NOTE: I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I HAVE NO OBJECTIONS TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED.

APPLICANT CERTIFICATION

I/We certify that the information given to the LRHA of Lenox on income, household composition and characteristics, drug and criminal activity, income, net family assets, expenses 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. I/We also understand that false statements or information are grounds for denial or termination of housing assistance and termination of tenancy. I/We understand that all changes in household composition, income, assets and expenses are to be reported in writing to LRHA of Lenox within 30 days of the change. Further, that no one is permitted to move into my unit without prior written approval of the LRHA of Lenox. I understand that any attempt to obtain Public Housing by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under

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

Signature of Head of Household

Date

Signature of Other Adult in Household

Date

.....
::
Interview Completed by: _____ Date: _____
.....
::

OFFICIAL USE ONLY

CERTIFICATION: On the basis of the information contained and verified herein, the above named applicant has been found to be:

_____ Eligible for Admission _____ Ineligible for Admission

Title _____ Date _____

Remarks: _____

Number of Bedrooms Needed:

Type of Housing Needed: _____

Elderly/Disabled
Over 62

Family (1 or more persons,
Elderly or Disabled)

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) <table style="width: 100%;"> <tr> <td>☐ Emergency</td> <td>☐ Assist with Recertification Process</td> </tr> <tr> <td>☐ Unable to contact you</td> <td>☐ Change in lease terms</td> </tr> <tr> <td>☐ Termination of rental assistance</td> <td>☐ Change in house rules</td> </tr> <tr> <td>☐ Eviction from unit</td> <td>☐ Other: _____</td> </tr> <tr> <td>☐ Late payment of rent</td> <td></td> </tr> </table>		☐ Emergency	☐ Assist with Recertification Process	☐ Unable to contact you	☐ Change in lease terms	☐ Termination of rental assistance	☐ Change in house rules	☐ Eviction from unit	☐ Other: _____	☐ Late payment of rent	
☐ Emergency	☐ Assist with Recertification Process										
☐ Unable to contact you	☐ Change in lease terms										
☐ Termination of rental assistance	☐ Change in house rules										
☐ Eviction from unit	☐ Other: _____										
☐ Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

☐ Check this box if you choose not to provide the contact information.

--	--

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.

Low Rent Housing Agency of Lenox
 Sunrise Apartments
 401 E. Ohio
 Lenox, IA 50851
 sunriseapartments@lenoxia.com

CRIMINAL/CREDIT RECORDS VERIFICATION

PERMISSION FOR RELEASE OF INFORMATION:

I authorize & give permission to LRHA of Lenox to obtain information regarding my legal records, including police & criminal background records for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission/continued occupancy.

NAME OF HEAD OF HOUSEHOLD:

FULL NAME OF APPLICANT:

SOCIAL SECURITY #:

APPLICANT DATE OF BIRTH:

ADDRESS:

SIGNATURE:

DATE:

***** STOP HERE *****

Please indicate whether the above named family member has been arrested for or convicted of any misdemeanor or felony.

FAMILY MEMBER'S NAME

CRIME(s) #

STATUS/DISPOSITION

PLEASE ATTACH COPIES OF REPORT(S)

SIGNATURE OF PREPARER:

DATE:

CRIMINAL RECORDS VERIFICATION

LAW ENFORCEMENT DEPARTMENT OR WHERE RECORDS WERE OBTAINED:

ADDRESS:

CITY, STATE, ZIP

Thank you for your cooperation. All information is confidential. If you have any questions, please feel free to contact our office at (641) 333-4415.

LRHA of Lenox Representative

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):Sunrise Apartments
401 E. Ohio
Lenox, IA 50851Lori Amdor
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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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