



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

December 2005

Form HUD-1141

(12/2005)

Application for Admission

Smithville Housing Authority

161 E. First Street
Smithville, MO 64089
816-532-3744

Dear Applicant:

If you have difficulty reading, you may request assistance in filling out the application. Please read through each page before answering questions.

The following items MUST be provided, as appropriate, when returning application:

- 1 Birth certificates and Social Security cards for ALL household members.
- 2 Drivers license or State ID for ALL adults.
- 3 Income verification from all sources for ALL persons.
- 4 Legal Separation, Divorce Decree, maintenance and custody award documentation.

You will be asked to and MUST sign a release to validate information in the following areas:

- 1 Employment, self-employment, or other sources of income.
- 2 Current and previous landlords.
- 3 Character references (unrelated to you).
- 4 Child care expenses
- 5 Criminal and credit history

Please Note:

- 1 Submission of the pre-application does not obligate you to the Smithville Housing Authority in any way.
- 2 This application MUST be submitted with ALL information & documents supplied in order for you to be placed on the waiting list. ALL blanks must be filled in with the requested information. If that information does not apply to your household, write "N/A" for "not applicable". Do NOT add "N/A" to required information / verifications.
- 3 You will be placed on the waiting list upon satisfactory completion of all validation and reviews by the date and time that the application was received.
- 4 Application rejection will occur if the application is found fraudulent in any way.
- 5 If additional space is needed, please use the "remarks" section on page 4.

**** *** Office Use Only Below *** ****

Application only accepted when ALL required information and documentation is received.

Date and time application received: _____ By: _____

HOH Name: _____ All Required documents provided? _____ Date: _____

Phone: _____ Number of Bedrooms: _____ 1st Available List? _____

Missing Required Documentation and/or pages needing corrections:

First & Last Name of each person

who will live in the unit	Relationship*	Date of Birth	Gender	Social Security Number	City, State, & County of Birth
1	Head of Household				
2					
3					
4					
5					
6					

* Relationship categories: Spouse, Son, Daughter, Friend, etc.

Complete current mailing address of applicant:

Phone # _____ Alt Phone # _____ Email: _____

Does anyone in your household request a handicap/disability adjustment in your income? _____

MARITAL STATUS

Single, never married _____ Married _____ Separated _____ Divorced _____ Widowed _____ Living with someone _____

Other names used by any member of the family (such as maiden names and names used during previous marriages, etc.):

REFERENCES

List the names, **COMPLETE** address, & telephone number of two people **NOT related to you**, who can attest to your character:

1. Name: _____ Complete Address: _____

Phone #: _____ Occupation: _____

In what capacity do you know the above named person? (Friend, co-worker, etc.)? _____

2. Name: _____ Complete Address: _____

Phone #: _____ Occupation: _____

In what capacity do you know the above named person? (Friend, co-worker, etc.)? _____

List the names, complete addresses, & phone numbers of at least **THREE** close **RELATIVES**.

State relationship of each person listed and to whom related.

1. Name: _____ Complete Address: _____

Phone #: _____ Relationship: _____

2. Name: _____ Complete Address: _____

Phone #: _____ Relationship: _____

3. Name: _____ Complete Address: _____

Phone #: _____ Relationship: _____

DESCRIPTION OF ASSETS

Cannot be left blank.

Checking Account:# _____ Bank: _____

Savings Account:# _____ Bank: _____

Do you own Real Estate?: _____ Address: _____

Value: \$ _____ Amount still owed: \$ _____ Names on Deed: _____

Do you own any stocks? _____; Bonds? _____; Certificates of Deposits? _____

Value of stocks, bonds, certificates of deposit, and marketable securities: \$ _____

Other Assets: _____

INCOME

Non-Work Income: For EACH person who will occupy the home, please fill in the gross amount of his/her income.

Cannot be left blank.

1. Family Member: _____ Alimony \$ _____ Child Support \$ _____

Income Source: _____ Amount \$ _____ per (week, month) _____

Other income: \$ _____ Source of other income: _____

Name of person receiving the alimony or child support: _____

2. Family Member: _____ Alimony \$ _____ Child Support \$ _____

Income Source: _____ Amount \$ _____ per (week, month) _____

Other income: \$ _____ Source of other income: _____

Name of person receiving the alimony or child support: _____

3. Family Member: _____ Alimony \$ _____ Child Support \$ _____

Income Source: _____ Amount \$ _____ per (week, month) _____

Other income: \$ _____ Source of other income: _____

Name of person receiving the alimony or child support: _____

*Need More Room? * Use Back of Page * Check here* _____

EMPLOYMENT

Cannot be left blank.

HOH Present Employer: _____ Position: _____ Years there: _____

Employer's complete address: _____ Phone #: _____

Supervisor: _____ Gross Salary: \$ _____ Hours per week: _____

Other Adult Present Employer: _____ Position: _____ Years there: _____

Employer's complete address: _____ Phone #: _____

Supervisor: _____ Gross Salary: \$ _____ Hours per week: _____

*Need More Room? * Use Back of Page * Check here* _____

MILITARY

Military Status _____ Branch Served _____

PETS

Do you have any pets? _____ Type? _____ Pet deposit is \$300.00. _____ Initial Here

LIMIT 1 (one pet per unit) - Max adult weight limit of 25 pounds.

Common household pet does NOT include: Rabbit, Ferret, Hamster, Snake, Iguana, Turtle, Pot Belly Pig, Rodent of any kind.

[illegible]

PREVIOUS PLACES OF RESIDENCE

In this section, please list all the addresses where you have lived during the past seven years. List the dates you lived there and the names and addresses of the landlords for those addresses. If more space is needed, please use the back of this page.

From	CURRENT To	Your CURRENT Complete Address	City, State & Zip Code
Landlord's Name		Landlord's Complete Address	City, State & Zip Code
Landlord's Phone Number			
From	To	Your Complete Previous Address	City, State & Zip Code
Landlord's Name		Landlord's Complete Address	City, State & Zip Code
Landlord's Phone Number			
From	To	Your Complete Previous Address	City, State & Zip Code
Landlord's Name		Landlord's Complete Address	City, State & Zip Code
Landlord's Phone Number			
From	To	Your Complete Previous Address	City, State & Zip Code
Landlord's Name		Landlord's Complete Address	City, State & Zip Code
Landlord's Phone Number			
From	To	Your Complete Previous Address	City, State & Zip Code
Landlord's Name		Landlord's Complete Address	City, State & Zip Code
Landlord's Phone Number			

REMARKS:

Everything that I have stated in this application is true and correct to the best of my knowledge. I understand that false statements are grounds for denial or termination of assistance. I understand that the Housing Authority will only retain this application and all copied support documents as required by HUD. You are authorized to obtain information from present and former landlords and employers and to ask questions about their experience with me. You are further authorized in the future to share information about my tenancy with prospective landlords.

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 the above statements being verified.

Signature of Head of Household	Date	Signature of Other Adult	Date
--------------------------------	------	--------------------------	------

This information is for statistical purposes only: (Check one on each row.)

Check one: ☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Check one: ☐ Hispanic ☐ Non-Hispanic

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating our application or to discriminate against you in any way. However, if you choose to not furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Smithville Housing Authority (SHA), 161 E. First Street, Smithville Missouri 64089 any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance in Smithville Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I, also, consent for HUD or SHA to release information from my files about my rental history to HUD, credit bureaus, collection agencies or potential landlords. This includes records of my payment history and violation of SHA and HUD policies.

INFORMATION COVERED

I understand that, depending upon program policies and requirements, current and previous information regarding me or my household may be needed. Verifications and inquiries that may be requested regard, but are not limited to, the following:

Identity and Marital Status	Custody and support	Medical or Child Care Allowances
Residence and Rental Activity	Employment, Income and Assets	Handicapped Assistance
Credit and Criminal Activity		

I understand that authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending upon program requirements) include, but are not limited to, the following:

Past and current Landlords, including Public or Indian Housing Agencies	Courts and Post Offices	
Schools and Colleges	Law Enforcement Agencies	Support & Alimony Providers or agencies
Welfare Agencies	Retirement Systems	Social Security Administration
Medical and Child Care Providers	Veterans Administration	State & Private Employment agencies
Utility Companies	Banks and Other Financial Institutions	Credit Providers and Credit Bureaus

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or SHA may conduct computer matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. I consent that SHA or HUD may exchange information with other Federal, State, or local agencies, including, but not limited to State Employment Security Agencies, Department of Defense, Office of Personnel Management, The U.S. Postal Service, the Social Security Administration, law enforcement agencies, and the State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for fourteen months from the date signed.

Social Security Number _____

Head of Household PRINTED Name _____

Signature _____ Date _____

Social Security Number _____

Other Adult PRINTED Name _____

Signature _____ Date _____

Smithville Housing Authority
161 E First Street
Smithville, MO 64089
816-532-3744

Authorization for Background Check

I authorize **DataSource** to furnish the information requested below to the Smithville Housing Authority 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

Background Criminal History ☐

Credit History ☐

Rental/Landlord History ☐

Income Verification ☐

Other _____ ☐

List all previous names – including Maiden name: _____

Print Applicant Legal Name: _____

SS# _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone _____

Signature _____ Date _____

Authorization required for each family member 18 years or older
****Please request additional copies if needed.**

Smithville Housing Authority
161 E First Street
Smithville, MO 64089
816-532-3744

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Background Criminal History ☐

Credit History ☐

Rental/Landlord History ☐

Income Verification ☐

Other_____ ☐

List all previous names – including Maiden name: _____

Print Applicant Legal Name: _____

SS# _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone _____

Signature _____ Date _____

Authorization required for each family member 18 years or older

****Please request additional copies if needed.**

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 U.S. Please read the Declaration statement carefully and sign and return to the Smithville Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under 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 by birth, naturalized citizen or national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age²; 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) 15 or 101 (a)(20) of the Immigration and Nationality Act (INA)³; or
 - ☐ Permanent residence under §§249 of INA⁴; or
 - ☐ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
 - ☐ Parole status under §§212(d)(5) of the INA⁶; or
 - ☐ Threat to life or freedom under §§243(h) of the INA⁷; or
 - ☐ Amnesty under §§245 of the INA⁸

(Signature of Family Member)

(Date)

- ☐ Check Box if signature of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Each resident must have a form on file. Please request additional forms if needed.
(See page 13 for footnotes and instructions)

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 U.S. Please read the Declaration statement carefully and sign and return to the Smithville Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under 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 by birth, naturalized citizen or national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age²; 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) 15 or 101 (a)(20) of the Immigration and Nationality Act (INA)³; or
 - ☐ Permanent residence under §§249 of INA⁴; or
 - ☐ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA⁵; or
 - ☐ Parole status under §§212(d)(5) of the INA⁶; or
 - ☐ Threat to life or freedom under §§243(h) of the INA⁷; or
 - ☐ Amnesty under §§245 of the INA⁸

(Signature of Family Member)

(Date)

- ☐ Check Box if signature of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Each resident must have a form on file. Please request additional forms if needed.
(See page 13 for footnotes and instructions)

¹**Warning:** 18 U.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 manner 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 years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- ² **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who 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.
- ³ **Immigrant status under §§101(a)(15) or 101 (a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- ⁴ **Permanent residence under §249 of INA.** A noncitizen 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 §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- ⁵ **Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen 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 (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*].
- ⁶ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as 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*].
- ⁷ **Threat to life or freedom under §243(h) of INA.** A noncitizen 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*].
- ⁸ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for child.

HOUSING AUTHORITY OF THE
CITY OF SMITHVILLE

Printed Name: _____

S.S. # _____

In order to establish their eligibility for occupancy in Low Rent Housing, we are required to verify the income of all tenants and prospective tenants of public housing projects. The person identified above has informed us that he/she is now, or has within the past twelve (12) months been employed by your firm.

Your cooperation and prompt return of the information requested below will be appreciated and will benefit your employee. Such information will be held in strict confidence and used only by this Authority as legally necessary.

Sincerely,

_____, SHA Staff Member

Housing Authority of the City of Smithville
161 E. First Street
Smithville, MO 64089
816.532.3744

I, hereby, authorize _____ to release the information requested below to the
Housing Authority of the City of Smithville.

Date

Signature of Applicant

***** ONLY Employer Fills in Below *****

Employed from _____ to _____

Occupation _____ Employment is ☐ Permanent ☐ Temporary ☐ Seasonal

Current or last base pay rate is \$ _____ per _____. Effective since _____.

Average number of hours worked per week: Straight time _____ Overtime _____.

Overtime rate is \$ _____ per _____.

Estimated amount of:	Tips.	\$ _____ per _____
	Bonus.	\$ _____ per _____
	Commissions.	\$ _____ per _____

Actual earning during past 12 months or for period of employment:

From _____ to _____ \$ _____ Overtime _____.

Please list any amounts withheld from paychecks, other than taxes.

Medical Insurance: \$ _____ per _____.

Other: \$ _____ Explain _____

Date _____ Signature and Title _____

Contact Phone: _____ Name & Address of Firm _____

Smithville Housing Authority

161 E First Street
Smithville, MO 64089
816-532-3744

Printed Name of Applicant: _____

Social Security Number: _____

1. Name of current or previous landlord _____

Address: _____

Phone: _____

Have you ever been party to an eviction? Yes / No

When _____ Where _____

Result _____

2. In the last five years, has anyone in your household been convicted of a crime? Yes / No

When _____ What crimes _____

3. Do you, now, or have you ever used illegal drugs? Yes / No

4. Have you ever been involved in a drug or alcohol rehabilitation program? Yes / No

When _____ Where _____

Result _____

The above information is full, true, complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I understand that intentional falsification of any information given is grounds for being declared ineligible for occupancy and/or grounds for termination of lease.

Signature of Applicant _____

Date _____

Smithville Housing Authority

161 E First Street
Smithville, MO 64089
816-532-3744

Lifetime Sex Offender List

Are you or any member of your family on the lifetime sex offender list? Yes / No

If you answer Yes to this question, we will need your (their) first and last name.

	Last Name	First Name
1		
2		
3		
4		

Comments: _____

Even if you are a juvenile, you must answer this question. There will be a search done in accordance with 24CFR 5.903 (g)

The above information is full, true, complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I understand that intentional falsification of any information given is grounds for being declared ineligible for occupancy and/or grounds for termination of lease.

Signature of Applicant _____ Date _____

SMITHVILLE HOUSING AUTHORITY
161 E FIRST STREET
SMITHVILLE, MO 64089
PH# 816-532-3744

POLICE RECORD VERIFICATION				
POLICE DEPARTMENT NAME: Smithville Police Department				
ADDRESS: 107 W. Main				
CITY, STATE, ZIP: Smithville, MO 64089				
PERMISSION FOR RELEASE OF INFORMATION:				
I authorize you to furnish the information requested below to the Smithville Housing Authority 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:				
NAME OF APPLICANT:	SOCIAL SECURITY #:			
APPLICANT DATE OF BIRTH:	ADDRESS:			
SIGNATURE:	DATE:			
***** STOP HERE *****				
Using the numbers below, please indicate whether the above-named family member has been arrested for or convicted of any of the crimes relating to the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. Homicide/Murder 2. Rape or Child Molesting 3. Burglary/Robbery/Larceny 4. Threats or Harassment 5. Destruct. of Prop./Vandalism 6. Assault or Fighting 7. Disorderly Conduct </td> <td style="width: 50%; vertical-align: top;"> 8. Drug Manufacturing/Sale/Distribution 9. Drug Use/Possession With Intent 10. Child Abuse/Domestic Violence 11. Public Intox/Drunk & disorderly 12. Receiving Stolen Goods 13. Fraud 14. Prostitution </td> </tr> </table>			1. Homicide/Murder 2. Rape or Child Molesting 3. Burglary/Robbery/Larceny 4. Threats or Harassment 5. Destruct. of Prop./Vandalism 6. Assault or Fighting 7. Disorderly Conduct	8. Drug Manufacturing/Sale/Distribution 9. Drug Use/Possession With Intent 10. Child Abuse/Domestic Violence 11. Public Intox/Drunk & disorderly 12. Receiving Stolen Goods 13. Fraud 14. Prostitution
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FAMILY MEMBER'S NAME	CRIME(s) #	STATUS/DISPOSITION		
PLEASE ATTACH COPIES OF POLICE REPORT(S)				
SIGNATURE OF PREPARER:		DATE:		

Thank you for your cooperation. All information is confidential. Please return this form by fax (816) 532-0579. If you have any questions, please feel free to contact our office at (816) 532-3744.

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):

Smithville Housing Authority
161 E. First Street
Smithville, MO 64089

Executive Director: Jenna Soehlig

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 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(I)(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.

VERIFICATION OF RENTAL HISTORY

Smithville Housing Authority

161 E. First Street
Smithville, MO 64089
816-532-3744

Landlord sends response to: bob@smithvilleha.org

To: _____ Date: _____

We are requesting verification of rental history for the individual named below, who states they are a present or former tenant.

I, _____, HEREBY AUTHORIZE YOU TO RELEASE
INFORMATION REGARDING MY TENANCY TO THE INQUIRING LANDLORD.

APPLICANT SIGNATURE

DATE

*****Landlord Only - Fills in Below*****

Rental history of (Print Name): _____

Move in Date: _____ Moved Out Date: _____ Monthly Rent \$ _____

Was rent paid on time? _____ Number of times late: _____

Number of persons in family? _____

Did they follow lease provisions? _____

Complaints by others (explain): _____

Care of rental unit: _____

Any damage? _____ Any pets? _____

Overall rating of tenant: (good / fair / poor) _____

Explain: _____

Would you rent to the again? _____

Did they give notice to move? _____

If a former tenant, did you return full security deposit? _____

Person providing information _____ Title _____

Phone _____

Signature of previous Landlord or Representative:

NOTICE TO PUBLIC HOUSING APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)

This notice was adapted from a notice prepared by the National Housing Law Project.

A federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, sexual assault, or stalking. The name of the law is Violence against Women Act, or "VAWA." This notice explains your rights under VAWA.

Protections for Victims

If you are eligible for public housing, the housing authority cannot refuse to admit you to the public housing program on the basis that you are a victim of domestic violence, dating violence, sexual assault, or stalking.

If you are the victim of domestic violence, dating violence, sexual assault, or stalking, the housing authority cannot evict you based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, sexual assault, or stalking that are caused by a member of your household or a guest can't be the reason for evicting you if you were the victim of the abuse.

Reasons You Can Be Evicted.

The housing authority can still evict you if the housing authority can show there is an *actual and imminent* (immediate) threat to other tenants or housing authority staff if you are not evicted. Also, the housing authority can evict you for serious or repeated lease violations that are not related to the domestic violence, dating violence, sexual assault, or stalking against you. The housing authority cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

Removing the Abuser from the Household

The housing authority may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the public housing unit. If the housing authority chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, the housing authority must follow federal, state, and local eviction procedures.

Proving That You Are a Victim of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

The housing authority can ask you to prove or "certify" that you are a victim of domestic violence, dating violence, sexual assault, or stalking. It must give you at least 14 business days (i.e., Saturdays, Sundays, and holidays do not count) to provide this proof. The housing authority is free to extend the deadline. There are three ways you can prove that you are a victim:

- Complete the certification form given to you by the housing authority. The form will ask for your name, the name of your abuser, the abuser's relationship to you, the date, time, and location of the incident of violence, and a description of the violence. You are only required to provide the name of the abuser if it is safe to provide and you know their name.

- Provide a statement from a victim service provider, attorney, mental health professional, or medical professional who has helped you address incidents of domestic violence, dating violence, sexual assault, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under penalty of perjury."

- Provide a police or court record, such as a protective order, or an administrative record.

Additionally, at its discretion, the housing authority can accept a statement or other evidence provided by the applicant or tenant.

If you fail to provide one of these documents within the required time, the housing authority may evict you.

Confidentiality

The housing authority must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority to release the information.
- The housing authority needs to use the information in an eviction proceeding, such as to evict your abuser.
- A law requires the housing authority to release the information.

If release of the information would put your safety at risk, you should inform the housing authority.

VAWA and Other Laws

VAWA does not limit the housing authority's duty to honor court orders about access to or control of a public housing unit. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking.

For Additional Information

If you have any questions regarding VAWA, please contact the PHA at 816-532-3744.

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

Local domestic violence service providers include:

- Synergy Services 816-587-4100
- Northland Domestic Violence Hotline 816-452-8535
- Smithville Police Department: 816-858-3521

Definitions

For purposes of determining whether a public housing applicant or tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines *domestic violence* to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse or intimate partner of the victim
- A person with whom the victim shares a child in common
- A person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction

VAWA defines *dating violence* as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines *sexual assault* as "any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent."

VAWA defines *stalking* as engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress.