



# 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](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> 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*

*Fax 816-532-0579*

Dear Applicant:

If you have difficulty reading, you may have assistance in filling out the application.

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

- 1. Birth certificates and Social Security cards of all household members.**
- 2. Drivers license or State ID of all adults.**
- 3. Income verification from all sources.**

You will be asked to 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

**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 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".
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.

Date and time application was received by SHA \_\_\_\_\_

By: \_\_\_\_\_

Name of each person who will live  
in the unit

<u>Name of each person who will live in the unit</u>	<u>Relationship*</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Social Security Number</u>
	Head of Household			

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

Complete current mailing address of applicant:

---

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

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

**MARITAL STATUS**

Single, never married \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced or 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: \_\_\_\_\_

INCOME

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

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: \_\_\_\_\_

EMPLOYMENT

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: \_\_\_\_\_

MILITARY

Military Status \_\_\_\_\_

Branch Served \_\_\_\_\_

PETS

Do you have any pets? \_\_\_\_\_ Pet deposit is \$300.00.  
Weight limit of 10 pounds and height of 14 inches  
Common household pet does NOT include: Rabbit, Farret, Hamster, Snake, Iguana, Turtle, Pot Belly Pig, Rodent of any kind.

**PREVIOUS PLACES OF RESIDENCE**

In this section, please list all the addresses wher 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	To	Your Complete Address	City, State & Zip Code
Landlord's Name		Landlord's Complete Address	City, State & Zip Code
From	To	Your Complete Address	City, State & Zip Code
Landlord's Name		Landlord's Complete Address	City, State & Zip Code
From	To	Your Complete Address	City, State & Zip Code
Landlord's Name		Landlord's Complete Address	City, State & Zip Code
From	To	Your Complete Address	City, State & Zip Code
Landlord's Name		Landlord's Complete Address	City, State & Zip Code

**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/Alask Native       Asian/Pacific Islander  
 Check one:  Hispanic       Non-Hispanic

Religious preference: \_\_\_\_\_

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  | Support & Alimony Providers or agencies |
| Welfare Agencies  | Social Security Administration          |
| Medical and Child Care Providers  | State & Private Employment agencies     |
| Utility Companies   | Credit Providers and Credit Bureaus     |
| Law Enforcement Agencies  |   |
| Retirement Systems  |   |
| Veterans Administration   |   |
| Banks and Other Financial Institutions                                  |   |

**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 \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Smithville Housing Authority  
161 E First Street  
Smithville, MO 64089  
816-532-3744  
Fax 816-532-0579

---

**Authorization for Background Check**

---

I authorize **Tenant P I** 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:

Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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

Authorization required for each family member 18 years or older



# 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 Topeka Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury<sup>1</sup>, 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 age<sup>2</sup>; 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)<sup>3</sup>; or
  - Permanent residence under §§249 of INA<sup>4</sup>; or
  - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA<sup>5</sup>; or
  - Parole status under §§212(d)(5) of the INA<sup>6</sup>; or
  - Threat to life or freedom under §§243(h) of the INA<sup>7</sup>; or
  - Amnesty under §§245 of the INA<sup>8</sup>

\_\_\_\_\_  
(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 \_\_\_\_\_

(See reverse side for footnotes and instructions)

<sup>1</sup>**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:

<sup>2</sup> **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.

<sup>3</sup> **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.

<sup>4</sup> **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*].

<sup>5</sup> **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*].

<sup>6</sup> **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*].

<sup>7</sup> **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*].

<sup>8</sup> **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 is 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 and "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

RE: \_\_\_\_\_

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 withing 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

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 \_\_\_\_\_

Name & Address of Firm \_\_\_\_\_

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

Smithville Housing Authority  
161 E First Street  
Smithville, MO 64089  
816-532-3744  
Fax 816-532-0579

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

1. Name of current or previous landlord \_\_\_\_\_

Address \_\_\_\_\_

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  
Fax 816-532-0579

**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 first and last name.

	Last Name	First Name
1.		
2.		
3.		
4.		

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

**SMITHVILLE HOUSING AUTHORITY  
161 E FIRST STREET  
SMITHVILLE, MO 64089  
PH# 816-532-3744 FAX# 816-532-0579**

<b>POLICE RECORD VERIFICATION</b>			
POLICE DEPARTMENT NAME: Smithville Police Department			
ADDRESS:	107 W. Main		
CITY, STATE, ZIP:	Smithville, MO 64089		
<b>PERMISSION FOR RELEASE OF INFORMATION:</b>			
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:		
<b>***** STOP HERE *****</b>			
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;"> <ul style="list-style-type: none"> <li>1. Homicide/Murder</li> <li>2. Rape or Child Molesting</li> <li>3. Burglary/Robbery/Larceny</li> <li>4. Threats or Harassment</li> <li>5. Destruct. of Prop./Vandalism</li> <li>6. Assault or Fighting</li> <li>7. Disorderly Conduct</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>8. Drug Manufacturing/Sale/Distribution</li> <li>9. Drug Use/Possession With Intent</li> <li>10. Child Abuse/Domestic Violence</li> <li>11. Public Intox/Drunk &amp; disorderly</li> <li>12. Receiving Stolen Goods</li> <li>13. Fraud</li> <li>14. Prostitution</li> </ul> </td> </tr> </table>		<ul style="list-style-type: none"> <li>1. Homicide/Murder</li> <li>2. Rape or Child Molesting</li> <li>3. Burglary/Robbery/Larceny</li> <li>4. Threats or Harassment</li> <li>5. Destruct. of Prop./Vandalism</li> <li>6. Assault or Fighting</li> <li>7. Disorderly Conduct</li> </ul>	<ul style="list-style-type: none"> <li>8. Drug Manufacturing/Sale/Distribution</li> <li>9. Drug Use/Possession With Intent</li> <li>10. Child Abuse/Domestic Violence</li> <li>11. Public Intox/Drunk &amp; disorderly</li> <li>12. Receiving Stolen Goods</li> <li>13. Fraud</li> <li>14. Prostitution</li> </ul>
<ul style="list-style-type: none"> <li>1. Homicide/Murder</li> <li>2. Rape or Child Molesting</li> <li>3. Burglary/Robbery/Larceny</li> <li>4. Threats or Harassment</li> <li>5. Destruct. of Prop./Vandalism</li> <li>6. Assault or Fighting</li> <li>7. Disorderly Conduct</li> </ul>	<ul style="list-style-type: none"> <li>8. Drug Manufacturing/Sale/Distribution</li> <li>9. Drug Use/Possession With Intent</li> <li>10. Child Abuse/Domestic Violence</li> <li>11. Public Intox/Drunk &amp; disorderly</li> <li>12. Receiving Stolen Goods</li> <li>13. Fraud</li> <li>14. Prostitution</li> </ul>		
FAMILY MEMBER'S NAME	CRIME(s) #	STATUS/DISPOSITION	
<b>PLEASE ATTACH COPIES OF POLICE REPORT(S)</b>			
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 (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. 07/31/2021

PHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)	HA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)
SMITHVILLE HOUSING AUTHORITY 181 E. FIRST STREET SMITHVILLE, MO 64089	
BOB FOSTER                      Executive Director	

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(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.



VERIFICATION OF RENTAL HISTORY

Smithville Housing Authority

161 E FIRST STREET

Smithville, MO 64089

816-532-3744

816-532-0579(FAX)

[bob@smithvilleha.org](mailto:bob@smithvilleha.org)

To: \_\_\_\_\_  
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.

\_\_\_\_\_  
TENANT SIGNATURE

\_\_\_\_\_  
DATE

Rental history of \_\_\_\_\_

Date moved in \_\_\_\_\_ Moved out \_\_\_\_\_ 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 them again? \_\_\_\_\_

Did they give notice to move? \_\_\_\_\_ If former tenant, did you return full security deposit? \_\_\_\_\_

Person providing information \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

<p style="text-align: center;"><b>NOTICE TO PUBLIC HOUSING APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)</b></p>
---

*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.