



WHEN APPLYING FOR HOUSING:

Applications are accepted for our housing (Elliott Manor and Northlake Manor) at the Elliott Manor Office at 617 N. Williams Street.

Applicants **MUST have the following items with them:**

1. Picture ID for all adult members of the household.
2. Social Security Cards for all members of the household.
3. Birth Certificates are required for all household members prior to move-in. (A Birth Certificate is not required at the time of application)

Angola Housing Authority currently has no emergency housing.

If you have any questions regarding this process, please contact us at
260-665-9741.

For Office Use Only. Applicants should not write in this section.

Eligibility Determination

Date: _____ Time: _____ Initial Eligibility Y N
Received by: _____ Interview Date: _____ Final Eligibility Y N
Denied: Date: _____

**ANGOLA HOUSING AUTHORITY
FULL APPLICATION FOR ADMISSIONS – PUBLIC HOUSING**

Limited English Proficiency:

Do you require oral and/or written information in any language other than English? Yes No

If yes, which language: _____ Please contact the Public Housing Office for assistance.

If no, please continue.

Instructions:

Complete this application in ink in your own handwriting. Use the correct legal name for each person who will reside in the same apartment exactly as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.

Applicant Head of Household:

Applicant Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address Where You Currently Live: _____

Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____

Social Security Numbers:

Social Security cards must be provided for all persons who will live in the rental unit.

Is any household member's current legal name different than the name on his/her SS card? Yes No

If yes, contact the Social Security Office immediately to obtain a corrected card with the current legal name.

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes No

If yes, explain: _____

I. HOUSEHOLD COMPOSITION (You are required to list all persons who will stay in the rental unit at any time during the lease period. No person may reside in a rental unit who has not been previously approved by the Housing Authority.)

**Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless the participant discloses being disabled.*

LIST BELOW ALL PERSONS AGE 18 OR OLDER:

Adults (age 18 or older)		Social Security #	Relation to Head	Sex	Race & Ethnicity	Birth Date	Age	Disabled* Yes/No
Last			HEAD					
First	MI							
Last			Co-Head or Spouse					
First	MI							
Last			Other Adult					
First	MI							
Last			Other Adult					
First	MI							

LIST BELOW ALL PERSONS UNDER THE AGE OF 18:

Minors (Under Age 18)		Social Security #	Relation to Head	Sex	Race & Ethnicity	Birth Date	Age	Disabled* Yes/No
Last								
First	MI							
Last								
First	MI							
Last								
First	MI							
Last								
First	MI							

I. HOUSEHOLD COMPOSITION: Continued

1. Is any household member over age 18 a full time student (other than head of household or spouse of head of household)? Yes No
 If yes, list name and the school they attend: _____
2. If the Spouse of the Head of Household temporarily absent from the home? Yes No
 If yes, where? _____
 When will the person return? _____
 Does absent spouse have income? Yes No
 If yes, list below:
 a. _____
 b. _____
3. Does anyone in your household require special accommodations due to a handicap or disability? Yes No
4. Does any elderly or disabled household member require a Live-in Aid? Yes No

II. INCOME AVAILABLE TO HOUSEHOLD

List **all** income earned or received by everyone living in the household regardless of age.

List **gross** amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Monthly Amount
Wages or Earnings					\$
					\$
TANF					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
Unemployment					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
					\$

Income Source	Yes	No	Family Member	Source	Monthly Amount
Regular Contributions or Gifts					\$
Military Income					\$
Self Employed (Lawn Care, Hair Stylist, Etc.)					\$
Veterans Benefits					\$
Other (List Type)					\$

1. Does anyone outside the household help with bills on a regular basis? Yes No

2. If yes, list name of each person or agency that assists with bills:

- a. _____
b. _____
c. _____

3. Is any household member age 18 or older participating in a job training program? Yes No

If yes, list his/her name and the specific job training program: _____

4. Has anyone in your household applied for any benefits which are in the process

of being approved? Yes No

If yes, explain: _____

III. ASSETS

1. Check each type of asset owned by any household member.

Type of Asset		Type of Asset	
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement/Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Has any asset been given away or sold for less than its fair market value in the past 2 years? Yes No
 If yes, what? _____
 What was its market value? \$ _____ How much did you receive? \$ _____

IV. MEDICAL AND DISABILITY ASSISTANCE

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside sources. DO NOT include life or burial insurance premiums.
 (Complete only if the Head of Household or Spouse is disable or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Do you pay for attendant care or an auxiliary apparatus for a disabled household member in order for them or any other family member to work? Yes No
 If yes, Itemize:
 a. _____
 b. _____

V. CHILD CARE

1. Do you pay for Child Care for children age 12 or younger while you work, attend school or seek employment? _____ If yes, to whom are expenses paid? _____
 How much per month? _____

2. Address of Child Care provider: _____

3. What amount is reimbursed? _____ Source: _____

VI. PREVIOUS HOUSING ASSISTANCE

1. Has any household member lived in public housing or participated in the Section 8 Housing assistance program after reaching the age of 18? Yes No
 If yes, under what name: _____
 Housing Agency/City: _____
 From _____ to _____ Lease in Name of: _____

Were you evicted or asked to move? Yes No

Were any wages disregarded in calculating your rent? Yes No

2. Has any household member been evicted from federally assisted housing in the

Past 3 years? Yes No

If yes, who? _____

Where? _____

VII. CRIMINAL HISTORY

1. Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:

a. Violent criminal activity? Yes No

i. If yes, give details: _____

b. Domestic violence, dating violence, or stalking? Yes No

i. If yes, name of victim: _____ Name of perpetrator: _____

c. Alcohol related activity? Yes No

i. If yes, give details: _____

d. Manufacture of Methamphetamines? Yes No

i. If yes, give details: _____

e. Possession, sale, or distribution of illegal drugs? Yes No

i. If yes, list name/date/disposition of case: _____

List name of any household member who is required to register as a sex offender: _____

If required to report, list name and telephone number of probation/parole officer: _____

2. Has any household member participated in drug rehabilitation during the past

12 months? Yes No

If yes, explain: _____

VIII. RENTAL HISTORY

1. Current Landlord: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Dates of Occupancy: From _____ to _____

Rental Property Address: _____

Were you ever late in paying rent? Yes No

Were you evicted or asked to move? Yes No



ANGOLA HOUSING AUTHORITY

617 North Williams St. | Angola, Indiana 46703 | Phone (260) 665-9741

CONSENT

I authorize and direct any Federal, State or local agency organization, business or individual to release to Angola Housing Authority any information or materials needed to complete and verify my application participation and/or to maintain my continued assistance under the HUD Public Housing. 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 the Angola Housing Authority to release information from my file about my rental history, and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and Marital Status; Credit and Criminal Activity; Residences and Rental Activity; Medical or Child Care Allowances; Employment, Income & Assets

I understand that this 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 the above information (depending on program requirements) includes but is not limited to:

- | | | |
|-----------------------------|--------------------------------|--------------------------------------|
| Previous Landlords | Past & Present Employers | Veterans Administration |
| Public Housing Agencies | Welfare Agencies | Retirement Systems |
| Courts & Post Office | State Unemployment Agencies | Banks & Other Financial Institutions |
| Schools & Colleges | Social Security Administration | Credit Providers & Credit Bureaus |
| Law Enforcement Agencies | Medical & Child Care Providers | Utility Companies |
| Support & Alimony Providers | | |

CONDITIONS

I agree that a photocopy of this authorization may be used for purposes stated above. This original of the authorization is on file with the Angola Housing Authority and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Head of Household	Print Name	Date
-------------------	------------	------

Co-Head/Spouse	Print Name	Date
----------------	------------	------

Other Adult Member Signature	Print Name	Date
------------------------------	------------	------

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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

Angola Housing Authority
617 N. Williams St.
Angola, IN 46703

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(1)(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.

Optional and Supplemental 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.

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

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 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.	

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.