



HOUSING AUTHORITY OF THE CITY OF ANGOLA

Elliott Manor

Cindy North, Property Manager

Shannon Comment, Asst. Property Manager

617 N. Williams St., Angola, IN 46703

Phone: (260)665-9741 ext. 221

Northlake Manor

Dana VanAuken, Property Manager

Shannon Comment, Asst. Property Manager

300 Bittersweet Ct., Angola, IN 46703

Phone: (260) 668-3806 ext. 228

PRELIMINARY APPLICATION FOR PUBLIC HOUSING Instructions

Thank you for your interest in the Public Housing Programs offered by the AHA. On the next few pages, you will find a preliminary application for housing assistance. Please review each of the questions carefully on the preliminary application form. It is very important for you to answer each question accurately and completely to the best of your knowledge.

Incomplete applications will be returned and will not be processed until complete, if something is not applicable enter N/A, do not leave it blank. Your completed application will receive a date and time when received by the AHA. If eligible, you will be placed on the public housing waiting list according to date and time and preferences.

This application is for both the Northlake Manor and Elliott Manor Public Housing Program.

Public Housing comes in all sizes and types, from scattered single family houses to high rise apartments. There are approximately 183 public housing units owned and operated by the Angola Housing Authority.

The Angola Housing Authority will then notify you to schedule an appointment for an interview. Interviews are by appointment only.

Apartments are not necessarily offered on a first come, first served basis. Federal government regulations, priorities, preferences and Angola Housing policy determine occupancy. Applicants are not guaranteed to be listed on the waiting list, or to any particular position on the waiting list. Applications will be maintained in order of bedroom size, preference, and date/time of application.

You are required to report any changes in family size or composition, preference status, or contact information, including current residence, mailing address, and phone number within 10 business days in WRITING to the Angola Housing Authority. Failure to do so will affect your eligibility, placement and position on the waiting list.

After answering all of the questions, submit your application to the AHA either through the mail or in person during regular business hours.

The office hours are: Monday - Friday
 8:30 AM – Noon
 1:00 PM – 3:30 PM

Website: www.angolahousing.org

If you have any questions, please call during business hours.



Date Received _____
Time _____ am / pm

The Angola Housing Authority is an equal opportunity housing provider, committed to providing quality housing opportunities and service to all eligible applicants and participants regardless of race or color, national origin, religion, sex, familial status and/or handicap/disability.

Head of Household Information: Please provide all the information requested below. Clearly print or type all responses.
***Use your legal name as it appears on your Social Security Card.**

Head of Household									
Name:	Middle:	Last:							
Mailing Address	City:	State/Zip Code							
SSN:	Cell Phone	Home Phone:							
E-Mail	Date of Birth	Sex (Circle One)	Male	Female					
Driver's License/ State ID #	Driver's License State	Marital Status (Circle One)	Single	Married	Separated	Divorced	Widowed		

Employment Status	Ethnicity	Family Attributes	HOH or spouse is	Race (Choose any that apply)
Employed	Hispanic or Latino	Near Elderly	55 to 61	White
Self Employed	Not Hispanic or Latino	Elderly	62 and older	Black
Unemployed		Displaced		American Indian
Job Training / Student		Homeless		Asian
Retired				Pacific Islander

Citizenship		School Attending	
Eligible Citizen		Name	
Eligible Non-Citizen		Address	
Ineligible Non-citizen		City	
Pending Verification		State / Zip	
		Phone	

It is not necessary to give us information about your disability unless you are requesting an accommodation	
I claim a disability	
I need accommodation to complete the application process	
I need accommodation in housing features as a result of my disability	

Alien Registration #	
A	

Family Member #2									
Name:		Middle:		Last:					
SSN:		Date of Birth		Sex (Circle One)		Male		Female	
Driver's License/ State ID #		Driver's License State		Marital Status (Circle One)		Single		Married	
Race (Choose any that apply)		Ethnicity		Relationship to HOH		Citizenship		Employment Status	
White		Hispanic or Latino		Spouse		Eligible Citizen		Employed	
Black		Not Hispanic or Latino		Co Head		Eligible Non-Citizen		Self Employed	
American Indian		Alien Registration # <div>A</div>		Foster Child/Adult		Ineligible Non-citizen		Unemployed	
Asian				Youth Under 18		Pending Verification		Job Training / Student	
Pacific Islander				Fulltime Student				Retired	
				Live in Aid					
				Other Adult					

Family Member #3									
Name:		Middle:		Last:					
SSN:		Date of Birth		Sex (Circle One)		Male		Female	
Driver's License/ State ID #		Driver's License State		Marital Status (Circle One)		Single		Married	
Race (Choose any that apply)		Ethnicity		Relationship to HOH		Citizenship		Employment Status	
White		Hispanic or Latino		Spouse		Eligible Citizen		Employed	
Black		Not Hispanic or Latino		Co Head		Eligible Non-Citizen		Self Employed	
American Indian		Alien Registration # <div>A</div>		Foster Child/Adult		Ineligible Non-citizen		Unemployed	
Asian				Youth Under 18		Pending Verification		Job Training / Student	
Pacific Islander				Fulltime Student				Retired	
				Live in Aid					
				Other Adult					

Family Member #4

Name:	Middle:	Last:
SSN:	Date of Birth	Sex (Circle One) Male Female
Driver's License/ State ID #	Driver's License State	Marital Status (Circle One) Single Married Divorced Widowed

Race (Choose any that apply)	White	Alien Registration # <div>A</div>
	Black	
	American Indian	
	Asian	
	Pacific Islander	

Ethnicity	Relationship to HOH
Hispanic or Latino	Spouse
Not Hispanic or Latino	Co Head
	Foster Child/Adult
	Youth Under 18
	Fulltime Student
	Live in Aid
	Other Adult

Citizenship	Employment Status
Eligible Citizen	Employed
Eligible Non-Citizen	Self Employed
Ineligible Non-citizen	Unemployed
Pending Verification	Job Training / Student
	Retired

Family Member #5

Name:	Middle:	Last:
SSN:	Date of Birth	Sex (Circle One) Male Female
Driver's License/ State ID #	Driver's License State	Marital Status (Circle One) Single Married Divorced Widowed

Race (Choose any that apply)	White	Alien Registration # <div>A</div>
	Black	
	American Indian	
	Asian	
	Pacific Islander	

Ethnicity	Relationship to HOH
Hispanic or Latino	Spouse
Not Hispanic or Latino	Co Head
	Foster Child/Adult
	Youth Under 18
	Fulltime Student
	Live in Aid
	Other Adult

Citizenship	Employment Status
Eligible Citizen	Employed
Eligible Non-Citizen	Self Employed
Ineligible Non-citizen	Unemployed
Pending Verification	Job Training / Student
	Retired

Family Member #6									
Name:		Middle:		Last:					
SSN:		Date of Birth		Sex (Circle One)		Male		Female	
Driver's License/State ID #		Driver's License State		Marital Status (Circle One)		Single		Married	
						Separated		Divorced	
								Widowed	
Race (Choose any that apply)		Ethnicity		Relationship to HOH		Citizenship		Employment Status	
White		Hispanic or Latino		Spouse		Eligible Citizen		Employed	
Black		Not Hispanic or Latino		Co Head		Eligible Non-Citizen		Self Employed	
American Indian		Alien Registration # <div>A</div>		Foster Child/Adult		Ineligible Non-citizen		Unemployed	
Asian				Youth Under 18		Pending Verification		Job Training / Student	
Pacific Islander				Fulltime Student				Retired	
				Live in Aid					
				Other Adult					
Are there any household members pregnant?				Yes / No		If Yes, who and when are they due?			
Previous Address									
Mailing Address		City		State and Zip Code					
Mailing Address		City		State and Zip Code					
Household Member that attend a School									
Are any household members attending any kind of schooling		Yes / No		Name:		If yes, please tell us who and where they are going or will go?			
				Name:		Attending:			
				Name:		Attending:			

Anticipated Family Composition Changes (within next 12 months)

Do you expect anyone to move in or out of your household within the next twelve months?	Yes / No	If yes, please tell us who will be added or deleted and when?

Criminal Information (These questions apply to all household members) You **MUST** answer each of the following questions accurately and completely. The AHA conducts criminal background checks and your response to these questions may be verified. Providing inaccurate and/or incomplete information may be grounds for denial.

Have you or any member of your household ever been arrested or convicted for the use, sale and/or manufacture of controlled substances?	Yes / No	If yes, please tell us who, dates, charges, city and state
Have you or any member of your household ever been arrested for any criminal activity that has one of its elements the use, attempted use, or threatened use of physical force against a person or property of another?	Yes / No	If yes, please tell us who, dates, charges, city and state
Does anyone in your household currently (or within the last 3 years) use a controlled substance or illegal drug?	Yes / No	If yes, please explain

Previous Housing Assistance You **MUST** answer each of the following questions accurately and completely. False and/or incomplete answers may result in denial/termination/eviction.

Have you ever lived in public or assisted housing at any time in the past?	Yes / No	If yes, please explain. Include dates and locations.
Have you ever committed, been accused or charged with any fraud or knowingly misrepresented information in any housing assistance program?	Yes / No	If yes, please explain. Include dates and locations.
Do you owe any money to any housing authority or agency that provides housing assistance?	Yes / No	If yes, what agency, how much.
Have you ever been evicted from any public housing program or had program benefits denied or terminated in any housing assistance program?	Yes / No	If yes, please explain. Include dates and locations?

Assets: (This question applies to all household members, including children). Please tell us about all assets owned by household members, including assets owned by more than one person, allowing unrestricted access by the household member(s).

Assets include: The current balance in your savings account, the average 6 month balance in your checking account, stocks, bonds, saving certificates, money market funds, investments, equity in real property, trusts available to the household, IRA's, Keogh's, retirement accounts, company retirement pensions, lump sum receipts such as inheritances, capital gains, lottery winnings, cash from sale of assets, insurance settlements, Social Security and SSI lump sum payments, person property held as an investment, cash value of life insurance policies, and any assets deposited of for less than fair market value during the past 2 years.

Family Member Name	Type of Asset (from list above)	Account Number or Policy Number	Company/Institution Name and Address	Cash Value of Asset
				\$
				\$
				\$
				\$

Income: (This question applies to all household members). Please tell us about all income received in the household. The definition of income is, "all amounts, monetary or not, which go to or on behalf of the family head or spouse or to any other family member, or that are anticipated to be received from a source outside the family during the 12 month period following admission or the annual reexamination effective date." Providing inaccurate and/or incomplete information is grounds for denial.

Income includes: Employment income, the net income from a business, periodic payments from Social Security, annuities, pensions, alimony and child support, payments in lieu of earnings such as unemployment compensation, workers compensation, severance pay, public assistance (TANF), SSI, military pay and regular contributions and gifts.

Family Member Name	Type of Income (from list above)	Provider of Income Name	Address	Dollars per week, month or year (specify one)
				\$
				\$
				\$
				\$

Additional Income Information:

Has anyone in your household applied for any benefits or money that is in the process of being approved?	Yes / No	If yes, please list the source and date of application.
Does anyone outside your household give you money and/or pay for any of your bills or expenses	Yes / No	If yes, name and address? What amount?
Are you or any member of your household entitled to child support (even if not received) not previously listed?	Yes / No	If yes, which family member (s)? From who? What amount?
Are you or any member of your household entitled to alimony?	Yes / No	If yes, which family member (s)? From who? What amount?
Does anyone in your household receive an educational scholarship or grant?	Yes / No	If yes, which family member(s)? What type? What is the source?

Medical Expenses: (These questions only apply if the head, spouse or co head is 62 years or older or is disabled)

Do anyone in the household pay Medical Insurance Premiums?	Yes / No	If yes, which family member? To who? What amount?
Does anyone in the household pay for Long Term Care Insurance?	Yes / No	If yes, which family member? To who? What amount?
Does anyone in the household pay for Out of Pocket Prescription Expenses?	Yes / No	If yes, which family member? To who? What amount?
Does anyone in the household have Medical Bills that have been paid in the last 12 months?	Yes / No	If yes, which family member? To who? What amount?

Child Care Expenses: (These questions only apply if the head, spouse or co head is 62 years or older or is disabled)

Does any family member have expenses for child care of a child age 12 or younger?	Yes / No	If yes, which family member? To who? What amount?
Is any portion of these child care expenses reimbursed from an outside agency or person?	Yes / No	If yes, which family member? From who? What amount?

APPLICANT CERTIFICATION and NOTICE

I certify that the information given to the Angola Housing Authority on household composition, income, and family assets is accurate and complete to the best of my/our knowledge and hereby authorize verification of all references. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for denial, termination or eviction. I understand that all changes in household members or income must be reported to the Angola Housing Authority ***IN WRITING*** within 10 business days of the change. I understand that the Angola Housing Authority requests upon admittance, Emergency and Deceased Tenant Information.

Warning! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

Signature of Head of Household	Date	Signature of Spouse	Date
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Signature of Other Adult	Date	Signature of Other Adult	Date
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Violence Against Women and Justice Department Reauthorization Act 2005

VAWA prohibits the eviction of, and removal of assistance from, certain persons living in public housing if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault, or stalking, as those terms are defined in Section 3 of the United States Housing Act of 1937 as amended by VAWA (42 U.S.C. 13925).

How I heard about the Angola Housing Authority

____ Newspaper ____ Facebook ____ Other

____ Friend ____ Website

____ A Resident (Who? _____)

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
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.

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

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

Angola Housing Authority
617 North Williams Street
Angola, IN 46703

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

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

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

Angola Housing Authority
AUTHORIZATION for Release of Information

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 and 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 and Post Offices	State Unemployment Agencies	Banks & Other Financial Institutions
Schools and Colleges	Social Security Administration	Credit Providers and Credit Bureaus
Law Enforcement Agencies	Medical & Child Care Providers	Utility Companies
Support and Alimony Providers		

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this 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 correct.

SIGNATURES

_____ Head of Household	_____ (Print Name)	_____ (Date)
_____ Spouses	_____ (Print Name)	_____ (Date)
_____ Adult Member	_____ (Print Name)	_____ (Date)
_____ Adult Member	_____ (Print Name)	_____ (Date)

Anyone receiving Social Security or SSI will need a current document stating the income received. Current meaning: not older than 60 days of the date of your interview.

A letter may also be requested online at www.ssa.gov.

From the front of the page of the website (social security online) click on already receiving benefits, which is located in the center column of the page. From the right side of the page under Things You Can Do Online, click get a proof of income letter. Then just follow the Instructions.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.				
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">◦ Evicted from your apartment or house;◦ Required to repay all overpaid rental assistance you received;◦ Fined up to \$ 10,000;◦ Imprisoned for up to 5 years; and/or◦ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>				
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.				
Completing The Application	<p>When you answer application questions, you must include the following information:</p> <table><tr><td>Income</td><td><ul style="list-style-type: none">◦ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);◦ Any money you receive on behalf of your children (child support, social security for children, etc.);◦ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);◦ Earnings from second job or part time job;◦ Any anticipated income (such as a bonus or pay raise you expect to receive)</td></tr><tr><td>Assets</td><td><ul style="list-style-type: none">◦ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.</td></tr></table>	Income	<ul style="list-style-type: none">◦ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);◦ Any money you receive on behalf of your children (child support, social security for children, etc.);◦ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);◦ Earnings from second job or part time job;◦ Any anticipated income (such as a bonus or pay raise you expect to receive)	Assets	<ul style="list-style-type: none">◦ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.
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- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application	<ul style="list-style-type: none"> ▫ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. ▫ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. ▫ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.
Recertifications	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> ▫ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members. ▫ Any move in or out of a household member; and, ▫ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.
Beware of Fraud	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> ▫ Do not pay any money to file an application; ▫ Do not pay any money to move up on the waiting list; ▫ Do not pay for anything not covered by your lease; ▫ Get a receipt for any money you pay; and, ▫ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).
Reporting Abuse	<p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.</p>

