



Applicant must provide -

- Statement from owner approving the addition of this adult to the unit
- Social Security Card
- Picture ID
- Documentation of all income sources (current 4 pay stubs; current award letters; current benefit statements)
- Asset Information

When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program. The family must:

1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition. Information must be provided within 30 days of any change.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
4. Request permission from the PHA for absences from the unit exceeding 30 days. An authorized absence may not exceed 90 days. Any family absent for more than 90 days may be terminated from the program.
5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Notify the PHA in writing within 10 days of the birth, adoption, or court-awarded custody of a child.
9. Request PHA written approval to add any other family member as an occupant of the unit.
10. Promptly notify the PHA in writing if any family member no longer lives in the unit.
11. Give the PHA a copy of any owner eviction notice.
12. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

Any information the family supplies must be true, complete and verifiable.

The family (including each family member) must not:

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease, which includes unpaid rent.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
7. Including guests must not damage the unit or premises (other than damage from ordinary wear and tear)
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

I am requesting to be added to the household of _____



Authorization for Release of Information

I, _____, authorize the Minneapolis Public Housing Authority (MPHA) and its designated employees or agents to obtain a Criminal History Background Check for the purposes of evaluating my application for the Housing Choice Voucher Program.

The Section 8 Housing Choice Voucher Criminal Background Check Procedures and Screening Guidelines are part of the Section 8 Housing Choice Voucher Program's Administrative Plan and can be found online at mphaonline.org. The procedures and guidelines may also be requested at our Section 8 management office. The Screening Guidelines list and identify crimes, define Sentence and Conviction, and specify an amount of time that should elapse after a Sentence is completed. This helps MPHA determine if an applicant has shown a reasonable probability of favorable future conduct and ability to comply with family obligations of the Section 8 Housing Voucher Program. In general, MPHA will request a Criminal History Background Check to determine if any member of the household:

- 1) is subject to a lifetime sex offender registration requirement in any state;
- 2) has been convicted of manufacturing or producing methamphetamine on the premises of federally assisted housing;
- 3) has been convicted of drug related criminal activity;
- 4) has been convicted of violent criminal activity.

Criminal Background Reports may be obtained and used under this authorization in connection with an application update, annual recertification, or community/neighborhood complaints that obligate MPHA to take corrective action in connection with the regulatory requirements of the Housing Choice Voucher Program. If MPHA determines that a household member's criminal records prevent admission to the program, or termination from the program, MPHA will provide the subject of the criminal record, with a copy of the information and allow the subject an opportunity to dispute the accuracy and relevance of the information and to submit information which may mitigate unfavorable criminal reports. Depending on the circumstances and a showing of reasonable probability of a favorable future conduct, MPHA may deviate from the guidelines.

Your criminal background data will be maintained confidentially and will be destroyed once the purpose for which the record was requested has been accomplished. MPHA will disclose the records to MPHA employees or representatives who have a job related need for the information and may disclose the records during judicial proceedings. MPHA cannot be responsible for controlling access to or knowledge of the records after such disclosure.

Applicant (or designated signer's name) _____

Signature of Applicant or signer _____ **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** _____

Revised 11/04/2010

**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)

Minneapolis Public Housing Authority
1001 Washington Ave N
Minneapolis, MN 55401

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 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 wages 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 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.



Section 8
Housing Choice Voucher Program

Declaration of 214 Status

Rev. Date 12-21-2018

All family members who will benefit under the Section 8 program must either be a citizen/national of the United States (U.S.) or be a citizen with eligible immigration status, as determined by the U.S. Department of Housing and Urban Development (HUD) and U.S. Citizenship & Immigration Services (USCIS).

Head of Household name: _____

Social Security number: _____

INSTRUCTIONS:

All family members who claim to be a citizen/national of the U.S. or a noncitizen with eligible immigration status should be listed on this form and should check one box. If there are family members residing in the unit that do not claim to be either a citizen/national of the U.S. OR a noncitizen with eligible immigration status, they should not check any box; these members should fill out the "Non-Contending Form." Please read and complete this form carefully; please feel free to consult with an immigration lawyer or another immigration expert of your choice.

The head of household and all adult household members must sign; for all members under 18, the form must be signed by an adult member of the household who is responsible for the child.

CERTIFICATION:

I certify under penalty of perjury that, to the best of my knowledge, I, and all minor members of my household listed below, am lawfully within the United States because I am a/I have (check the appropriate box below):

- | | |
|---|--|
| A. Citizen by birth or Naturalized citizen/national of the US | E. Refugee, Asylum or Conditional Entry status |
| B. Eligible Immigrant 62+ years of age | F. Parole status |
| C. Immigrant status | G. Threat to life or freedom |
| D. Permanent Resident status | H. Amnesty |

(See rear of form for description of the above categories)

CATEGORIES OF CITIZEN/IMMIGRATION STATUS

SEE LIST ABOVE – CHECK APPROPRIATE BOX

	FIRST NAME	MI	LAST NAME	AGE	A	B	C	D	E	F	G	H
1.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Head of Household

Date

Household Member Age 18 and Over

Date

Household Member Age 18 and Over

Date

Household Member Age 18 and Over

Date



Description of Immigration Status Categories

- B. Eligible immigration status and 62 years of age or older:** For non-citizens who are 62 years of age or older were 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 is required.
- C. Immigration status under § 101(a)(15) or 101 (a)(20) of INA.** A non-citizen 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 non-citizen 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 status.
- D. Permanent residence under §249 of INA.** A non-citizen 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*].
- E. Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A non-citizen 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. I 153(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*].
- F. Parole Status under §212 (d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a 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*].
- G. Threat to life or freedom under §243(h) of INA.** A non-citizen 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*].
- H. Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name



MINNEAPOLIS PUBLIC HOUSING AUTHORITY

HCV/SECTION 8 PROGRAM

A. Language Survey

1. Do you speak English? ____ Yes ____ No
2. If no, do you want free language assistance during the application/recertification process?
____ Yes ____ No
If yes, what language: _____
3. Do you read English? ____ Yes ____ No
If no, please list the languages you can read: _____

B. PLEASE READ CAREFULLY AND COMPLETE IN FULL.

You must use the correct legal name for each member of your household – as identified on your Social Security card. All adult members of the household must sign this form certifying the information pertaining to them is correct and current.

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (_____) _____ -- _____

C. Racial Group Identification (Minority Code)* :

*The Department of Housing and Urban Development (HUD) requires this information to monitor the use of its programs.

Use these code numbers in the chart below:

1. White 2. African /African American 3. American Indian/ Alaskan Native 4. Asian/Pacific Islander

Ethnicity of Household*: 1. Hispanic 2. Non-Hispanic

Household Composition and Characteristics:

List the Head of the Household and all other members who will be living in the assisted unit.

If you need to list additional family members, use the back of this form and check here: ☐

Full name (as it appears on Social Security Card)	Relationship To Head of Household	Minority Code*	Ethnicity Code*	Date of Birth	Birthplace	Age	Sex M or F	Disabled Y or N	Full Time Student Y or N	SSN verified through EIV? (office use only)
										<input type="checkbox"/>

D. Other Information

	Yes	No
2. Have you used any names or social security numbers other than the ones listed on the front of this application? If yes, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of or pled guilty to any crime or misdemeanor other than traffic violations? If yes, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money to any federally assisted housing program?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you subject to a lifetime sex offender registration program in any state?	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT INFORMATION – List all full time; part time, seasonal, self employment for all members:

NAME OF MEMBER EMPLOYED	NAME & ADDRESS OF EMPLOYER	GROSS EARNINGS
		\$ per
		\$ per
		\$ per

OTHER INCOME – List all other household income (such as GA, MFIP, MSA, SSI, Social Security, unemployment compensation, child support, alimony, dividends, workers compensation, annuities, pensions, or any other income :

NAME OF MEMBER RECEIVING INCOME	SOURCE OF INCOME	GROSS EARNINGS
		\$ per month
		\$ per month
	MFIP	\$ per month
	Food Stamps	\$ per month

BANK ACCOUNT/ASSET INCOME If yes was answered above for any question in SECTION F, complete the chart below for each:

Asset	Value	Name and Address of Bank	Account Number
	\$		
	\$		
	\$		
	\$		

Application Certification:

I/We understand that the above information is being collected to determine my/our eligibility for Section 8 Assistance. Information given will be verified and may be released to appropriate Federal, State and local agencies. I/We certify that the information given on the application is true and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or false information is punishable under Federal Law.

I/We further understand that it is my/our responsibility to inform the MPHA Section 8 Programs in writing, within 30 days of any changes of address, family composition and income while participating in the MPHA HCV/Section 8 Programs.

Signature of the Applicant

Date