



Warren Metropolitan Housing Authority

**HOUSING CHOICE VOUCHER
APPLICATION**

990 East Ridge Drive, Lebanon, Ohio 45036
Lebanon (513) 695-3380 Fax (513) 695-1638
Email: housing@warrenmha.org

Cincinnati (513) 925-3380 * Middletown (513) 261-3380 * Dayton/Franklin (937) 425-3380

Applicant Name: _____

Address: _____

Street

Apt. #

City

State

Zip Code

Phone: _____

Home Phone/Cell Phone

Work Phone

Message Phone

Person's Name

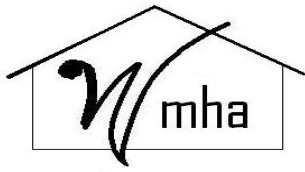
Email Address: _____

By completing this application, you are applying for the HOUSING CHOICE VOUCHER (Section 8) Waiting List- *You find a landlord who will accept the Housing Choice Voucher within Warren County.*

Providing the following documents will allow WMHA to process your application faster and decrease your application processing time:

- Birth Certificates (**certified originals**) and Social Security Cards (**originals**) for all family members and Photo I.D. (**originals**) for all adults
- Preference Documents (DD-214, Transitions Letter, Award Letter, Etc.)
- List of Addresses for the past 5 years for all adults in the household
- Proof Of Income (Social Security Award Letter, Workers Compensation Award Letter, TANF Award Letter, Unemployment Award Letter, Most Recent Paycheck Stubs-4 or more preferred)
- Most Recent Bank Statements (Past 3 months preferred)

Place Time Stamp



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Place Time Stamp

Warren Metropolitan Housing Authority

990 East Ridge Dr
Lebanon, Ohio 45036

APPLICATION FOR ADMISSION * APLICACION PARA ADMISION

Date of App.: _____
Dia de Aplicacion.

1) Phone No. - _____
Numero de telefono

Applicant Name: _____
Nombre del Aplicante

2) Phone No. - _____
Numero de telefono

Street Address: _____
Direccion

3) Phone No. - _____
Numero de telefono

City/State/Zip: _____
Ciudad/Estado/Zip:

Where we can reach you 3 – 4 months from today.
Donde le podemos llamar 3-4 meses después de hoy.

****Are you planning on a change in the number of people on your application?**
Esta usted planeando en un cambio en el numero de personas en su aplicación? ___Si___ No

**** (Requested Bedroom Size) _____ (Tamaño de Dormitorio solicitado) _____**

Please list all persons who will be residing in your household:

Por favor liste todas las personas que vivirán en su casa:

| (Name) First, M.I., Last | Relation to head | Birth Date | Age | Sex | Social Security Number | City/State Of Birth |
|---------------------------------|-----------------------------|----------------------------|-------------|-------------|----------------------------------|------------------------------------|
| <i>(Nombre) Primero, Ultimo</i> | <i>Relacion a la cabeza</i> | <i>Fecha de Nacimiento</i> | <i>Edad</i> | <i>Sexo</i> | <i>Numero de Social Security</i> | <i>Ciudad/Estado de Nacimiento</i> |
| 1 | Head/Cabeza | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

INCOME FROM EMPLOYMENT * INGRESO DE EMPLEO.

List all full-time and/or seasonal employment for head, spouse and other household members age 18 or older, including the self-employed.
Liste todo empleo full-time y o temporáneo para la cabeza, esposa(a) y otro miembro de familia edad 18 o mas, incluyendo trabajadores autónomos.

| PLACE OF EMPLOYMENT | EMPLOYER ADDRESS | EMPLOYER TELEPHONE | EARNINGS RECEIVED: WEEKLY/BI-WKLY/MONTHLY |
|------------------------|----------------------------|---------------------------|--|
| <i>Lugar de Empleo</i> | <i>Direccion de Empleo</i> | <i>teléfono de Empleo</i> | <i>Ganancias recibidas: Semanal/Bi-semanal/Mensual</i> |
| 1 | | | |
| 2 | | | |
| 3 | | | |

INCOME FROM OTHER SOURCES * INGRESO DE OTRAS FUENTES

List unearned income for all household members. This includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, workers compensation and disability compensation.
Liste ingreso no honrado para todos los miembros de la casa. Incluyendo interés, ingreso de propiedad rentada, social security, pensiones, asistencia pública, SSI, compensación de desempleo, pensión, child support, compensación de trabajo o compensación de incapacidad.

| TYPE OF INCOME | NAME OF AGENCY/PERSON INCOME RECEIVED FROM: | CONTACT PERSON NAME/TELEPHONE | TOTAL AMOUNT RECEIVED WEEKLY/BI-WKLY/MONTHLY |
|------------------------|---|---|---|
| <i>Tipo de ingreso</i> | <i>Nombre de agencia/persona Que recibe ingreso de:</i> | <i>Persona para contactar Nombre/teléfono</i> | <i>Cantidad total recibida Semanal/bi-semanal/mensual</i> |
| 1 | | | |
| 2 | | | |
| 3 | | | |

ASSETS * CUENTAS

List assets of all household members, including but not limited to bank accounts, stocks, bonds, credit union shares, whole life insurance policies and any type of real estate owned. *Liste todas las propiedades de los miembros de la casa, incluyendo cuentas de banco, acciones, bonos, uniones de créditos, acciones, seguros de vidas enteros y tipos de propiedad poseída.*

| NAME OF BANK - TYPE OF ASSET | EST. CURRENT BALANCE OR VALUE. | EST. ANNUAL INCOME FROM ASSETS |
|---------------------------------|---------------------------------|---|
| <i>Tipo de asset(propiedad)</i> | <i>Estimado balance o valor</i> | <i>Estimado ingreso anual de asset(propiedad)</i> |
| 1 | | |
| 2 | | |
| 3 | | |

Check race of household head: *Ponga un check en su raza:*

White(Blanco/a) **Black**(Americano/a-Africano/a) **Hispanic**(Hispano/a)

****Does any member of your household attend school full-time?** **Yes** **No**

Cual quien miembro de la casa atiende una escuela full-time(tiempo completo). *Si* *No*

****Have you or any household member sold or given away any real property or assets in the past two years?** **Yes** **No**

A usted o otro miembro de su casa vendido o regalado propiedad en los últimos dos años? *Si* *No*

****Military Service:** **Yes** **No** If yes, Please list any household member who is currently serving in the active military or naval service and/or a Veteran who was discharged or released under conditions other than dishonorable(This does not include Reverse training). *Servicio de Militaría. Liste cualquier miembro de la casa que esta sirviendo activo en la militaría o servicio naval y/o Veterano que fue descargado o liberado sobre condiciones que no sean deshonroso. (No incluye Reverse Training.)*

1) _____ 2) _____

****HANDICAP/DISABILITY STATUS:** **Yes** **No** If yes please state any special accommodation due to a specific condition your household may need. ***Posición de desventaja/incapacidad:*** *Por favor diga cualquier alojamiento especial debido a una condición específica que cualquier miembro de la casa necesite.*

Remember, at any time during the application process or after you are housed you can request "Reasonable Accommodations" by putting it in writing to the Authority and submitting proper documentation.

Recuérdese, que en cualquier tiempo durante el proceso de la aplicación o después que usted sea alvergado/a pueden pedir "Acomodaciones Razonables" al ponerlo en escrito a la Autoridad y dar documentación apropiada.

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Entiendo que esto no es un contrato y no laza ningún lado. La información arriba esta llena, verdadera, y completa a lo mejor de mi conocimiento. No tengo objeciones a indagaciones echa por razones de verificar la declaración hecho aquí.

Signature of Applicant (*firma del aplicante*)

Date (*Fecha*)

Interviewed by WMHA Employee

Date



How did you hear about us?

¿Como supo sobre nosotros?

- Cable.
- Word of Mouth. / *Amigo/as*
- Social Service Agency./ *Ajenc. Social*
- Phone Book / *libro de telefono*
- Internet.

FOR AUTHORITY USE ONLY

On the basis of the rules and regulations set forth in the WMHA policy, the Applicant named herein has been found to be; (Eligible) for admission _____ (Ineligible) for admission _____

(Eligible Bedroom Size) _____

WMHA Employee

Title

Date

CERTIFICATION:

Effective Lease Date: _____ Community #: _____ Acct. #: _____ Unit Size: _____

Verified type of income at the time of leasing unit: _____

Total Gross Annual Amount of Income: _____

Allowable Deductions: _____

Total Tenant Payment: _____

Utility Allowance: _____

Housing Manager/WMHA Employee

Date

WARREN METROPOLITAN HOUSING AUTHORITY

****NON-ECONOMIC CRITERIA QUESTIONNAIRE****
(Questionario Criterico No-Economico)

For Additional Adult (over 18 yrs. old)
(Para el otro adulto en la aplicacion)

Name: _____
(Nombre)

Address: _____
(Direccion)

1. How long have you lived at this address? _____
(Cuanto tiempo usted a vivido en esta direccion?)

2. Have you ever been a resident of WMHA's Public Housing or Section 8 program? YES NO
(A vivid ousted antes en un programa de WMHA como Public Housing o Seccion 8?)

If yes, at what address? _____

3. Are you now a resident of Section 8 or Public Housing? YES NO
(Es usted un residente de Seccion 8 o Public Hosusing?)

4. Do you presently owe money to Section 8 or Public Housing? YES NO
(Usted presentemente debe dinero a seccion 8 o Public Housing?)

5. Have you ever been ordered by a judge to move? YES NO
(A sido usted ordenado/a por un juez a ques se mude?)

6. Please list you last two (2) addresses:
(Por favor liste sus ultimas (2) direcciones)

A. _____ How Long? _____
Address (Direccion)

B. _____ How Long? _____
Address (Direccion)

CONTINUE ON BACK OF THIS PAGE

**ARREST RECORD: A POLICE CHECK WILL BE PREFORMED!!!
INCOMPLETE INFORMATION WILL BE TREATED AS FALSIFICATION!!!**

If our police background check reveals that you have a criminal record, in order to process your application any further, you must agree to be fingerprinted by your local police department and your prints will be submitted to OBI & I in Columbus to complete the criminal background check.

Your ability to be housed depends on what, if anything, is revealed in the criminal background check.

If any household member has been found guilty of any crimes other than traffic violations, list the member(s) and crime(s) even if they did not go to jail. If there has been no convictions mark "n/a".

(Si cualquier miembro del hogar ha sido encontrado culpable de los delitos distintos de infracciones de tránsito, lista de los miembros y delito aunque no fueron a la cárcel. Si ha habido ninguna condena marque "n/a".)

Family Member (*Miembro de Familia*)

Crime (*Crimen*)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND THE INFORMATION CONTAINED HEREIN WILL BE USED TO DETERMINE MY ELIGIBILITY FOR WARREN METROPOLITAN HOUSING AUTHORITY'S SECTION 8 OR PUBLIC HOUSING PROGRAM.

Signature

Date

Additional Adult Signature

Date

Warren Metropolitan Housing Authority

SUPPLEMENTAL INFORMATION SHEET

Please fill out this sheet of supplemental information that will be used to process your application.

HOUSEHOLD EXPENSES:

Does any family member have expenses for child care of a child age 12 or younger? YES NO

If yes, complete the following:

| Child's Name | Daycare Provider | Address | Phone Number | Monthly Amount |
|--------------|------------------|---------|--------------|----------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Is any portion of these childcare expenses reimbursed from an outside agency? YES NO

If yes, by who? _____

Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (could be the person with disabilities) YES NO

If yes, complete the following:

| Care Attendant | Address | Phone Number | Monthly Amount |
|----------------|---------|--------------|----------------|
| | | | \$ |
| | | | \$ |

Are you paying for any type of equipment for a disabled family member that enable an adult member to work? (could be the person with disabilities) YES NO

If yes, what is the anticipated monthly cost? _____

MEDICAL EXPENSES: *(These questions only apply if the head, spouse or co-head is 62 years or older or is disabled)*

Do you or any member of the family pay for any of the following items?

- | | | |
|-------------------------------------|-----|----|
| Medical Insurance Premiums | YES | NO |
| Long Term Care Insurance | YES | NO |
| Out of Pocket Prescription Expenses | YES | NO |
| Past Due Medical Bills | YES | NO |
| Other Anticipated Medical Expenses | YES | NO |

If yes, please list household members and expense:

| Household Member | Type of Expense | Monthly Amount |
|------------------|-----------------|----------------|
| | | |
| | | |
| | | |

CRIMINAL BACKGROUND AND OTHER INFORMATION:

Has any household member ever been arrested for any crime? YES NO

If yes, how many times? _____

Please explain. Include when arrested, where arrested and the reason for the arrest.

Has any household member ever been convicted of any crime? YES NO

If yes, How many times? _____ What crime(s)? _____

Is any household member subject to a lifetime sex offender registration? YES NO

If yes, Who? _____ In what state(s)? _____

Has any household member ever been evicted from any type of housing? YES NO

If yes, please explain. When, Where, and what reason: _____

Has any adult who will live in the home previously lived in a state other than Ohio? YES NO

If yes, please list which family member(s):

| Family Member | Address (including state) | How Long |
|---------------|---------------------------|----------|
| | | |
| | | |

CURRENT LANDLORD INFORMATION:

Landlord's Name: _____ Phone: _____

Address: _____

How long have you lived at your current address: _____

PREFERENCES:

VETERAN PREFERENCE

Are you or your spouse currently a member of the U.S. armed forces, an honorable discharged veteran or the widow of such? YES NO

LOCAL PREFERENCE

Do you currently live, work, or have been promised a job in Warren County? YES NO

TRANSITIONAL HOUSING PREFERENCE

Have you ever been assisted by the WMHA Transitions Program or any other transitional housing program? YES NO

When? _____ Did you complete? _____ Do you owe a balance? _____

WORKING PREFERENCE/ELERDERLY/DISABLED

Have you or your spouse been employed at least 6 months, with less than 2 weeks between employment? YES NO

Are you 62 or older? YES NO

Are you disabled **AND** receiving compensation for the disability? YES NO



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Please list your addresses for the past seven years as complete as possible, including your landlord's address and/or phone number.

Your Name: _____ Social Security Number: _____

Begin with current address:

1.) Address: _____
Street City State Zip Code County

How long did you live at this address? _____ months _____ years From: _____ To: _____

Did you: _____ Rent _____ Lease _____ Own Under Whose Name: _____

Did you pay rent based on your income? _____ Yes _____ No If yes, explain: _____

Reason for leaving? _____

Landlord's Name: _____ Phone Number: _____

Landlord's Address: _____
Street City State Zip Code

2.) Address: _____
Street City State Zip Code County

How long did you live at this address? _____ months _____ years From: _____ To: _____

Did you: _____ Rent _____ Lease _____ Own Under Whose Name: _____

Did you pay rent based on your income? _____ Yes _____ No If yes, explain: _____

Reason for leaving? _____

Landlord's Name: _____ Phone Number: _____

Landlord's Address: _____
Street City State Zip Code

3.) Address: _____
Street City State Zip Code County

How long did you live at this address? _____ months _____ years From: _____ To: _____

Did you: _____ Rent _____ Lease _____ Own Under Whose Name: _____

Did you pay rent based on your income? _____ Yes _____ No If yes, explain: _____

Reason for leaving? _____

Landlord's Name: _____ Phone Number: _____

Landlord's Address: _____
Street City State Zip Code

4.) Address: _____
Street City State Zip Code County

How long did you live at this address? _____ months _____ years From: _____ To: _____

Did you: _____ Rent _____ Lease _____ Own Under Whose Name: _____

Did you pay rent based on your income? _____ Yes _____ No If yes, explain: _____

Reason for leaving? _____

Landlord's Name: _____ Phone Number: _____

Landlord's Address: _____
Street City State Zip Code

5.) Address: _____
Street City State Zip Code County

How long did you live at this address? _____ months _____ years From: _____ To: _____

Did you: _____ Rent _____ Lease _____ Own Under Whose Name: _____

Did you pay rent based on your income? _____ Yes _____ No If yes, explain: _____

Reason for leaving? _____

Landlord's Name: _____ Phone Number: _____

Landlord's Address: _____
Street City State Zip Code

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.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

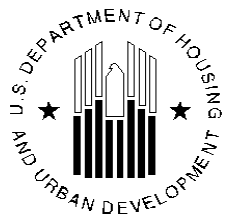


HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Signature

Date

form HUD-1141
(12/2005)



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 08/31/2016.

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.

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:

Warren Metropolitan Housing Authority
 990 East Ridge Drive
 Lebanon, Ohio 45036

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

Signature

Date

Printed Name

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)

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(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions 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 |

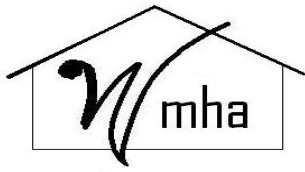
Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing 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.



Warren Metropolitan Housing Authority

990 East Ridge Drive Lebanon, Ohio 45036
Phone (513) 695-3380 Fax (513) 695-1638
Email: housing@warrenmha.org

Cincinnati (513) 925-3380 * Middletown (513) 261-3380 * Dayton/Franklin/Springboro (937) 425-3380

INFORMATION RELEASE FORM

I/We, _____,

(Print Your Full Legal Name)

being a participant of Warren Metropolitan Housing Authority of Warren County, Ohio hereby affix my signature so that the Warren Metropolitan Housing Authority may obtain information from the following sources:

1. Any Type of Retirement Plan(s)
2. Internal Revenue Service
3. Previous Landlords
4. Employers, Current and Former
5. Any Public Assistance Agency
6. Sherriff and Police Departments
7. City, County, and State Health Departments
8. Credit References
9. Any Social Service Organization
10. School Systems
11. Financial Institutions
12. Utility Companies
13. Day Care Providers
14. Personal References
15. Life Insurance Companies
16. Pharmacies
17. Physicians or Other Medical Care Providers
18. Any Department or Agency of any kind that can furnish the required information to determine continued eligibility for the program including information relating to household income and family/household composition. A copy/fax of this release shall be used as an original.

Please Print Your Name

Social Security Number

Signature

Date

Spouse or Other Adult (Print)

Social Security Number

Spouse or Other Adult (Signature)

Date

Other Adult (Print)

Social Security Number

Other Adult (Signature)

Date

This release of Information will be in effect for 18 months from signature date.