

Preliminary Application for the Baltimore Regional Housing Mobility Program

Name of Applicant: _____

Have you used another name or alias? Yes No If yes, please state: _____

Physical Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Number () - _____ Cell Phone Number () - _____

Email Address: _____

If mailing address is different please list below

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Eligibility: Qualification for participation in the Baltimore Regional Housing Mobility Program is determined by the *Thompson* Settlement Agreement. Applicants are selected for participation into the counseling program based upon priorities identified in the settlement agreement. Please identify the preference(s) that you claim:

- I am currently living in a Housing Authority of Baltimore City (HABC) family public housing development.
- I was displaced or relocated from a Housing Authority of Baltimore City (HABC) family public housing development that was demolished.
- I am a former resident in a Housing Authority of Baltimore City (HABC) family public housing development between January 31, 1995 and present.

If one of the above statements is true, please complete the following:

Name of Leaseholder (s): _____ Address of Public Housing Unit: _____

Name of Development: _____ Date of Occupancy: from _____ to _____

- I am currently on HABC's waiting list for family public housing.
- I am currently on the HABC's waiting list for the Housing Choice Voucher Program
- I am currently living in Baltimore City and would like to be considered for the program

Household Composition: List all members in the household who will be moving with you if you receive housing assistance.

****All information is required to process your application. Any missing information may result in longer processing time of application****

Last Name	First Name	Social Security Number	Date of Birth mm/dd/yyyy	Sex M or F	Relationship to Head of Household	Race	Source of Income	Monthly Gross Amount
					Head of Household			

Ranking Preferences	Circle One
If you are a current public housing resident, have you previously applied for a Housing Choice Voucher or have a 'pending' transfer request?	Yes / No
Do you have an urgent need to relocate? If yes, choose all that apply: <input type="checkbox"/> Documented health condition (head or family member) <input type="checkbox"/> Need to obtain housing closer to place of employment, education or training <input type="checkbox"/> Other (Please explain)_____	Yes / No
Do you have children under the age of 18 living in your household? If yes choose all that apply: <input type="checkbox"/> Head of household is employed <input type="checkbox"/> Head of household is willing to participate in an appropriate job-training program <input type="checkbox"/> Head of household is age 62 or older or a person with disabilities	Yes / No

**If you answered YES to any of the questions above, verification may be requested*

Please list your residence over the last (5) years. List most recent first:

Street Address	City	State	Zip

General Information:

Are you or any member of your household a person with a disability? Yes No

Do you need a special accommodation in order to communicate with our office? Yes No

If yes, please explain: _____

The information listed above is true to the best of my knowledge. **All members of the household over the age of 18 must sign all documents submitted.**

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION AND FAIR CREDIT REPORTING DISCLOSURE

PURPOSE AND AUTHORIZATION: The purpose of this form and your signature(s) is to obtain information about you and your family that is pertinent to determining eligibility for participation in the Housing Choice Voucher Program. All adults' signatures on this form authorize Metropolitan Baltimore Quadel (MBQ) to request information.

INFORMATION MAY BE REQUESTED FROM PROVIDERS OF:

ALIMONY	CREDIT RECORD	LOCAL/STATE	SCHOOLS AND
ASSETS	DISABLED ASSISTANCE	WELFARE AGENCIES	COLLEGES
BANKS	EMPLOYMENT	MEDICAL CARE	TRIBAL BENEFITS
CHILD CARE	FINANCIAL	PENSIONS	UTILITY STATEMENTS
CHILD SUPPORT	INSTITUTIONS	PREVIOUS	
COURT AWARDS	LAW ENFORCMENT	LANDLORDS	
	AGENCIES		

In addition to the above, your signature below authorizes MBQ to obtain a consumer credit report, including an investigative consumer report containing information about your character, general reputation, personal characteristics and mode of living may be obtained for verification purposes as part of the resident background investigation required for program participation eligibility.

Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

MBQ will respond to a request for detailed information in a written statement to be mailed or otherwise delivered to you no later than five (5) days after the date it receives your written request for additional information or the date the report was first requested, whichever date is later in time.

Please direct any request for additional information to:
Metropolitan Baltimore Quadel
231 East Baltimore Street, Suite 400
Baltimore, MD 21202
(410) 223-2222

I consent to allow MBQ to request and obtain 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.

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Authorization for the Release of Information / Privacy Act Notice

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

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

PHA requesting release of information:

IHA requesting release of information: (Cross out space if none)
XX

Metropolitan Baltimore Quadel (MBQ)
231 East Baltimore Street Suite 400
Baltimore, MD 21202
(443) 692-1677

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

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

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

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

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

Persons who apply for or receive assistance under the following

programs are required to sign this consent form:

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

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

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Supplemental and Optional 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.

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

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

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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.